

The Body as a Battlefield:  
A practice-based, empathic approach towards non-suicidal self-injury  
through Schema Therapy, the American Civil War, and Bodily Performance  
By  
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A Thesis submitted in partial fulfillment of the requirements  
for the degree of Doctorate of Philosophy  
at the University of the Arts London

University of the Arts London  
University for the Creative Arts  
November 2020

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## Bodily Fluids, Behaviour, and Legacy

### **Abstract**

Historically, non-suicidal self-injury (NSSI) was a hallmark symptom for diagnoses of hysteria and Borderline Personality Disorder. My practice-based research critically assesses how NSSI can be utilised as a voice for a history of trauma. From the 1970s to the present, bodily fluids were used in art to convey messages about feminism, masculinity, physical illness and racism. My research focuses on how specific feelings and states of mind can lead to the utilisation of NSSI to cope with unbearable emotions, which is seldom investigated in contemporary art practices. My methodology primarily utilises Schema theory to critically assess how dehumanising narratives can become familial legacies that can be acted out on a person's body. My investigation into NSSI is divided into three chapters that concentrate on NSSI as a symptom of a learned state of mind, bodily fluids as evidence of perceived character, and risky bodily endurance performance as a means of connection. As case studies about violence on the body, I critically assess American Civil War photography (1861-1865) of corpses and written accounts of the Battle of the Wilderness (1864). One of my practical methodologies utilises bodily fluids as an experimental material to investigate fragmentation and evidence of trauma. My practical methodologies involve photographic experimentation with collodion and platinum processes combined with my bodily fluids and endurance performances. Chris Burden, John Duncan, Marina Abramović and Ron Athey are utilised as case studies about bodily endurance performance. My goal is to

potentially generate empathy for trauma through abstract visual and audio evidence of endurance and coping strategies. I utilise the potential of empathy as a method to express original, experiential information about living with NSSI as a maladaptive coping behaviour. The final results of my methodologies emphasise how dehumanising interpersonal interactions can become embodied messages about self-worth.

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## **Acknowledgments**

First and foremost, I express my sincere gratitude to my supervisors: Jean Wainwright, Steffi Klentz, and Agnes Sullivan, for their continual support and guidance throughout my project. Their feedback and knowledge helped me identify and sculpt my concerns into a concise, balanced body of academic research. Thank you to the PhD Research and Technical staff at the University of the Creative Arts for their technical and funding support. I would also like to thank the participants of my questionnaires, whose insights have been invaluable; the butchers for making time and space for me to document the butchery process during their workdays; and my photography assistants for their hard work in helping me realise my methodologies. I am grateful to the kind and efficient archivists at the National Park Service (Chatham Manor), National Museum of Civil War Medicine, the College of Physicians of Philadelphia (a specific thank you for the funding support to visit the archives), the Library of Congress, and the Friends of the Wilderness. A special thank you to the academics who offered their perspectives and knowledge through interviews: Kathryn Shively Meier, Kira O'Reilly, Stephen Cushman, Brian Allan Drake, and John Inscoc. Thank you to all my work colleagues for making my work and life balance as manageable as possible. Finally, I would like to thank my family in the United States for their faith in me, and my partner whose understanding and support helped me to realise and complete my body of research.



## **Dedication**

I dedicate this body of research to two women in my life who both exerted massive amounts of emotional sacrifice in order to help others. Both died before the completion of this project. By example, they showed me how to be strong, resilient, and empathic. Their profound impact on me has given me the confidence to tackle heart-breaking subject matter with hope and compassion. Deda and Linda, my research could not have existed without having you both in my life first. For all the missed opportunities to say 'thank you', I say now. Thank you for uncompromisingly being yourselves, and showing me the beauty of interpersonal relationships.

## Introduction Chapter

My doctoral project utilises practice-based research that entails the making of artworks as a method of critical inquiry. In my research, I dissect and critically reflect on a characterological hallmark of self-regulatory behaviour closely associated with Borderline Personality Disorder<sup>1</sup>, labelled non-suicidal self-injury<sup>2</sup> (Favazza 1996: 166)<sup>3</sup>. NSSI is the intentional destruction of a person's own body tissue without the final outcome being suicide (Nock & Favazza 2009: 9; Favazza 1996: 22). My research question is: How can an empathic approach NSSI as a maladaptive coping behaviour be generated through art-making processes?

My primary objective is to help my audience conceive of a person's body as a battlefield where the internal world of individuals who use NSSI as a maladaptive coping behaviour is faced and negotiated. As one of my aims, I utilise an empathic approach to reframe the presentation of the vulnerable emotions behind NSSI, shame, instead of utilising reductive medical and cultural stigmas. Specifically, shame is an internalised message about a person's lack of human value. I chose Schema Therapy as an underpinning research method because it prioritises empathic perspectives and techniques to access and treat the embodied narratives behind maladaptive coping behaviours. I created practice-based methodologies that critically assess trauma-biased perceptions of reality and embodied knowledge as a form of truth. I use my art-making process as an arena where I am totally in control,

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<sup>1</sup> Throughout the rest of my thesis, Borderline Personality Disorder will regularly be referred to as BPD.

<sup>2</sup> Non-suicidal self-injury will primarily be referred to as NSSI throughout the rest of my thesis.

<sup>3</sup> My specific research interest is in individuals who are outpatients and self-injure to cope with overwhelming feelings in an isolated space.

and therefore can utilise knowledge of my past maladaptive coping behaviours as a starting point in a safe space. Proof of my enactment of my practical methodologies is not the purpose of my research. One aim that links my practical methodologies is the challenging of validation of suffering through the realistic representations that function as proof, which are photorealistic images and video, physical wounds, and recorded sound.

At present, an area of art does not exist that investigates how NSSI can become a symptom of mental illness through interpersonal relationships (i.e. attachment-based theories), without the creation of a performance of spectacle. I critically assess the roles of witnessing another person perform NSSI, and secrecy factors in the perceived authenticity of a person's suffering. By questioning the potency of objective self-assessment, my goal is to discern alternative methods of generating empathic understanding towards impactful and dehumanising interactions<sup>4</sup>. My ambition for the exhibition of my practical research is to place the viewer in an ambiguous state where their bodily sensations (which can be linked to abuse and neglect) are triggered before their emotional effects. By triggering the audience's physical effect before emotional, my goal is to generate empathy through embodied knowledge. One of my key objectives is to emphasise the important practice of empathy. When a lack of literal evidence of trauma exists, the self-destruction of a person's body can act as a viable expression about their internal world. In my practical methodologies, emotional and physical labours are used as primary

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<sup>4</sup> My research is not scientific, but rather utilising my art practice to create methodologies based around embodied knowledge.

experimental processes. My main research contribution is the collection of my practical research through art-making, analysis of NSSI through my niche perspective, and case studies through which I critically assess endurance within bodily injury.

My research is important because I did not find an area of art that investigates how NSSI can become a symptom of mental illness through an empathic assessment of interpersonal relationships (i.e. Schema theory)<sup>5</sup>. I chose to emphasise an empathic approach because my issue with the tradition of philosophy is, as Virginia Held explains, that universal human concerns are actually concerns of people who are “masculine, white, and Western” who do not prioritise empathy (cited in Brison 2002: 24, 29). (Brison 2002: 29). Brison's (2002: 38) explains that “the self is both autonomous and socially dependent, vulnerable enough to be undone by violence and yet resilient enough to be reconstructed with the help of empathic others”.

My body of research is imperative because NSSI has, and still is, culturally translated into evidence of a person's character. This approach needs to be reframed and it is the aim of my research to shift priority to the effects of miscommunication about trauma in childhood (one of which can be NSSI). As the feminist anthropologist Roberta Culbertson explains, the bodily experience of trauma has non-verbal attributes that are retained, then become an “embodied memory” when the memory is expressed through the body (cited in Di Prete: 2006: 20). I chose Schema Therapy

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<sup>5</sup> My research is not scientific, but rather utilising my art practice to create methodologies based around embodied knowledge.

for my theoretical approach towards NSSI because it empathically engages with the impact of a client's early relationships and environments towards their development of their sense of self. As a result of this choice of theoretical approach, I designed my four practical methodologies to generate outcomes that critically assess how interpersonal interactions in hostile environments are embodied and how they are expressed in the present through bodily behaviours.

At the beginning of my research, I primarily concentrated on photographs of soldiers' corpses from the American Civil War (1861-1865) taken by Alexander Gardner and his photographic team<sup>6</sup>. During this time of archival research I learned that at the Battle of the Wilderness (1864) there were no photographs taken because of the dense forests. I decided to use the American Civil War [thereafter referred to as ACW] photographs of corpses, and soldiers' written accounts of the Battle of the Wilderness, as case studies to compare and contrast how long-term experiences of intense trauma can be expressed with the body as an object. I created images and videos by being dragged and carried through a dense forest setting, in ways that were inspired by Victorian photographic staging techniques and how soldiers' bodies were possibly moved during and after battle. At the same time, I wanted to disrupt the realism of the ACW photographs, so I added my bodily fluids to the photographic, collodion process. My goal is to collapse the emotional distance between the viewer and the image as a method to emphasise the emotional distance in the embodiment of trauma. During the months of vomiting to collect my stomach

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<sup>6</sup> I acknowledge that slavery and the African American experience of the ACW is a vital part of its history. However, this subject sits outside of my research concerns.

acid, and being dragged to create videos I became aware that my childhood trauma was beginning to be partially triggered. I realised that my research was not about the ACW, but rather how unprocessed trauma is negotiated on and through the body, such as when NSSI is a symptom of a personality disorder.

My documentation became a method to offer insight and awareness into how a body changes based on an emotional state, and vice versa. This led me to critically investigate artists who used their bodily fluids or performed NSSI as a key component of their work. My research started from the 1960s to the present in America, and the 1980s - 1990s in the United Kingdom. As a means to frame how I define the origins of NSSI I chose Attachment theory as a starting point, and primarily theories within Schema Therapy were definitively chosen<sup>7</sup>. Researchers of Schema Therapy, which concentrates on a person's emotional state of mind, have published studies that reveal it is an effective treatment towards maladaptive coping behaviours in personality disorders, like NSSI<sup>8</sup>. My research into case studies of artworks narrowed onto artists who self-injure and have discussed traumatic childhoods. One key theme that arose from my research is how a vulnerable party's body is objectified for another person's gain. I focus on the disorganised mixture of empathy and isolation, death and decay.

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<sup>7</sup> Within my research, Schema Therapy is not used in its entirety. Schema Therapy does not permanently change all psychological aspects that lead to NSSI as a maladaptive coping behaviour; and can be limited by if a client wants to change their behaviour.

<sup>8</sup> Schema therapy allows me to concentrate on an individual's childhood power dynamic, instead of a large group of people and political agendas. Even though other histories about power dynamics exist [Foucault, Lacan, etc.], it would deviate from my niche research concerns to critically discuss them.

My first methodology utilises documentation of the butchery process, digital collage, and pig's blood in the platinum palladium process to critically assess the emotional and physical effects of continual exposure to normalised violence. This printing process is chosen because of its similarity to the collodion process, as well as its ability to create aestheticised prints with a tactile quality. The goal is to use this methodology as a metaphor about how normalised violence can become embodied messages about self worth, expectations of others, and create a broad distortion of the present. In my thesis, I frame this dynamic as a key aspect of the emotional state of mind behind NSSI as a maladaptive coping behaviour. My second methodology is the use of the photographic collodion process, a technique which links both with the way that the photographic evidence of the Battle of the Wilderness (1864) was processed and the treatment of wounds<sup>9</sup>. The goal is to create a metaphor that comments on how dehumanising interpersonal interactions can be remembered through physical bodily sensations and can create a skewed perception of reality that is based in triggered embodied trauma. Within my second methodology, recording the sound of my vomiting and breaking of animals' joints at butcheries was a method that became a part of my third methodology that analyses embodied knowledge about repetitive, physically stimulation that can be used as a coping behaviour. My goal through this methodology is to generate a metaphor about how repetitive behaviours can have physiological changes that can result in changes of

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<sup>9</sup> Towards the end of the American Civil War, the Battle of the Wilderness (1864) happened in Wilderness, Virginia. This particular battle is characterised by how the dense nature added to the intensity of intimate combat and helped to create a higher body count. Soldiers regularly referred to the nature as an additional entity in the battle.



emotional states of mind. This dynamic is how I define the use of NSSI in my thesis. My last methodology is to have my physical body being dragged through dense forestry in the historic Wilderness battlefield in order to process and select imagery that metaphorically refers to ACW soldiers' experiences and photographs taken by Alexander Gardner's photographic team at the time of the ACW. My goal for this methodology is to use it as a metaphor that critically assesses the emotional repercussions of having dehumanising interpersonal dynamics as a familial legacy. As will be discussed in Chapter One, internalised messages about a lack of self-worth, which exist within shame, typically are learned in childhood from familial interactions. These are the kinds of messages that can fuel NSSI. The body as a battlefield is about the violent negotiation between human value that is retained through survival and the dehumanising acts of violence on the body. Through the visceral abstraction of images, video, and sound, I reprioritise how embodied trauma can lack boundaries between the inside and outside of the body.

I structure my thesis to critically assess NSSI by re-humanising groups of vulnerable people who were dehumanised (Chapter One: hysteric and Borderline Personality Disorder [thereafter also referred to as BPD] patients; Chapter Two: ACW soldiers). My intention is that the presentation of my research will shift my audience from a potential place of bias towards a more objective and empathic perspective about NSSI. Throughout my thesis, I refer to and emphasise that the skin and bodily fluids have a long history in being used as literal and metaphorical proof of internalised shame-based messages that fuel NSSI. To separate my research from art therapy

and emotionally detached psychological theory, I concentrate on the shift of power and control in Victorian medical bias to more empathic theories about shame and NSSI (Chapter One). In Chapter Two, I utilise photographs of soldiers' corpses from the ACW and written accounts of the Battle of the Wilderness to critically assess the use of bodily threat and violence as a method to indirectly convey prolonged experiences of trauma. In Chapter Two, the Battle of the Wilderness is used as a case study because this traumatic event is narrated through soldiers' experiences [of writing letters for example] instead of photographers' interpretations by Gardner and his photographic team which I also discuss. This battle is used as a metaphor to critically assess extended exposure to intense experiences of abuse and neglect. I use the example of a physical war to create a method to present embodied emotional war. My examined aspects exist in the overlap of shame (as linked to NSSI) and soldiers' experiences of the Battle of the Wilderness. In both subjects, I examine the normalisation of degrading treatment, and the effects of an assumed safe and nourishing environment changing into a heightened, intense, and threatening space. In Chapter Three I discuss aspects of a selection of performative artists and my artworks that use NSSI and bodily fluids to refer to legacies about destructiveness and character. The processes within my practical methodologies led me to critically investigate artists who used their bodily fluids or performed NSSI as a key component of their work. I create an arena for my practical methodologies through a selection of case studies that emphasise bodily fluids as metaphorical materials (Helen Chadwick, Donald Rodney) and bodily endurance as an

interpersonal tool of communication (Chris Burden, Marina Abramović, Ron Athey, John Duncan).

Throughout each chapter, the objectification of vulnerable human bodies is a reoccurring theme. I highlight how the physical harm of a person's body is co-opted to secure cultural and medical judgments about a vulnerable party's trauma. In other words, a wounded body can be used as a physical symbol to communicate narratives about collective histories of trauma. As the chapters progress, priority shifts from the spectacle of bodily trauma towards its visual absence as a substitute for internalised violence. Control over the physical body and its fluids is continually referred to as coping and medical attempts to fix a person's internal world. My intention is to shift my audience's attention towards the role of interpersonal relationships in the embodiment of trauma. Repeated themes of removal of individual autonomy, abuse towards a vulnerable part, and a lack of empathy are prioritised because they play a major role towards shame that can lead to NSSI. In regards to individuals who use NSSI as a maladaptive coping behaviour, managing emotional death is of the utmost importance in surviving trauma. I continually highlight how human value shifts based on the narratives that are projected at a wounded body. Like NSSI, my subjects throughout my chapters are about emotional endurance, including tension and release, as a part of embodied knowledge linked to abuse and neglect.

In the following chapter, I set up my methodological approaches towards experiential origins behind NSSI as a maladaptive coping behaviour, a brief history of the evolution of theories about NSSI, and how I utilise empathic theory and practices from Schema Therapy to inform my practical methodologies.

## Chapter One

# Non-suicidal Self-Injury: The Embodiment of Human Value

## 1.1 Introduction

Within this chapter, I discuss why NSSI as a maladaptive coping behaviour is selected as my specific topic of research. In my methodological approach, I am primarily inspired by the use of empathy in Schema therapy as a part of treatment towards Borderline Personality Disorder (BPD), and thus NSSI<sup>10</sup>. I summarise a brief history about NSSI from the Victorian era to present; including *anorexia nervosa* because of the overlapping origins of childhood experiences and self-destructive bodily treatment. Schema Therapy is chosen as my contemporary approach towards NSSI because it critically assesses the impact of early relationships and environment on an individual's psychological development as a key aspect of its empathic perspective in treatment<sup>11</sup>. Through this approach in my practical methodologies, my primary objective is to create empathic portrayals of a person's emotional world behind the use of NSSI without the usage of stigmatised cultural representations. My second goal is to reframe how experiences of NSSI as a maladaptive coping behaviour are communicated to a broad audience. My third aim for this chapter is to reveal how a person's learned, embodied knowledge of their human value informs how the destruction of their body becomes a viable form of communication about their internal world.

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<sup>10</sup> Schema Therapy is not used in its entirety. Schema Therapy does not permanently change all psychological aspects that lead to NSSI as a maladaptive coping behaviour; and can be limited if a client wants to change their behaviour.

<sup>11</sup> This is in contrast to other histories about power dynamics exist [Foucault, Lacan, etc.], which would deviate from my niche research concerns to critically discuss them.

## 1.2 An Empathic Approach towards Non-Suicidal Self-Injury

The key aspect of my methodologies about NSSI is that I concentrate on empathic approaches towards triggered trauma that can fuel NSSI as a coping behaviour. During experiences of intense trauma, the boundary between a person's internal world and reality breaks (Scarry 1987: 15,16; van der Kolk 1996: 201). Within Schema Therapy, a therapist empathises with their client's childhood experiences; yet also challenges the inaccuracy of schemas which lead to maladaptive patterns of coping (Young et al. 2006: 92). This approach acknowledges past experiences, but separates the reality of the present from triggered trauma<sup>12</sup>. Throughout my practical methods, I utilise my embodied trauma and "reality-testing" of these triggered feelings and sensations to create an empathic balance between my experiential knowledge and the present (Young et al. 2006: 93). In Chapter Two and Three, I further discuss how emotional endurance is used to reprioritise representations of trauma in my practical research, historical case studies from the American Civil War, and bodily performance art. The Schema theory of empathic confrontation permits me to critically assess the humanising aspects of NSSI by not overemphasising my personal trauma (thus leading into art therapy) and over-intellectualising how I discuss embodied trauma (excessive detachment from emotions and sensations). This methodology assists as a guide to help me reframe what aspects of embodied information of NSSI reveal and conceal. In this chapter, my intention is to direct my audience towards humanising aspects behind NSSI:

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<sup>12</sup> For further reading about the role of empathy in Schema Therapy please refer to Edwards and Arntz (2012: 6-10).

through an empathic approach towards NSSI that is enacted in Schema Therapy; a short summary about contemporary theory, symptoms, and origins of NSSI; a brief history of the mental illnesses most commonly associated with self-injury from the Victorian Era to present; and this chapter concludes with a critical assessment about shame as the primary emotional state of mind behind NSSI and anorexia.

In my practical methods, empathy is used to emphasise emotional endurance as key aspect of NSSI, and to critically assess the concealment of visual stigmas about NSSI. This will be further expanded in Chapter Two and Three. Instead of the spectacle of the injured body, one aim of my thesis as a whole is that my audience is drawn into and empathises with the experience of not feeling safe to have a voice around other people, and the intense, cyclical feelings when a person is isolated in this experience. The importance of utilising an empathic approach towards NSSI is to humanise a group of people, who have a notorious history (and to the present) of being dehumanised in Western culture. This chapter explains how I define NSSI within the parameters of my research, and the evolution of how the medical community defined and treatment NSSI from the Victorian era to the present. The historical background of NSSI allows insights into the historical biases that still exist in the present.

### 1.3 Non-Suicidal Self-Injury: A Brief Summary

Non-suicidal self-injury (NSSI) as a maladaptive coping behaviour was chosen as the chief subject of my research because I witnessed it being used as a cultural stigma in



the medical and art worlds<sup>13</sup>. I became compelled to critically assess alternative methods of understanding and presenting the emotional world behind a person's use of NSSI alone in a private setting<sup>14</sup>. The goal of my methodological approaches is to generate a less stigmatised understanding of forms of trauma and the coping behaviours that are associated with NSSI. This is why references to disordered eating (self-starvation, *anorexia nervosa*, self-induced vomiting) are discussed throughout my research.

One of the aims of my research is to help separate sensational information about NSSI from the possible reasons why NSSI is utilised as a tool for survival. A number of psychiatric diagnoses have non-suicidal self-injury as a symptom, yet 80 percentile of individuals diagnosed with Borderline Personality Disorder enact NSSI, which makes BPD the most common diagnosis that is linked to NSSI (Shearer et al. 1988 cited in Saldias et al. 2013: 1). This is why I utilise studies and therapies that concentrate on BPD as a method to construct a specific understanding about childhood trauma of individuals who perform NSSI as a coping behaviour. NSSI is most commonly reported in adolescence and young adults (Meltzer et al. 2002 cited in Saldias et al. 2013: 1). Even though literature typically links NSSI to women, studies reveal that it is equally common in men (Gratz 2001: 257; Levenkron 2006: 259-260; Rodham & Hawton 2009:49). As a typical medical reference for mental illness symptomology, the *Diagnostic and Statistical Manual III* (1985) describes

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<sup>13</sup> Due to the parameters of my research, I will not be exploring the psychosocial contagion theory about self-injury triggers. For further reading please refer to Nock & Cha (2009: 72-73; Walsh & Doerfler 2009: 284-290).

<sup>14</sup> NSSI can be used in a variety of practices outside of as a coping behaviour.

traumatic memory as a disorder that includes intrusive re-experiences of the trauma, efforts to avoid triggering these intrusions, and the numbing of emotions to counter the overwhelming feelings of past trauma in the present (cited in Antze & Lambek 1996: 96). This partially aligns with my approach towards NSSI as a coping behaviour. Overwhelming experiences from triggered trauma can result in “rigid states of avoidance or intrusive states of chaos” (Siegel 2011:137, 73). In regards to the repetitive intrusiveness of trauma that is behind the coping behaviour of NSSI, I refer to Mardi Horowitz’s, psychiatrist of Stress Response Syndromes, scientific proof that:

“People can be exposed to trauma, without having memories haunt their lives. That does not mean that the traumatic events go unnoticed. After exposure to a trauma, most people become preoccupied with the event; having involuntary intrusive memories is a normal way of responding to dreadful experience. This repeated replaying of upsetting memories serves the function of modifying the emotions associated with the trauma, and in most cases creates a tolerance for the content of the memories.” (cited in van der Kolk & McFarlane 1996: 5)

Boon et al. (2011) explains that a person’s sense of self is profoundly affected by interpersonal trauma (cited in Conger 2001: 79). When trauma is experienced in childhood, psychological distance and emotional numbness are reactive ways of coping (Favazza 1996: 268; Karen 1998:100)<sup>15</sup>. Evidence in Gratz’s (2003) study suggests that implications of a parent and child’s attachment predict the child’s potential to have a maladaptive psychopathology later in their life (cited in Farrell &

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<sup>15</sup> In a different manner, the feminist philosopher Julia Kristeva (1982: 49) also discusses emotional numbness in individuals with BPD.

Shaw 2012: 13). Sarah Chaney (2017:16) describes the contemporary understanding of NSSI to be a neurobiological form of conditioning that results in private self-destructive behaviour as a result of “inner turmoil”. NSSI is a creative method to cope with emotions and experiences that are too unbearable to process (Ferentz 2015: 20)<sup>16</sup>. To be clear, the goal of NSSI is to find relief, whereas the goal of suicide is to “end all feelings” (Favazza 1996: 271). Even though NSSI is self-destructive, one of my key points is that NSSI is about survival.

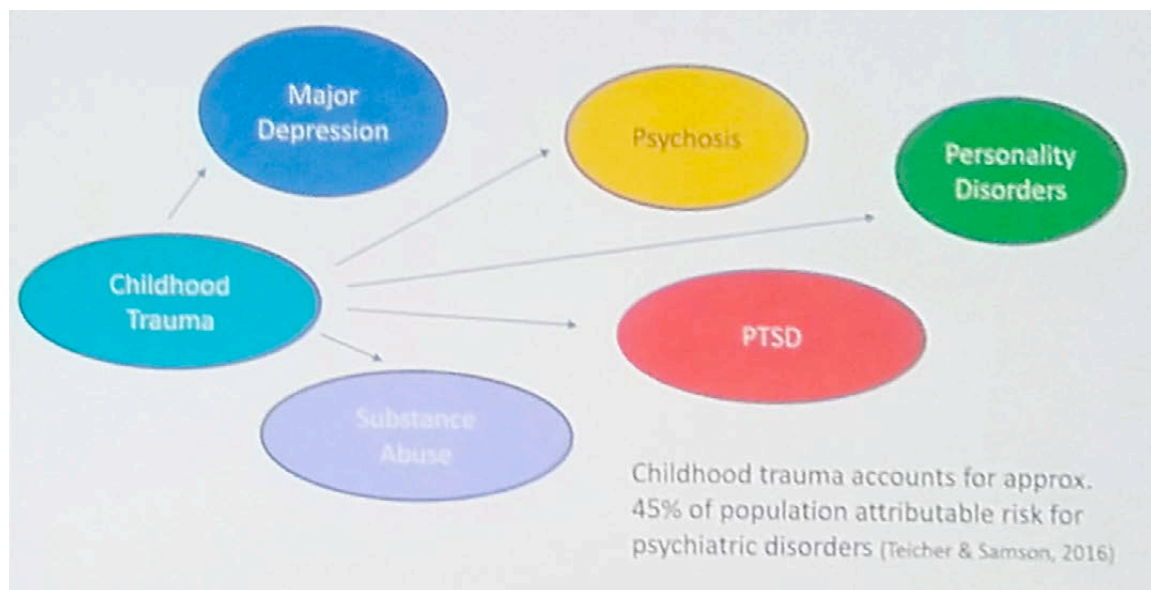


Figure 1, Diagram of the impact of childhood trauma in the development of psychiatric disorders (Felmingham 2018).

NSSI is linked to a selection of mental attributes that includes experiencing negative emotions with more intensity (Gratz 2006 cited in Saldias et al. 2013: 2), hardship with expression of emotions (Pavio & McCulloch 2004 cited in Saldias et al. 2013: 2),

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<sup>16</sup> In the *DSM's* (2013) fifth edition, non-suicidal self-injury is listed as a symptom and listed in a category as a “condition for further study” for the first time (cited in Chaney 2017:9)<sup>16</sup>.

anxiousness (Brown & Williams, 2007 cited in Saldias et al. 2013: 2), low mood (Fliege et al. 2006 cited in Saldias et al. 2013: 2), impulsivity (Herpetz, Sass, & Favazza 1997 cited in Saldias et al. 2013: 2), dissociation (Zlotnick, Mattia, & Zimmerman 1999 cited in Saldias et al. 2013: 2), low self-esteem (Boudewyn & Liem 1995 cited in Saldias et al. 2013: 2), self-blame<sup>17</sup> (Herpetz et al. 1997 cited in Saldias et al. 2013: 2), hopelessness (Milnes, Owens, & Blenkiron 2002 cited in Saldias et al. 2013: 2), and lack of coping skills (Brown & Williams 2007 cited in Saldias et al. 2013: 2). A lack of emotional coping skills can translate into NSSI becoming a form of communication through bodily behaviour, instead of the use of words. Reported acts of NSSI include but are not limited to severe scratching, head banging, preventing wounds from healing, sticking sharp objects into the skin, and with the most commonly reported act being self-cutting (Saldias et al. 2013: 6). One of my goals is to emphasise how self-initiated, destructive interaction with a person's own body becomes a language through which they relate to themselves.

#### 1.4 Literature Review: Schema Therapy

Aspects of Schema Therapy were chosen as a key part of my research because of its efficacy in treatments for Borderline Personality Disorder, and eating disorders, i.e. disorders that have higher rates of NSSI presenting as a symptom (Bamelis et al. 2012: 503). Even though Schema Therapy was developed for BPD patients, it can be applied to any attachment disorder (Bamelis et al. 2012: 498-500). Since scientific studies typically do not centre only on NSSI, I chose BPD as my link to NSSI because

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<sup>17</sup> Blame is a behaviour that research suggests is more likely to exist amongst shame-prone people (DeYoung 2015:31).

BPD is the personality disorder with the most common reported cases of NSSI (Sher & Stanley 2009: 99). Dr. Jeff Young, the founder of Schema therapy, addressed “treatment failures” of Cognitive Behavioural Therapy, amongst others, by expanding beyond treatment parameters, through the addition of techniques from a few different therapies (Young & Klosko & Weishaar 2006: 5). Self-reflection, constructive critical assessment, and strong links to Attachment theory are parts of Schema Therapy that are key in my methodologies. Studies reveal that Schema Therapy permits clients with BPD “more rapid reductions in their risk of recidivism, and they move more quickly through the process of resocialization...” (Bernstein 2015: 2). David Bernstein (2015), Professor of Forensic Psychotherapy, is a part of a large-scale randomised study on the effectiveness in Schema Therapy across seven forensic hospitals in the Netherlands (Bernstein et al. 2019). Schema Therapy has become the first evidence-based treatment for personality disorders and for forensic patients in the Netherlands (Bernstein 2015: 3). This is one of the key reasons why I selected parts of Schema Theory to inform my methodological approach towards defining the impact of childhood trauma that can lead to NSSI.

A couple of popular therapies that are used to treat a broad range of mental ailments and personality disorders, such as BPD and Post-traumatic Stress Disorder (PTSD) are Cognitive Behavioural Therapy (CBT) and Dialectical-Based Therapy (DBT) (Young & Klosko & Weishaar 2006: 3-5)<sup>18</sup>. A primary issue with CBT, and to a lesser degree DBT, and its ineffectiveness to treat deeper psychological symptoms,

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<sup>18</sup> For further information on DBT and other therapies used to treat NSSI please refer to Lynch & Cozza (2009: 222-223).

is that it assumes that a client has a certain level of objectiveness and self-awareness (Ibid). Self-awareness is important because studies have shown that even if a person does not have awareness of their emotions, they are still affected by them (Siegel 2011: 125). This contributes to higher relapse rates than Schema Therapy. Rather than to being a “neutral screen”, as in psychodynamic therapies or CBT, Rafaeli explains that Schema therapists are “guide[d] by ideas of limited reparenting and empathic confrontation” (cited in Rafaeli et al. 2010:101). In other words, in regards to my research I assert that intellectualised mental distance does not help create empathy for individuals’ trauma that has led them to perform NSSI as a coping behaviour. The primary concern of my research is to generate empathic approaches towards these people. In Schema Therapy, empathic confrontation can be used to avoid judgmental perspectives, and therefore help diffuse feelings of guilt or shame surrounding a person’s unhealthy coping behaviour (Rafaeli et al. 2010: 75). In regards to NSSI, I do not claim that a Schema Therapist has complete empathy for a person who self-harms at all times; but rather confronts the client through degrees of empathy or sympathy towards their individual experiences. The idea of seeing parental relationships in the present is vaguely similar to transference in psychoanalysis (Rafaeli et al. 2010: 94). One study compares the treatment results of Transference-focused Therapy (TFT), which is based on Freudian psychology, with Schema Therapy (Bamelis et al. 2012: 497; Arntz & van Genderen 2009: 8)<sup>19</sup>. It revealed such opposing results in recovery rates that a further study was conducted

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<sup>19</sup> Julia Kristeva's (1982), approach towards BPD stems from Freud; which is outside of my methodological approach towards NSSI as a coping behaviour.

on TFT participants and doctors in attempt to understand the poor treatment results (Ibid).

### 1.5 A Brief History of NSSI:

#### From Hysteria to Borderline Personality Disorder

During the late 1880s, as a result of popular cases of female anorectics, Western therapists and neurologists were drawn to patients who enacted NSSI, typically female and diagnosed with hysteria (Chaney 2017: 120). The psychotherapist Pierre Janet worked with the neurologist, Jean-Martin Charcot, studying hysterical women at the Salpêtrière in Paris (van der Kolk 2015: 180). Janet correlated different kinds of obsessions, such as with food or NSSI, with mental depression (Chaney 2017: 130). Sarah Chaney (2017: 129) explains that Janet considered a patient's physical pain from NSSI to be secondary to the "gratification of impulse". In other words, NSSI was performed to relieve emotional pain instead of impulse gratification. Janet's theories were a contrast to the Victorian gendered theories that viewed hysterical female self-mutilators as "motiveless malingerers", even though malingering was originally considered to be a "military phenomenon" (Chaney 2017:123; Mitchell 1898: 37). In other words, self-inflicted injury was considered evidence of a person's character. Chaney (2017: 133) notes the marked difference between men being diagnosed as malingerers, and women being diagnosed with hysteria. Self-injurious behaviours exhibited in women were viewed as proof that women were "naturally manipulative" towards men (Chaney, 2017: 112, 114). They were also considered to have an "animalistic" nature because of their illogical

behaviour (Favazza 1996: 156). In summary, female patients with hysteria were viewed as intentionally performing self-harming behaviours in order to manipulate men; this led them to be considered as subhuman. In one example of dehumanising objectification, Charcot posed a selection of his female hysteria patients for photographs as a method to create physical evidence, and bodily manifestations, of their emotional distress and behaviours<sup>20</sup> (Borges Florsheim 2016). Through these photographs Charcot controlled the bodies of these patients to give clues about their mental suffering. This example is further discussed in Chapter Two.



Figure 2, A photograph by Charcot of one of his patients with hysteria (Didi-Huberman 2003: 141).

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<sup>20</sup> For a feminist-informed case study of Charcot and a selection of his patients please refer to Doyle (2016).





Figure 3, A photograph by Charcot of one of his patients with hysteria (Didi-Huberman 2003: 131).

During the same era in America, in a similar effort to control hysterical patients' emotions through the manipulation of their bodies, the neurologist Silas Weir Mitchell (1878), created a treatment where patients were forcibly bedridden for six weeks to two months, in order to, as he theorised, increase their fat and blood<sup>21</sup>. Mitchell (1878: 37, 49, 50) explained that hysterical women were "thin-blooded", overly self-sacrificing, and continually exhausted. Under Mitchell's treatment, a patient primarily drank milk for nutrition, was washed by a person daily to three

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<sup>21</sup> I acknowledge the history of male control over the female body in regards to mental illness. In my practical methodologies, echoes of feminism exist through my control and utilisation of my female body, but is not a primary reference in my research.

times a week, had to urinate or defecate while lying down with an individual holding a pan twice a day, and had her muscles electrocuted as a form of painless exercise (Mitchell 1878: 59; 86)<sup>22</sup>. These patients' bodily autonomy became reduced to that of a child (such as when they are confined to bed); and balancing bodily fluids was emphasised as the remedy. Once again, the overarching interpersonal theme of a loss of autonomy, increased control over a vulnerable person, and lack of empathy arises. As I discuss in the next section, this theme is that a form of care is rooted in emotional deprivation and abuse of power from caregivers towards their children that can contribute towards the development of shame (the core emotional state behind NSSI as a maladaptive coping behaviour).

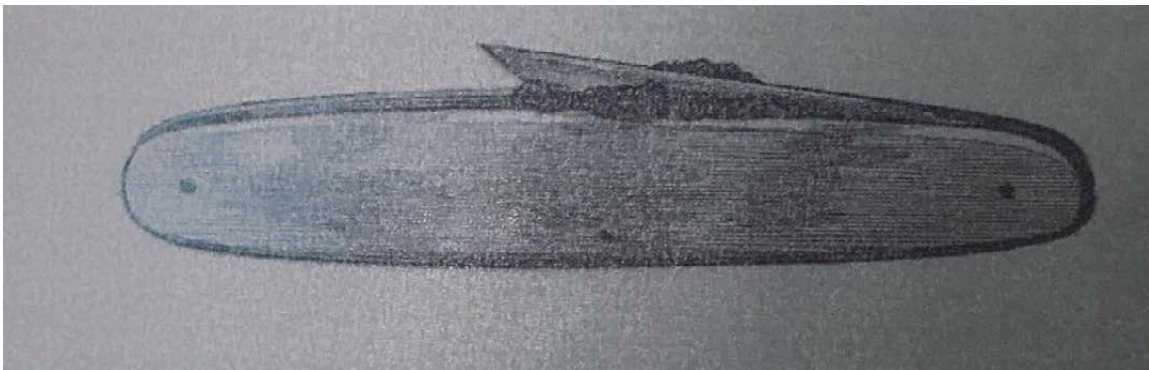


Figure 4, An illustration of a pocket knife swallowed by a hysterical woman during the 19th century (Self-Inflicted Wound (Secondary Haemorrhage) n.d.).

For decades after Charcot and Janet, links were still made between anorexia and BPD in young women (Stone 1980: 141). Judith Herman, the American psychiatrist

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<sup>22</sup> Mitchell's theories did not reflect on his sexual attraction towards his patients, which inspired his dominance and submission model (Gamwell & Tomes 1995: 157). The undertone of Mitchell's medical treatments for hysteria was that he was "punishing a "bad girl"" (Gamwell & Tomes 1995: 156). For further reading about Mitchell's rest cure please refer to Mitchell (1878: 97- 163).

and researcher, explains that hysteria became such a prejudged diagnosis that it was divided into three diagnoses, one of which is BPD (Herman 1996: 123; Favazza 1996: 249). After the turn of the 20<sup>th</sup> century in Europe, Wilhelm Stekel, a part of Sigmund Freud's inner circle, deduced that guilt was the driving force behind self-harm and therefore a severe form of self-punishment that "combines in one person judge, accused, and executioner" (Chaney 2017: 156)<sup>2324</sup>. During the mid 1930s to 1940s, Karl Menninger wrote that self-injury was linked to Freud's death instinct, but he proposed that by destroying smaller parts of the self a person is trying to avoid suicide (Chaney 2017: 164; 167). Echoing Janet, Menninger talked about NSSI being about a person's emotional suffering and further developed the idea that it is a survival strategy. Briggs, Lemma, & Crouch (2008: 121) explain that self-injury brings relief from dissociation as "a perverted form of self-care". My key points are that a NSSI has a history of being a bodily catalyst for cultural judgment of a person's character, and patients' bodies were used as objects to be fixed (such as through their bodily fluids) instead of experiences to be acknowledged and validated.

In contrast to Freud's theory that repetitive behaviour is conducted as a means of mastery over trauma, the psychiatrist Brad Bowins (2010: 283) asserts that repetitive compulsory behaviour, in this regard, reduces the likelihood of trauma being processed through these means. Impulsivity and self-destructiveness are

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<sup>23</sup> In Schema theory, this would be internalised Parent and Child modes.

<sup>24</sup> Freud's inner circle helped further develop the Freudian branch of psychoanalysis.

characterological hallmarks of BPD (Favazza 1996: 110)<sup>25</sup>. Therefore, NSSI is a maladaptive, cyclical coping behaviour that reinforces self-destructive feelings and unmet needs behind the pattern. In Warm, Murray, & Fox's (2003) study of 243 participants, the majority of their respondents stated that NSSI was a means to express emotional pain and anger (cited in Saldias 2013:11). My second key point is at a particular point in childhood NSSI can become a safer way to express pain and anger, because other methods yield greater consequences. In other words, NSSI is a method through which a person can have a voice.

By the late 1940s, in England, John Bowlby proposed that, "children's disturbed behaviour was a response to actual life experiences – to neglect, brutality, and separation – rather than the product of infantile sexual fantasies", as suggested by the founder of psychoanalysis Sigmund Freud (van der Kolk 2015:112-113). Bowlby realised that the more responsive a primary caregiver was to a child the greater the chance that the child would develop healthy interactions within their environment and with people. However, if the primary caregiver is not well attuned with the child; then the child learns that their behaviour will not be seen and understood (van der Kolk 2015: 115). The child does not learn to control their feelings and impulses, which will feed into their character as an adult (Karen 1998: 47). As a result, a child becomes an adult that is stuck in their emotional development.

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<sup>25</sup> Severe difficulty with emotional regulation can particularly be seen in individuals who are diagnosed with Borderline Personality Disorder (BPD) (Coplan & Bowker 2014: 432-435).

Over the past 30 years, links between Attachment theory and neurobiology have significantly increased. Attachment patterns are one of the few areas of a person that is primarily independent from genetic influence (Siegel 2011: 170). The founder of Attachment Theory John Bowlby (1969) explained that a self-injury is the result of an insufficient good internalised parent; and evidence reveals links between NSSI and insecure parental attachment (cited in Briggs, Lemma, & Crouch 2008: 113; Gratz 2003 cited in Farrell & Shaw 2012: 13; DeYoung 2015:7). A child learns how to regulate their emotions through a secure attachment with a parent (Farrell & Shaw 2012: 107,110). Even though genetics direct brain development, experiences form how the brain functions (Teicher et al. 2016). During the early 1990s, studies recognised that a restrictive environment is a key factor in a person's potential to self-injure, instead of cultural influences (Chaney 2017: 223). If a child's agency is compromised, they can learn to give up attempts to communicate with others, which can lead to emotional dysregulation later in life (van der Kolk 2015: 115). Emotional dysregulation can be result of the child being conditioned to give up because their responses did not affect their caregiver (van der Kolk 2015: 112-113). Clauer (2016: 87) explains that in cases of developmental trauma, self-regulation and somatic fragmentation ensure psychological survival of the traumatic environment. Traumatic memories can link to and fuel schemas, i.e. personal truths that are made of emotions, cognitions, and bodily sensations (Farrell & Shaw 2012: 9). When the middle prefrontal cortex is fully functional a person can be "flexible and receptive", instead of "inflexible and reactive" (Ibid)<sup>26</sup>.

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<sup>26</sup> For further discussion on studies about types of insecure attachment in children, please

Herman, Perry, & van der Kolk (1989) discovered that 81 percent of patients with BPD reveal experiences with physical, sexual, or emotional abuse from a key parental figure (cited in Farrell & Shaw 2012: 13). Bowlby's approach is in contrast to perspectives of behavioural scientists in the 1960s, such as B.F. Skinner, who considered behaviour to only be studied “objectively from the outside” (Goleman 2006: 40). As a result of insecure attachment, NSSI can become a ritual to keep whatever little amount of love existed intact, because the love is intertwined with pain (Levenkron 2006: 128-129, 132). Another key point is that NSSI can be enacted because, despite the pain, it can act as an emotional connection to a parent. It can be a way of remembering and being with them; some love is better than no love.

Inspired by Bowlby's research, Schema theory defines modes as “moment-to-moment emotional states and coping responses” that every person experiences (Young, Klosko & Weishaar 2006: 37, 306-307; Farrell & Shaw 2012: 3)<sup>27</sup>. The modes are fuelled by schemas, which feel like instinctual truths (Young 1996: 92). Young (2003) proposes that four particular modes are most prevalent in BPD: the Punitive Parent, Angry Child, Detached Protector, and Vulnerable Child (cited in Arntz & van Genderen 2009: 13)<sup>28</sup>.

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refer to Siegel (2011: 168-171).

<sup>27</sup> For further studies on the links between childhood trauma and NSSI please refer to Favazza (1996: 266-267).

<sup>28</sup> The Saldias et al. (2013: 9) study confirms that modes associated with NSSI correlate with modes found in BPD.

The Punitive Parent “angrily punishes, criticizes or restricts the [Vulnerable] child for expressing needs or making mistakes” (Farrell & Shaw 2012: 13, 14; Saldias et al. 2013: 11). A person can find the commands of the Punitive Parent unable to resist (Farrell & Shaw 2012: 138). Young explains that the Punitive Parent mode enacts “one or both parents’ rage, hatred, loathing, abuse, or subjugation” that the person experienced as a child (Young, Klosko & Weishaar 2006: 310). A person can flip into their Punitive Parent when they feel or enact feelings that their parent did not allow them to express (Ibid). For example, in instances of self-cutting, an individual can flip between experiencing both their Punitive Parent Mode and their Vulnerable Child Mode (Young, Klosko & Weishaar 2006: 277; Farrell & Shaw, 2012: 12; Arntz & van Genderen 2009: 15). The Punitive Parent is the most destructive mode, and has no positive attributes (Young, Klosko & Weishaar 2006: 311).

Demanding Parent modes set unrealistic standards and, like the Punitive Parent mode, can neglect, punish, or attack the Vulnerable Child mode. The primary target tends to be the body, where humiliation and shame are incited. Specifically, the Perfectionist Controller, which is an avoidance mode, uses compulsive ritualistic and restrictive behaviour to “improve” the body, and, inadvertently, minimising the potential triggering of humiliation and shame (Simpson 2012: 149). Essentially, through control, the Perfectionist Controller mode is trying to manage fears about being hurt, ignored, rejected, or losing control (Ibid).

In contrast to the Dysfunctional Parent Modes above, Coping Modes (i.e. Avoidance, Overcompensation, Compliance) are an urge with a function (Simpson 2020: 59). The Detached Protector Mode has a formidable degree of avoidance<sup>29</sup> (Young, Klosko & Weishaar 2006: 41). The purpose of this mode is to “cut off emotional needs, disconnect from others, and behave submissively in order to avoid punishment” (Young, Klosko & Weishaar 2006: 310; Simpson 2012: 148). In other words, it is a mode that creates emotional withdrawal as a means to survive trauma, or triggers. The Detached Protector can self-injure as a way to suppress feelings of fear and sadness, or to “feel something” in cases of excessive emotional numbness (Arntz & van Genderen 2009: 120; Farrell & Shaw 2012: 14). A lack of a physically anchored connection between the mind and body can exist.

The Angry Child behaves in a spoiled manner by desperately attempting to fulfil basic emotional needs through unreasonable means, which alienates other people (Arntz & van Genderen 2009: 18). Within BPD, the Angry Child typically becomes triggered when pressure that is built up from the suppression of needs breaks through the Detached Protector (Arntz & van Genderen 2009: 309; Farrell & Shaw, 2012: 32; Behary 2016: 3; Simpson 2012: 148). They impulsively react in order to have their needs met because they feel like their “rights go unacknowledged” (Behary 2016: 310; Arntz & van Genderen 2009: 17). In other words, if a person suppresses their needs, the anger can erupt and lead to impulsive, childlike behaviour. The Angry Child can self-injure as a way to punish others for what they

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<sup>29</sup> Siegel (2011: 177) explains that in his professional experience, avoidant behaviour is most commonly linked to the dominance of the left side of the brain.



have done to them (Arntz & van Genderen 2009: 120). The safest place to express anger can be on a person's own body.

In contrast to the previously discussed modes, the Vulnerable Child mode is like an internalised, vulnerable, child version of a person. When a person is in their Vulnerable Child mode, they can become overwhelmed by feelings of fear, loneliness, and hopelessness and can, at times, turn to NSSI (Farrell & Shaw 2012: 138; Young, Klosko & Weishaar 2006: 273t). As previously mentioned, sometimes when a person performs NSSI their Punitive Parent is punishing their Vulnerable Child. Within this mode, the feelings of helplessness stem from a child not being able to protect their self (Prasko et al. 2012: 115).

Schemas are reactive narratives that negatively skew a person's perspective of a triggering situation (James et al. 2007: 51). Young created the terminology Early Maladaptive Schema to concentrate on early childhood messages learned from unmet emotional needs that are remembered and embodied as emotions, memories, cognitions, and bodily sensations (Saldias et al. 2013:11; Young 2006: 7). According to Young a person may change from "one dysfunctional schema mode into another; as that shift occurs, different schemas or coping responses, previously dormant, become active"<sup>30</sup> (Young, Klosko & Weishaar 2006: 40). The four Early Maladaptive Schemas that studies have linked to NSSI are Mistrust/Abuse, Emotional Deprivation, Social Isolation/Alienation, and Insufficient Self-control/Self-discipline

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<sup>30</sup> Young's theory about which Schemas modes are most prominent in BPD is supported by the empirical study by Lobbestael, van Vreeswijk, & Arntz (2008).

(Castille et al. 2007 cited in Saldias et al. 2013: 2). In regards to my research, schemas can reveal specific embodied narratives behind the use of NSSI as a coping behaviour. In order to gain further insight into these schemas, I next establish an empathic perspective about vulnerable feelings at the core of self-destructive coping behaviours, like NSSI and anorexia.

Under the Mistrust/Abuse schema, a person assumes that other people will, given the opportunity, use them for selfish reasons (Young, Klosko & Weishaar 2006: 13). The Mistrust/Abuse schema consists of deep feelings of hopelessness, which are felt in the Vulnerable Child and Punitive Parent modes (Farrell & Shaw 2012: 26). A person with a Mistrust/Abuse schema avoids being vulnerable around anyone (Farrell & Shaw 2012: 38t). In the Emotional Deprivation schema, three kinds of deprivation can be experienced: a lack of nurturance, empathy, or protection (Young, Klosko & Weishaar 2006: 150t). People with this schema can feel alone, misunderstood, and cheated out of love (Young, Klosko & Weishaar 2006: 216). Emotional neglect in childhood is a key factor in the development of self-injury as a coping behaviour (Nijman et al. 1999 cited in Castille 2007: 67). In a Social Isolation schema, an individual feels like they are not a part of any group and fundamentally different from others (Young, Klosko & Weishaar 2006: 222). Pattison & Kahan (1983) reported that social isolation was found in close to half of the participants in a group study of self-mutilators (cited in Castille et al. 2007: 59). Ferentz (2015: 100) explains that some individuals who self-injure isolate the behaviour from other people due to fear of rejection, and partially because they cannot accept it

themselves. Social isolation is also linked to eating disorders, feelings of worthlessness, unworthiness, and helplessness (Coplan & Bowker 2014: 229). The key point from this section is that a message of being alone has become embodied. Under the Insufficient Self-Control schema, a person commonly lacks control over impulses and emotions, and the capacity to tolerate frustration (Young, Klosko & Weishaar 2006: 240). Individuals with this schema have not been encouraged to “tolerate normal levels of discomfort” (Castille et al. 2007: 67). NSSI can be performed as a method to relieve emotional discomfort. A person recognises that it is an issue they struggle with, wants to change it, but the impulsivity feels like a force that they are unable to control (Castille et al. 2007: 241; Arntz & van Genderen 2009: 174).

### 1.6 Shame: The Core Emotional State Behind NSSI and Anorexia

In the early years of childhood, children do not question messages from their primary caregivers (Ferentz 2015:23). Particularly in infancy, implicit memory creates the foundation for how a person’s past affects them in the present. Implicit and bodily memories work together to form what feels like instinctual truths. Shame starts as a visceral feeling, because it develops before internal dialogue in childhood (DeYoung 2015: 20). I concentrate on shame because as Patricia DeYoung (2015: 34) explains, “the essence of shame is non-verbal affect”. It can be one of the roots of explosive emotions, numbness, feeling “unreal”, and disconnection from bodily

sensations in individuals with trauma (Siegel 2011: 150; 158)<sup>31</sup>. Siegel (2011: 43) explains that neural networks surrounding hollow organs, like the stomach or heart, inform intuition, which “powerfully influences our reasoning and the way we create meaning in our lives”<sup>32</sup>. These physical triggers impact a person's emotional state of mind. In particular, shame is typically found in children who have misattunement with their parental figures that entail gestures of toxic humiliation towards them (Siegel 2011: 195). When the experiences of shame are triggered later in life, the isolated state of “shame intensified by humiliation” arises in a situation that resembles the initial trauma (Siegel 2011: 29). The child's perceived sense of rejection and lack of love from its attachment figures is so overwhelming and continual that it becomes unbearable (Levenkron 2006: 13-14). If a child feels self-disintegration, and it is met with disconnection from their primary caregiver, then the child feels like they are alone and falling apart (DeYoung 2015: 21, 39). My first point is that because shame develops at an early stage, it can feel like a powerful, inherent truth about a person's human value. My second point is that disconnection between the psychological mind and physical body can began as early as infancy.

The Bioenergetics analyst Dr. Jörg Clauer (2016: 105) writes that when a “physical anchor” to the body is lost, then a psychological withdrawal from environmental stimuli occurs. Within triggered trauma disassociation can occur, and NSSI can be used as a method to ground a person in their body. The founder of the Institute for

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<sup>31</sup> Favazza (1996: 2, 47-67) explains that a child's relationship with food in “learning to eat may underlie a basic propensity for self-mutilation”.

<sup>32</sup> For examples of narratives of trauma behind NSSI please refer to Newman (2009:204).

Advanced Psychotherapy Training and Education, Lisa Ferentz (2015: 59), explains that self-punishment of a person's body can also be the result of anger at the body for not fighting back when it was abused. The body is where shame is usually directed (Boon et al. 2011: 289). Anger acted out through NSSI can be directed at a parent, or exist along with feelings of hopelessness in self-hatred (Ferentz 2015: 86). A person can turn their anger towards themselves (on their bodies) instead of towards their abusers potentially because it feels safer or to maintain some connection with their primary caregivers. Shame is based on the perception of others viewing an individual as incompetent, bad, or intellectually inept (Boon et al. 2011: 289). "Shame doesn't need another person" (Ibid). In individuals with chronic shame, the disintegration of the sense of self feels like looming "psychological annihilation"; because a cohesive sense of self is a human psychological necessity (DeYoung 2015: 19). A key founder of Bioenergetics Therapy Alexander Lowen explains that<sup>33</sup>,

"Much depends, therefore, on how one experiences his body. If it is not alive, it would feel like a coffin imprisoning the spirit. It would also be subject to decay and disintegration, which happen only to dead bodies." (Lowen 1988: 221)<sup>34</sup>

The embodiment of self-hatred stems from abuse and neglect. Internal models of young children are prone to being distorted as a result of miscommunication with their parents (Nock & Cha 2009: 70-71). I borrow from Daniel Siegel's (2011: 171)

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<sup>33</sup> Even though I refer to Bioenergetics at times throughout my thesis, these excerpts were selected to further emphasise the bodily internalisation of childhood trauma.

<sup>34</sup> In Chapter Two, I critically assess parallels between physical and emotional decay through my practical research.

approach that trauma is not about what happened to a child, but rather how their parents “made sense of those childhood experiences”. The psychiatrist Andras Angyal (1965) points out that trauma is very dependent on the child’s perspective of the situation, particularly if the child does not have a way to cope with it (cited in Bowins 2010: 289). A child can feel shameful about situations that were not their responsibility or fault. Without the help of an adult, a child can try to understand their trauma, but they have a limited capacity to do so. For example, young children can assume that rejecting behaviour from a parent translates into evidence that they are not loved (Karen 1998: 205). “Implicit-only memories can become prisons that construct our lives” (Siegel 2011: 163). Psychologist Marsha Linehan proposes that people who punish themselves have learned to do so by growing up in invalidating environments (cited in Saldias et al. 2013: 11). Bowins (2010:287) explains that, particularly with abuse, a child internalises behavioural patterns between them and their caregiver, so when behaviour is repeated it feels familiar. Punitive messages and unrealistic standards from childhood can fuel NSSI and therefore injure a person's sense of who they are (Arntz & van Genderen 2009: 120; Favazza 1996: 273; Farrell & Shaw 2012: 214; Levenkron 2006: 47). As a result, most people who self-injure “are ambivalent about...hurting themselves” (Shapiro: 2017). My point is that individuals who do perform NSSI treat themselves with the same regard as they were given as children<sup>35</sup>.

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<sup>35</sup> This does not entail that everyone who performs NSSI received particular types of abuse as children.

According to Wilfred Bion (1957), a preoccupation with suppression of appetite and intentional self-injury “have an outlandish violent quality” that reveals how an individual relates to and views their environment (cited in Briggs, Lemma, Crouch 2008: 65). Most of the core feelings in eating issues stem from the original site of broken trust (DeYoung 2015: 72; Conger 2001: 83). Studies have found that individuals with controlling parents, and a failure to cope with distressing feelings, are key factors that lead to eating disorders (Goleman 2006: 247). Control over food can give the illusion of control over overwhelming feelings (Goleman 2006: 249; Lynch & Cozza 2009: 226; Brennan et al. 2015: 67; Fox & Power 2009: 243). Ferentz (2015: 58; Levenkron 2006: 72-73) writes that the rejection of food is a re-enactment of disregard for the body, and that self-imposed starvation is evidence of an inner narrative about loss, neglect, and deprivation. Cooper, Todd, & Well (1998) revealed that individuals with eating disorders have higher levels of internalised narratives that are based on themes of failure, abandonment, worthlessness, isolation, and uselessness (cited in Fox & Power 2009: 243). This configuration of emotions applies to NSSI as well (Favazza 1996: 223). Robert Karen (1998: 223) explains that an anorectic mind-set develops as a result of a power dynamic between a child and primary caregiver that feels impossible, and fosters feelings of persecution, neglect, and cruelty (i.e. humiliation). An anorectic does not trust others with their emotions, feels powerless, and is fearful of punishment (Levenkron 2006: 46)<sup>36</sup>. Between NSSI and anorexia there is a lack of empathy,

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<sup>36</sup> A key mode for anorexia that is not a part of the selected modes for BPD is the Perfectionist Controller Mode.

potential punishment is expected from other people, and childhood abuse and neglect has been internalised and re-enacted on the body.

Simpson (2020: 57) explains that emotional inhibition plays a key role in the development of “body-based” rules of restriction. Anorexia becomes an angry protest to not take in food, but also “any caring, any emotional nutrition, from another person...that is what is most wanted” (Ibid; Lowen 1967: 186). The “shame-based self-attacking” that can arise in anorexia as a maladaptive method for a person to change themselves to become deserving of love (Simpson 2020: 58). The emotional deprivation from childhood can manifest into physical deprivation. Even though traces of NSSI, like scars, can be more easily identifiable on the body than evidence of anorexia, both coping behaviours can be enacted in private with evidence that hides in plain sight. Secrecy can also fuel self-hatred and shame (Ferentz 2015: 67). In summary, the enactment of NSSI and anorexia can be a behaviour that is hidden, but has evidence on the body.

## 1.7 Conclusion

Trauma occurs when the boundary between a person's internal world and reality breaks. As a contrast to medical and cultural stigmas, I chose to concentrate on a person's internal world behind NSSI as a maladaptive coping behaviour. My approach is separate from art therapy or overly intellectualised theory about trauma, BPD, or NSSI. I define NSSI and anorexia as re-enactments of embodied abusive and neglectful childhood messages; and a method to connect to the love a



person has for their primary caregivers. The role of empathy in Schema Therapy is utilised in my written and practical methodologies as a method to humanise a group of stigmatised individuals. This is achieved through an emphasis on early relationships and environment and the separation between past trauma and present situations. In regards to NSSI, the exposure of trauma is not the issue, but rather the miscommunication between the primary caregivers and child. My primary objective is to give my audience an opportunity to empathise with the emotional world behind the use of NSSI as a coping behaviour.

From the Victorian era to present, the use of overt power and control in treatments perpetuated biased theories about the origins of NSSI. Women labelled as hysterics were viewed as manipulative, and their practices of NSSI was defined as animalistic. In treatments, such as Mitchell's rest cure, the patient's physical body was viewed as needing to be fixed, instead of their emotional worlds to be understood. This is one reason that explains why Mitchell theorised that the adjustment of bodily fluids would correct his patients seemingly illogical behaviours. NSSI was, and to a degree still is, perceived as evidence of a person's character. From the 1930s onwards, NSSI is becoming increasingly viewed as an emotional survival strategy. Within the past 20 years, NSSI has been more empathically defined as the internalisation of abusive and neglectful parental figures, and a safer method for a person to voice their feelings about situations that feels unsafe. The practices of NSSI and anorexia can give the illusion of control over unbearable emotions. The internalisation of judge, accused, and executioner assists in keeping these coping behaviours hidden in plain

sight, but also keeps the little bit of positive parental connection intact because it is intertwined with the pain from abuse and neglect. In past treatments for NSSI and the parent/child dynamic, are re-occurring themes of individual autonomy taken away, abusive control over a vulnerable party, and a lack of empathy.

Schema theory explains that internalised childhood messages fuel emotional states of mind. These kinds of narratives feel like instinctual truths because they are embodied implicitly or explicitly. The core, vulnerable emotion behind NSSI as a coping behaviour is shame. A person's own body is typically where shame is directed. Shame can feel particularly potent because it has nonverbal effects and can start in the preverbal stage of infancy. I emphasise shame because it feels like an instinctual truth about a person's human value. Specifically, it makes them feel subhuman. A person's embodied knowledge about their human value determines how they manage overwhelming emotional modes. Individuals that practice NSSI and anorexia as coping behaviours, isolate from other people because they expect a lack of empathy. Isolation and stigmas perpetuate this dynamic. My empathic approach towards NSSI uses physical and emotional vulnerability to re-humanise a group of people who expect to be dehumanised.

I further investigate and analyse how legacies of trauma are narrated through bodily violence in case studies from the American Civil War (1861-1865) in the next chapter. In my practical methods, I critically reflect on the slippages between visual representations and descriptive language of an embodied lack of human value.

## Chapter Two

## The American Civil War: Embodied Knowledge as Instinctual Truth

### 2.1 Introduction

In this chapter, I decided to use the American Civil War (ACW) photographs of corpses, and soldiers' descriptions of the Battle of the Wilderness (BOTW), as metaphors to critically investigate the embodiment of prolonged exposure to abuse and neglect. I chose photographs of soldiers' corpses as a method to critically assess how the wounded body can be used as a medium to convey a collective history of trauma. Like war, a family has communal experiences and power dynamics that become a form of legacy. The objectification of human bodies is a reoccurring theme in NSSI that was initially framed and discussed in the previous chapter. In contrast to the photographs by Alexander Gardner, which I discuss, the Battle of the Wilderness was selected as a case study because the battle is conveyed through soldiers' writings instead of photographer's visual interpretations. In this chapter, I highlight the different degrees of empathy that exist between visual and written evidence of bodily trauma<sup>37</sup>. Through my practical methodologies, I reframe the hierarchy of validation to shift from realistic, visual information to abstractions of the inside and outside of the body. These methodologies include documentation of animal corpses being butchered, and the addition of bodily fluids to the collodion process (glass plate negative) and the platinum palladium process (positive print). This leads to my resulting original contribution, by emphasising the imperative need

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<sup>37</sup> I decided not to pursue PTSD in place of NSSI because as a method to generate empathy towards NSSI I concentrate on the early developmental stages that are characteristic of shame in contrast to PTSD.

for empathy in the face of a lack of realistic visual evidence of trauma. My primary aim is to have the viewer envision a person's body as a battlefield where they face and challenge the emotional root behind NSSI as a coping behaviour: shame.

## 2.2 Case Study: The Battle of the Wilderness

During the American Civil War (1861-1865), the population experienced their first industrial war. The majority of the soldiers were untrained, male members of the public, who were between 16 to 25 years old (McPherson 1997: 44; Faust 2008:39)<sup>38</sup>. In this case study, I concentrate on soldiers' experiences from The Battle of the Wilderness (1864) because the writings of soldiers were used to create narratives about this battle instead of photographers' interpretations of it<sup>39</sup>. In other words, evidence of this event is reliant on soldiers' first-hand accounts of battle, instead of the photographers' witnessing of it. I utilise intimate, physical war to critically assess the devastation of emotional war in childhood. Within my archival research, I learned that a clear majority of soldiers' long descriptions of battle were not written until decades after the ACW ended. Letters and articles, I found, dated at the time of the Battle of the Wilderness conveyed minimal information about the battle and little to no personal information. Time away from traumatic experiences creates space for expression about its effect. For example, a United States soldier

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<sup>38</sup> Even though the age group of individuals with the highest risk to enact NSSI is 18 to 25, about the average age of an American Civil War soldier, this commonality is not pertinent to my research (Rodham & Hawton 2009:46).

<sup>39</sup> My research draws from written accounts of white, male soldiers because the widest breadth of information and analysis is based around this narrative. Even though African Americans were legally not slaves in the United States, general public perspectives did not change about them being equal. For further reading see Herschbach (2020); Smith (2004); Lardas (2006).

compares his experience of an early battle to the Battle of the Wilderness, three years later,

“It would be difficult to describe my feelings as I record for the first time since the Bull Run battle, the confusion of contending armies. I could almost hear the shrieks of the wounded & the dying, the picture of upturned faces pale and motionless, sleeping their last sleep amid the roar of battle was presented to me. There was something horrible about this wholesale slaughter of man by man. I could hardly realize that a great battle was raging within a short distance from me. Yet the next day, the 6th of May 1864, our Corps was engaged all day, and I saw death and destruction all around me and thought nothing of it.” (Randall 1864: 70)

I propose that at the Battle of the Wilderness, the Victorian, idealised concept of a wilderness was exasperated because of the reality of intimate, industrialised combat. The well-known historian of *Wilderness and the American Mind*, Roderick Nash (1973: 3), defines ‘wilderness’ as “any place in which a person feels stripped of guidance, lost, and perplexed...” or a “chaotic wasteland” (Nash 1973: 24), which realistically happened in this battle<sup>40</sup>. I refer to the shift of nature being viewed as a place where spiritual nourishment can occur to a space that becomes inverted when nature is viewed as a wilderness. I approach this shift as a metaphor about a child's perception of their primary caregivers as key influences in fulfilling the child's developmental needs. Positive experiences from a nourishing place become negative experiences from a threatening environment. One important aspect of this case study is that children and the soldiers are vulnerable (in different ways) in their situations. Therefore, their trauma is embodied in different put potentially

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<sup>40</sup> For further information about how the American landscape was traumatised by the American Civil War please refer to Drake (2015).

overlapping ways. One of these ways, which I will now critically assess, is how hypervigilance contributes towards an increased intensity in a person's perception of an environment as threatening.

The Battle of the Wilderness (1864) is characterised by the nature that was used as symbols for soldiers' to express their withheld feelings. Before the Battle of the Wilderness began, one soldier wrote that the land was found exactly how it was left from the Battle of Chancellorsville (1863) (Cudworth 2015: 456, 457). He explained that the numerous pieces of clothing and bodies made it difficult to identify a person (Ibid). Around the same time, a captain wrote about the loneliness that he felt emitting from the forest; and how the cries from the birds "seemed to mock at our grief and laugh at the groans of the dying" (cited in *The Wilderness (Voices of the Civil War)* 1999: 57). He used the birds as a symbol for his feelings of purposelessness, which cultural conventions prevented him from expressing (Ibid).

In the Wilderness battlefield, soldiers attempted to cut through the forest with little success because of the severely overgrown undergrowth, like vines with thorns (Groeling 2015: 108; Meier 2010: 43). The density of the forest led soldiers to fire at just as many, if not more, trees than they did at soldiers (Nelson 2012: 104). Nelson (2012: 145) reveals that countless soldiers wrote about how close they were to being harmed, by judging the proximity of nearby slivers of and wounds on trees. One soldier described the Wilderness as a place "...so wild and forbidden that we were compelled to crawl like snakes whilst worming our bodies through some

devilish entanglement” (cited in Trudeau 1989: 65). I view these soldiers' movements as a metaphorical reference about how a child tries to adapt to their traumatic surroundings as an attempt of survival, in the relation to the formative experiences behind NSSI. Meier (2010: 42) writes that the unyielding presence of the trees in the Wilderness may have translated into soldiers' perceptions of them as having malicious intent. Nelson (2012:148) explains that “Trees could also become killers when ordnance exploded in or around them and set them on fire...”. The ACW historian Meg Groeling (2015: 110) writes, “The killing ground was often described as a living thing – a squirming mass of wool-clad limbs...”<sup>41</sup>. Meier (2010: 49) describes the soldiers' experience of the Wilderness to be at the “limits of human experience” which gave it a “frightening character”. McPherson (1997: 165) confirms that the campaigns of 1864 “caused the greatest toll of psychiatric as well as physical casualties”<sup>42</sup>.

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<sup>41</sup> A United States veteran recalled how “At one point on the line Union and confederate [sic] dead and wounded were cremated together” (Kirby 1888).

<sup>42</sup> For further information about how generational trauma that is passed down through schemas please refer to Sundag et al. (2018).





Figure 5, The photograph *Wilderness Battlefield, April 1866* by G. O. Brown (1866).

According to the MacParlin Report, the wounded, who were trapped in the continual fires, “either suffocated or burned to death” (in Barnes 1870a: 151; Meier 2010: 51; Mackowski 2016: 90). Soldiers had difficulty in registering that the charred remains had been “living, breathing men just a short time before” (cited in Scott 1992:95).

For example, one soldier wrote about when he woke up and discovered that he had been sleeping next to a burnt corpse all night (Best n.d.: 6, 7). The soldier’s fear only registered when he realised that the burned matter was once human. His emotional recognition of human value occurred once clear evidence existed that the objects were of a human body. The fear of a lack of identification led soldiers to pin identification details to their uniforms, so their bodies could be identified for their families (Meier 2010: 53). Faust (2008: xiv) explains that “the need to manage death” is an inseparable part of being human. This I relate to the practice of NSSI that is used survive and for a person to not completely lose their sense of self in the

midst of their trauma. Without identification on the soldiers' bodies, they became a part of the landscape, one legacy of trauma that decomposed into the land<sup>43</sup>. One of the most descriptive remembrances about this entire battle happened when Horace Porter, ACW veteran, summated that,

"All circumstances seemed to combine to make the scene one of unutterable horror. At times the wind howled through the tree-tops, mingling its moans with the groans of the dying, and heavy branches were cut off by the fire of the artillery, and fell crashing upon the heads of the men, adding a new terror to battle. Forest fires raged; ammunition trains exploded; the dead were roasted in the conflagration; the wounded, roused by its hot breath, dragged themselves along with their torn and mangled limbs, in the mad energy of despair, to escape the ravages of the flames; and every bush seemed hung with shreds of blood-stained clothing. It seems as though Christian men had turned to fiends, and *hell itself* had usurped the place of earth" (cited in Mackowski 2016: XIX).



Figure 6, The photograph *View in the woods front of Reb works near Spottwood [i.e. Spotswood] House, (Wilderness)* by G. O. Brown (1865).

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<sup>43</sup> My research does not include onsite excavation of artefacts.

Before the Wilderness, degrading interactions of power and control were normalised through military life (Mitchell 1989: 57). Soldiers were inadvertently primed to perceive an environment as threatening and with disregard for their experiences. This emphasises a key aspect of my empathic approach towards the trauma behind NSSI: trauma became normalised as an aspect of everyday life. In the ACW, the expression of suffering was minimised amongst soldiers (Barton 1981: 59). In relation to NSSI, since a child is not encouraged to voice their experiences they develop indirect methods of communicating their feelings, such as through their body. A similar method of indirect communication exists in soldiers' descriptions of the BOTW battlefield in intimate private writings with loved ones or diaries (Berry 2003<sup>44</sup>; McPherson 1997: 37). For example, the soldiers' bodies were used as "sites" that showed the creation and destruction of combat that became "an almost infinitely flexible symbolic resource" that revealed social anxieties, values, and beliefs (Nelson 2012: 161)<sup>45</sup>. The story behind a wound or the physical attributes of it was linked to a soldier's moral character. If combat wounds were visual evidence of courage, then self-inflicted wounds were evidence of cowardice (Nelson 2012: 179; Hart 1987: 36)<sup>46</sup>. This applied to live soldiers as well as soldiers' corpses.

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<sup>44</sup> Since vulnerable emotions had minor cultures roles, and were only expanded on in private, in the United States, Berry's (2003: 11) critical assessment primarily concentrates on the "hypermasculinized" culture in the Confederate states.

<sup>45</sup> The American government expected that parts of soldiers' bodies were photographed, or used as, specimens and learning aids in medical education (*Solider to Specimen* 2016).

<sup>46</sup> As mentioned in Chapter One, cultural biases like this still exist, and are prominent in regards to NSSI as a coping behaviour.

### 2.3 Art Practice: Butcheries and the Platinum Process

As a method to critically assess the power dynamic in prolonged exposure to violent bodily trauma, I photographed animal carcasses being dismembered at butcheries for three months. At the butcheries, I witness the change from a whole, identifiable animal to it being identifiable only by its specifically cut parts. I view this dismemberment of corpses as a form of culturally acceptable destruction of corpses. Even though the animals are not human, the key aspect of this practical research is how I had to negotiate my emotional and physical affect in order to photograph the butchery process (e.g. I am vegan). Once or twice a week, I visited a few butchers to document how they butchered animals to be sold to individual customers, who are anonymous. Specifically, I photographed lamb, cow, and pig carcasses. Before I started documentation, I discussed with the butchers what to wear, Health and Safety hazards, and confirmed that I would not touch the meat or photograph the butchers' faces. Each session lasted three to five hours. One set of regular photographic sessions happened at Smithfield Meat Market at around 1am, while other butcheries were visited in the afternoon when they were closed to the public. This was a means of preserving the butchery process that occurs in meat lockers, in order to suspend the rate of decay of the corpses. The temperatures were consistently cold inside and outside of the meat lockers (it was the winter season in London). Towards the end of my sessions at Smithfield, the meat lockers became warmer than the temperatures outside of them. Typically, the sessions ended either when the butchers finished with their work or my digital equipment started to

malfunction from the cold temperatures. During this documentation process, my bodily triggers changed my emotional state of mind. For example, when I was still and physically numb from prolonged time in the cold, I started to feel emotionally numb (this is further discussed in Chapter Three). I referred to my aforementioned self-evaluation checklist as needed (Introduction Chapter and Appendix H). My initial objective was to document the interaction between the butchers' hands, knives, animal skin, and meat.

My agreed placement was standing still in a corner. It was my closest position to witness the carcasses being cut into sections that still permitted the butchers to work without having me in their way. I interpret a correlation between butchers' physical power to move dead bodies and embodied memories of BOTW soldiers - a potent combination of high physical engagement and emotional shut-down needed to do jobs dealing with death and decomposing matter. I became aware of the contrast between their high physical engagement in violence and my stillness in the periphery of the space. Upon reflection, this dynamic acts as a physical metaphor about disembodiment that can happen during traumatic experiences. The physical distance refers to the emotional distance that is reactively activated to survive this kind of situation. At this physical distance, I could see the meat locker as a landscape as well as focus on individual interactions. The pieces of animal meat began to mirror the masses of destroyed soldiers' bodies that literally showed the lasting trauma of war.

As I started to decrease the distance between the carcasses and myself, the little details, like broken veins and single drops of blood, made me register the carcasses as once living beings (evidence of life). The heads, hooves, and other signs that they were clearly live animals once, were removed. All I saw was formations of skin hanging from hooks, skin to be eaten, used, dyed, and stretched. This reminded me that skin is a boundary between the inside and outside of the body, and cutting it is one form of NSSI that a person can use to help establish a difference between what is in the present and what is from past trauma (Favazza 1996: 160). Besides the skin, there were abdominal cavities where the animals' innards had been removed beforehand. For me, this emphasises the purposelessness of the skin - a protective barrier of a sentient being that is already dead. The hallowed-out carcasses further exaggerated the defunct purpose of the skin. Even though the animal is dead, the skin still protects the muscles and ligaments. As I watched the animals' legs being pushed hard and quickly out of their sockets, the visual information looked less like an animal, but the sound refers to a viscerally embodied injury. The cartilage always sounded like a wet, crisp snap or gargle.

I captured each stage of the butchery process in wide compositions. It was a literal documentation of butchering animals. Over time my image compositions became more abstract because my goal for these photographs is to emphasise the violent interaction with a dead body, instead of the spectacle of the butchery process. The copious amounts of red from the blood and muscle of the animals was a distraction from the form of the carcasses and the interactions between them and the butchers.

In response, I decided to make my images black and white. I did not select the butchery process in order to address the staging of violence in ACW re-enactments or the practice of NSSI as a literal re-enactment of violent trauma (violent trauma is not required for a person to use NSSI as a coping behaviour). However, I do acknowledge the parallel of physical interaction between small-scale butchery and intimate combat in battle.

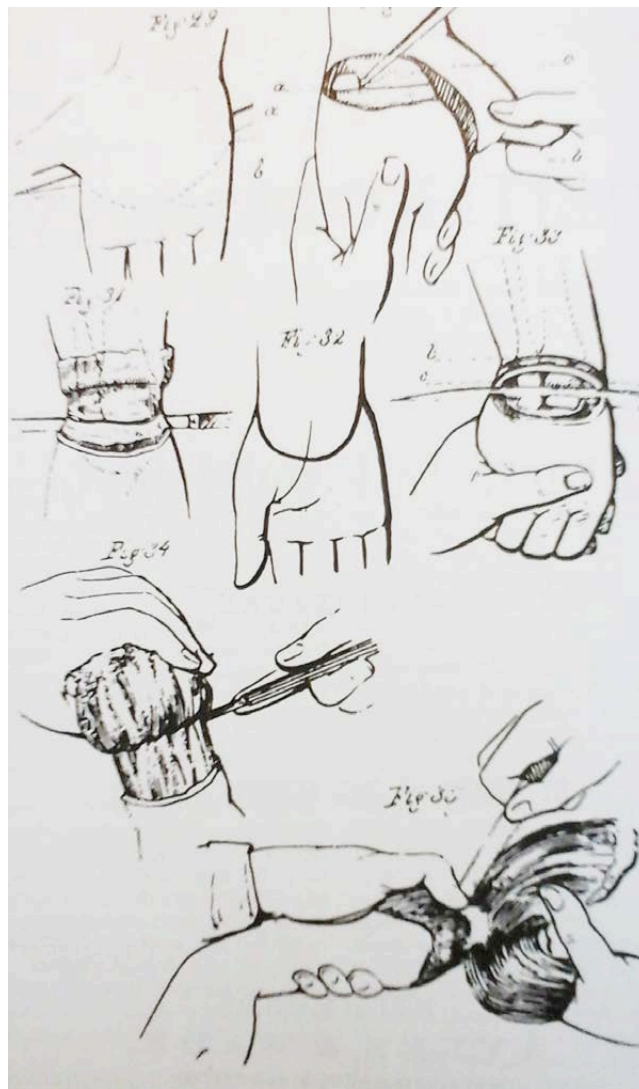


Figure 7, Drawing from a manual about how to perform amputations (Freemon 1998: 132).



Figure 8, Original research material: Documentation of butcheries, [sketchbook material] (Solomons 2017-2018a).

The internal sounds of a dead carcass can resonate visceral memories in a person who is alive. As the sound of cracking joints became normalised for me, it reminded me of the sound of gagging from vomiting – a wet, violent force. Breaking of joints can be an external violent act, whereas vomiting is a violent force from inside a body. Different kinds of touch can result in an attack on the body or prompts an attack inside the body. This is a part of my methodology that entails the isolated sounds of breaking joints and vomiting. The BOTW occurred in a warmer, spring climate so that the rate of decomposition would have been faster, and noxious smells and fluids would have been more intense. In contrast, I photographed animal carcasses in large freezer units, which suspend decomposition. A stark contrast to



the "gruesome characteristic" scents of gunpowder and burning skin during the Battle of the Wilderness (Scott 1992: 60)<sup>47</sup>.

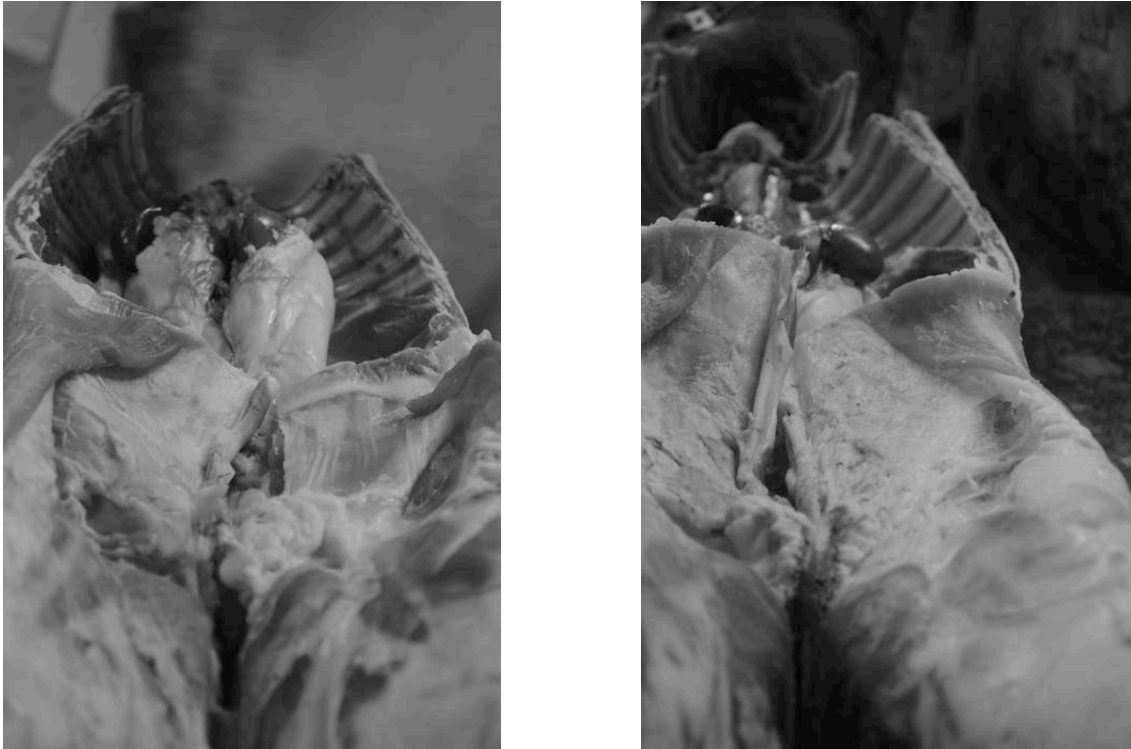


Figure 9, Original research material: Documentation of butcheries, diptych, [sketchbook material] (Solomons 2017-2018a).

For a majority of the butchery sessions, the cold and stillness eventually penetrated my clothing. After the photography shoots, I became aware of how my body reactively morphed into postures that can be symptoms of stress, like hunching, shoulders rising, and shallow breathing, which can impact a person's state of mind. Physical stress symptoms are a form of repression. Repression is defined as the process of forcibly moving unacceptable feelings outside of a person's awareness,

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<sup>47</sup> The American Civil War was America's first war that combined industrialised weaponry with intimate combat.

and channelling them into other areas (Levenkron 2006: 104). For example, Arntz and van Genderen (2009:90) have identified shallow breathing as one sign of repressing feelings of sadness and fear. Even though I was not emotionally experiencing my trauma linked to my stress symptoms, the environment of the photography sessions created physiological reactions that are emotionally connected to my trauma. To clarify, I was not having flashbacks of my trauma. In the printing stage with my butchery images, I used the platinum, and platinum palladium, processes to print collages made from my photographs from the butchers and photographs of unburied corpses from American Civil War. This I later discuss in this chapter.



Figure 10, Original research material: Documentation of butcheries, [sketchbook material] (Solomons 2017-2018a).



Figure 11, Original research material: Documentation of butcheries, [sketchbook material] (Solomons 2017-2018a).

#### 2.4 Case Study: American Civil War Photographs of Soldiers' Corpses

From the beginning of the ACW, Alexander Gardner and his photographic team documented many aspects of this war. I concentrate on how Gardner's team photographed soldiers' corpses. In contrast to live soldiers where the only concern was a posed body being still, the only time constraint in photographing corpses was their rate of decay. Gardner's team had to work fast against the summer temperatures that would quickly blacken and decompose the dead bodies (Dean Jr. 2002: 413). The elements of a decaying body that makes it abject, such as the smell and bodily fluids, are removed in photographs of corpses. The removal of these visceral aspects leaves the soldiers' corpses to be symbols to be used for any narrative. If war is defined by injury, then the photographed corpses are a specific kind of a legacy of trauma that were used to define the ACW (Nelson 2012: 160-227). These corpses are not individuals, but rather a mass of material collateral.



Figure 12, *Battlefield of Gettysburg. Bodies of dead Federal soldiers on the field of the first day's battle (O'Sullivan 1863a).*

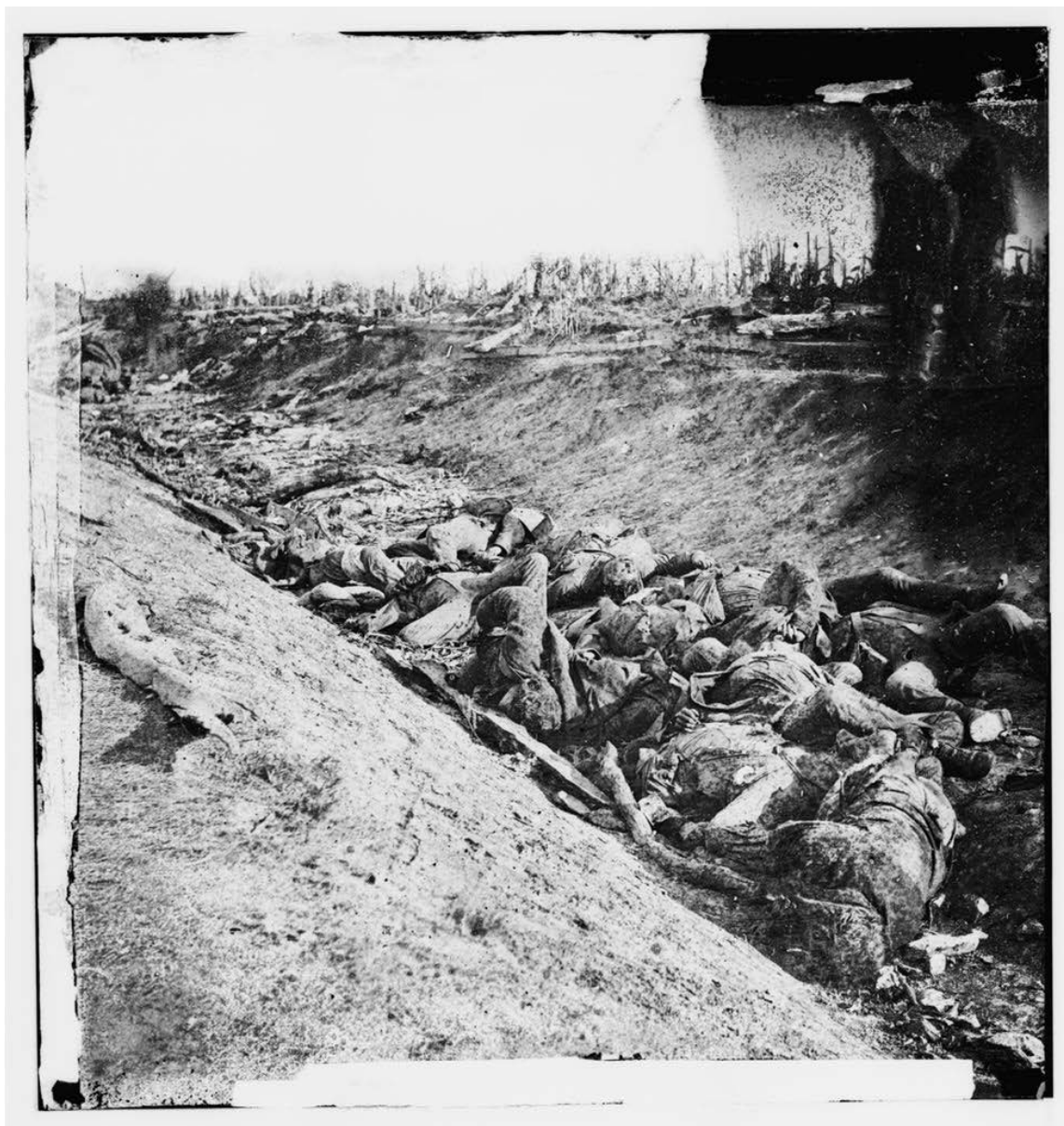


Figure 13, *Antietam, Maryland. Dead soldiers in ditch on the right wing where Kimball's brigade fought so desperately by Alexander Gardner (1862a).*

Through meticulous analysis of Gardner's team's prints, Frassanito (1978, 1995) reveals how Gardner posed corpses, and added objects as a method to stage his wartime narratives. The historian Meg Groeling (2015: 31) fairly notes that as a result of photography being at an early stage, composition styling used in painting,

i.e. staging, was utilised<sup>48</sup>. One of Frassanito's (1995: 268-271) most impressive examples of staging is his comparison of Gardner's '*Home of a Rebel Sharpshooter*' (1863) and '*A Sharpshooter's Last Sleep*' (1863). Frassanito proves that the same corpse was dragged 72 yards to two locations on the Gettysburg battlefield (Frassanito 1995: 269). I emphasise Frassanito's (1995: 271) observation that Gardner probably chose this body because of its lack of decomposition, or specifically because it had an identifiable face. The power dynamic between the photographers and corpse is important because Gardner chose to disregard Victorian conventions of burial rites, and used this corpse as an object to adhere to a narrative constructed by Gardner. The key narrative in this comparison is that an individual with a greater degree of power intentionally uses a vulnerable party's body and disregards a certain level of humanising treatment towards them. The ACW historian William Stapp explains that,

“His [Gardner's] misrepresentation of these images was therefore purposeful and transformed the photographs from mere historical documents to visual parables: the rebels paid for their sin of treason with an agonizing death, the loss of their human dignity (their bodies were looted), and an anonymous burial by uncaring strangers...” (Stapp 1988: 27)

Joel Snyder (1981: 14) explains that compositions in Gardner's team's photographs were designed to seem like natural and truthful depictions. However, I observe that Gardner's spectrum of decay that was used to moralise narratives about soldiers'

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<sup>48</sup> Gardner presented an awareness of composition that can link to landscape painting and portraiture (Cushman 2015: 171). Within Gardner's book, are texts, titles, and images that are erroneous, but Frassanito explains that it is difficult to determine if the incorrect information is accidental or intentional (cited in Cushman 2015: 175; Stapp 1988: 27).

lives from heroic (ex: Gardner (1862b) '*Antietam, Maryland. Federal buried, Confederate unburied, where they fell*'), to animalistic (ex: Gardner (1863) '*Gettysburg, Pennsylvania. Effect of a shell on a Confederate*'). Gardner was in control of the depiction of how human these photographed corpses were allowed to be. In Chapter One, a similar dynamic existed in how Charcot photographed his patients with hysteria – these women were alive but because they were institutionalised they were at the mercy of their doctor, Charcot. Also in Chapter One, I emphasise that a child learns the foundation of their human value through their parental figures' interactions with them. In these power dynamics, human dignity and compassion is limited or non-existent; and in reference to childhood, can become internalised schemas about self-worth<sup>49</sup>. Embodied messages about a person's diminished human value can lead them to the conclusion that their body should be harmed because it does not deserve to be unharmed.

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<sup>49</sup> Treatment from abusive and neglectful primary caregivers can become embodied in the Punitive Parent mode (Farrell & Shaw 2012: 10). For a table about the developmental pathways between child maltreatment and NSSI please refer to Yates (2009: 123).



Figure 14, *Antietam, Maryland. Federal buried, Confederate unburied, where they fell* by Alexander Gardner (1862b).



Figure 15, *Gettysburg, Pennsylvania. Effect of a shell on a Confederate* by Alexander Gardner (1863).



Nelson (2012) explains that soldiers' fragmented live and dead bodies became literal and metaphorical ruins of the war. Gardner seized the opportunity to use the corpses' lack of agency, i.e. dead bodies referring to an absent subject (Schwartz 2015: 1). In the usage of the corpses as objects, Gardner and his team enacted degrees of physical force towards the soldiers' corpses. Based on the stage of decomposition, the photographers would have used different intensities of force to pose a corpse. In one example, Harvey (2012: 85) notes that Gardner exerted great effort in turning a corpse's head, so that it faced the camera. After death, the soldiers' bodies were further destroyed, and exploited as spectacle. The degree to which the remains could be identified as human, and specific physical attributes of this kind of body were used to construct narratives about live soldiers; whereas the Wilderness veterans' written works infer living with feelings of deadness and numbness. Physical decay was used to comment on the living, and the living internalised feelings of emotional death.

Nelson (2012: 167) notes that viewers at the time tried to identify with the corpses through their "stillness and contortion". I assert that Gardner's team's photographic aesthetic generally created an emotional distance, and therefore lack of empathy, that further objectified the soldiers' corpses. One goal of my practical research is to refer to this team's aesthetic, but reframe it in a manner that increases the potential for empathy through a concentration on the physical effect of violence on the body. The rituals of death shifted from humanising and individual to dehumanising and animalistic through multitudes of decomposing faces (Linkman 2011: 21; Snyder

2014: 4). Gardner's team's photographs further ensured that the soldiers' fear of dying anonymously became possible. Katherine Wormeley, who worked in an American Civil War hospital, wrote that to die without a name was akin to dying like an animal, without humanity (cited in Faust 2008: 122).

In my practical methodology, the technical sequence of the platinum process shares similarities to the collodion process that was used to document the ACW, such as the final result is a print instead of a glass plate negative. At different stages of the development and application of the platinum coating, I added pig's blood. My intention is to distort and layer different forms of culturally permissible violence and evidence through reorganisation (photographs and bodily fluids). The images I printed were collages that were digitally created in black and white, but the final prints are in colour. During the initial tests of this process, the iron from the blood would be stripped or the blood would lift from the thin platinum coat. I decided to normally process the platinum prints, and brush pig's blood over the prints after they initially dried. Too many layers of blood on the prints inhibited the images; but one to three layers made the blood look like a white person's skin<sup>50</sup>. An unexpected surprise was that the smell of the pig's blood initially dissipated, yet months later the smell returned with the potency of decay or mildew. The emphasis of this practical research changed from the physical aspects of the prints to the images. This is important because the presentation of the blood in the physical prints sensationalises my research in a manner than I actively decide against in my final

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<sup>50</sup> I refer to white skin because African American history and experience is outside of the niche concerns of my research.

presentation (further discussed in Chapter Three). My goal is to create a space where the viewers' potential discomfort cannot be easily rectified<sup>51</sup>.

Instead of projecting a constructed narrative onto the soldiers' dead bodies, discussions about individual perceptions and experience can potentially be a way to give some human value, or rather compassion, back to these photographs. Matthew Gallman and Gary Gallagher's (2015) publication titled *Lens of War, Exploring Iconic Photographs of the Civil War* consists of a collection of writings from various historians, writers, and poets who give personal accounts of diverse ACW photographs that have left impressions or affected them at different stages of their lives. Cushman (2015:170) describes his initial exposure to these images of corpses as "a fall from naïve ignorance into troubling knowledge, from innocence into experience, and neither of us would find the world the same". Like trauma, a person cannot return to their initial state of ignorance, but rather learn how to live with what they have experienced. The importance of a photographic book of this kind in the realm of ACW history is that it shifts taboos, (i.e. some of Gardner's team's photographs were not published in a 1960 ACW publication because they crossed the boundary of showing decomposing bodies instead of dead bodies) (Cushman 2015: 171). Instead of trying to hide the images of soldiers' corpses, this book redefines them through personal connections.

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<sup>51</sup> For my final exhibition, I display a selection of these images as digital gicleé prints in a larger size than the original prints (50 x 70 cm and 70 x 100 cm).

In my practical methodology, I selected butcheries because I see physical manifestations of the same power dynamic as discussed in through Gardner's team's photographs, Charcot (from Chapter One), and NSSI: a vulnerable party's identity becoming anonymous and used to define a legacy of physical and psychological trauma. I use the butchery process as a subject to critically assess internalised messages within shame, such as feeling subhuman (or rather of animal value). As children, people do not have a choice whose interactions they internalise. Gardner used photography as an arbiter of truth to construct narratives about subjects who they have only witnessed. In the conclusion of Nelson's (2012: 238) publication, she reflects on how America avoids the mess of its past by repurposing fragments from it to "produce nostalgia rather than a true understanding of the past". As a part of my original contribution to knowledge, I reorganise the hierarchy of importance within the evidence from the ACW's photographers and my embodied knowledge from making the butchery images. In reference to Schema Therapy and the ACW photographs, embodied trauma does not only link to the literal site of the trauma but also can be acted out and negotiated on and through the body.

In contrast to Gardner's photographic team's silent images, I reincorporate senses that are lost in the process of photography. In my research, I noticed that Gardner's team handled corpses on average from spring to autumn, which means that the rate of decomposition would have been faster, and noxious smells and fluids would have been more intense. Gardner's photographic team experienced the reality of decomposing skin, fluids, and organs – the wetness of fluids, smells of rotting

matter. Gardner's team and I had inverted conditions and results: their photographs subtracted the less than ideal parts of their environmental conditions, whereas I intentionally reintroduced aspects that were lost in their photographs (i.e. sound and the physical attributes of fluids). This informed my decision in one of my other methodologies to emphasise that my audience cannot witness any of the making of my practical research (further discussed in Chapter Three). In the exhibition of my practical research, I install a collection of smells that can emit from a corpse as well as be found in a domestic setting. Sweet smells arise from a corpse during different stages of decay, including citrus, menthol, and rosemary. As a method to emphasise the fragmentation of traumatic memories, these smells are installed in the same space as the video of myself being dragged through the Wilderness battlefield (this methodology I further discuss in Chapter Three). Within my practical research, one of my aims is to create a precarious space about vulnerability that metaphorically refers to the complexities of feeling like a living corpse. If the viewer is willing to openly invest through understanding and willingness, then there is potential for some empathic understanding about NSSI. However, since the opportunity exists, this does not entail that every audience member will empathise.



Figure 16, Digital college of butchery and American Civil War images, [sketchbook material] (Solomons 2018-2020).



Figure 17, Digital college of butchery and American Civil War images, [sketchbook material] (Solomons 2018-2020).



Figure 18, *Antietam, Maryland. Bodies of Confederate soldiers by fence on Hagerstown pike* by Alexander Gardner (1862c).

If the evidence of a history of violence is hidden in plain sight, then a general ignorance can be complimented by degrees of detachment. My goal is to overlap photographs of corpses from the ACW with my images from butcheries to the extent that the violence and the wounded bodies are indistinguishable, and therefore become hidden. Through photography and limitations in medical knowledge, during

the ACW, the practices that separated humans from animals deteriorated. Faust elaborates that,

“In the aftermath of battle survivors often shoveled corpses into pits as they would dispose of animals – “in bunches, just like dead chicken,” one observer noted – dehumanizing both the living and the dead through their disregard. In Civil War death the distinction between men and animals threatened to disappear, just as it was simultaneously eroding in the doctrines of nineteenth-century science.” (Faust 2008: xvii)

In specific regard to NSSI, the ability to hide the physical evidence (i.e. scars) can be a form of safety, yet this means that a person is withholding their emotional world. The importance of empathy is that it can validate a person’s feelings, as well as challenge negative experiences about their self-worth (Young, Klosko & Weishaar 2006: 198-201). My outcomes for this methodology include the platinum palladium prints, and an investigative analysis about how bodily sensations can shift emotional states of mind. Combined, these led to a conclusion that the history of how a person relates to their body is entangled with bodily memories, which have narratives about self-worth.





Figure 19, Platinum print of digital collage with pig's blood, [sketchbook material] (Solomons 2020a).



Figure 20, Platinum print of digital collage with pig's blood, [sketchbook material] (Solomons 2020a).

### 2.5 Art Practice: Collodion, Silver Nitrate, and Bodily Fluids

In a separate practical methodology, I use the collodion process to create glass plate negatives of a selection of my images from the Wilderness battlefield<sup>52</sup>. As a key element of my experimental process, I add my stomach acid and urine at various stages of the collodion process<sup>53</sup>. One aim of this method is to critically assess how visceral emotions from trauma can distort objective representations of reality.

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<sup>52</sup> The critical assessment of my methodology behind the creation of these images from the Wilderness battlefield is in Chapter Three.

<sup>53</sup> As a part of my methodology, the viewer is not given visual confirmation about the collection of my bodily fluids. This is further discussed in Chapter Three.

At the start of this process, a small amount of collodion is poured onto a glass plate, while the plate is being tilted. As the collodion moves on the plate it solidifies to become a thin, tacky layer. In contrast to the platinum process the layer of raw chemistry needs to stay wet instead of drying. To make the plate light sensitive, it is then immersed into a box of liquid silver nitrate for a fixed time. Once the plate is sensitised, it stays in a light-sealed plate holder until it is placed in a camera and exposed. The developmental process of the exposed glass plate uses raw chemistry in steps similar to film processes, i.e. developing the film, stopping the development, and fixing the developed film<sup>54</sup>.

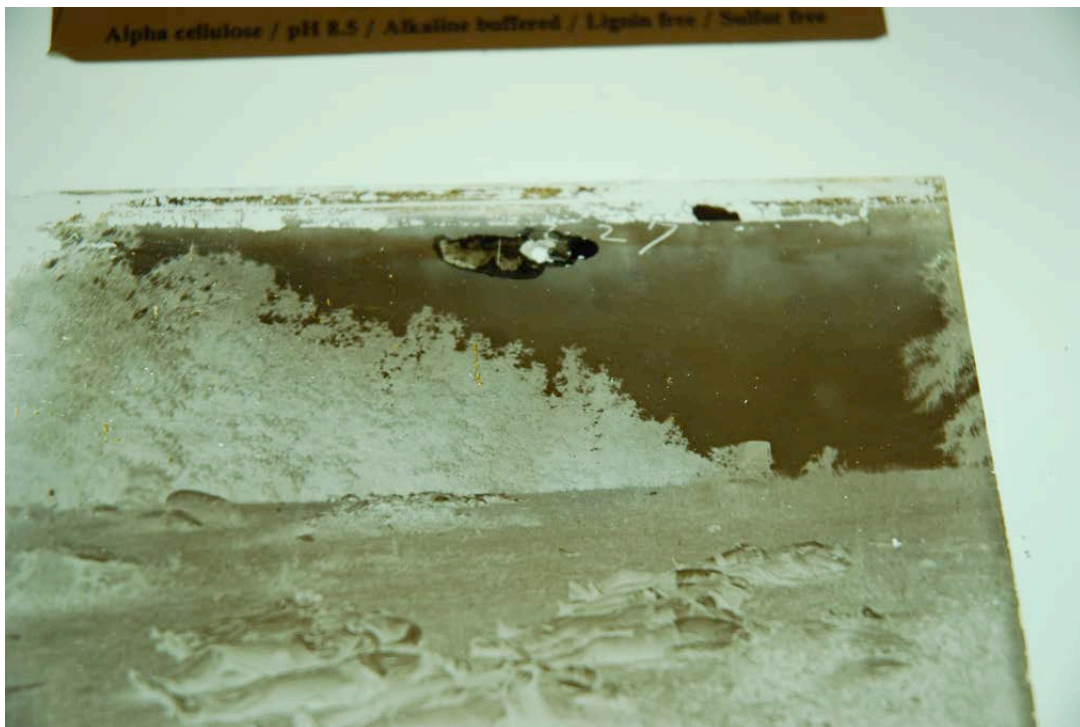


Figure 21, Photograph of glass plate negative of *Gettysburg, Pa. Confederate dead at the edge of the Rose woods, July 5, 1863* by Alexander Gardner (Solomons 2017c).

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<sup>54</sup> Please refer to McCormick-Goodhart (1992: 264) for how different levels of arsenic and alkali have long-term effects on Civil War era glass plate negatives.

In contrast to the ACW photographs, I do not require my photographic works to be a realistic depiction of reality, because I emphasise “embodied knowledge” through “bodily being” and experience (Anderson cited in Moss & Dyck 2003: 69). Bodily fluids are used as empirical elements that, like trauma, can flow inside and outside of the body. In order to collect my bodily fluids, I controlled what I ingested, and how my fluids were expelled. This is a method to create different levels of acidity in my urine from dehydration and overhydration. My stomach acid was retrieved through self-induced vomiting. In order to have samples with the least possible food remains, I did not ingest food for a few hours prior to vomiting. I used a tool to caress my uvula as a means to trigger my gag reflex. In contrast, I collected my urine by expelling it in the typical manner.



Figure 22, A close-up of a collodion glass plate negative from the American Civil War (Solomons 2017c).



Figure 23, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).

One metaphor that I emphasise is the multipurpose usage of collodion and silver nitrate in the photographic process and to manage physical injury during the ACW. Both collodion and silver nitrate are fairly toxic. Collodion was used to create a thin skin over open wounds, and silver nitrate was used to dry out excessive bodily fluids (Barnes 1870a: 905). The history of staging in painting and portraiture helped to objectify ACW corpses, but in contrast this raw photographic chemistry visually resembles bodily fluids. These fluids were used to insinuate an objective reality about bodily trauma as well as used to contain the physical trauma. I refer to the toxicity of these chemicals as a metaphor about how abuse and neglect is embodied. These viscous chemicals look like bodily fluids; yet they can poison and kill healthy tissue. From childhood, abuse and neglect can feel like an internalised message

about how a person deserves a lack of empathy as a form of connection. These messages of shame feel true because they have bodily affect, and are a part of a hurtful cycle that inhibits the growth of a healthier emotional state of mind.

By revisiting the fluids and chemicals that defined and represented suffering and loss in the American Civil War, I connect the detached elements of a historical trauma with the behavioural relationships between the body and mind in personal trauma. My research emphasises how trauma distorts and fragments a person's relationship, particularly with their skin as a boundary between their internal world and environment. I recorded and combined the sounds of my vomiting, and animal limbs being broken and bones pulled from their joints. This decision is a method to refer to skin. My aim is to convey how the experiential rupture between a person's internal and external worlds can become triggered bodily knowledge about an individual's inner self.



Figure 24, Artefact of a traveling medicine chest from the American Civil War (Partial Contents of the Autenrieth Wagon 2016).

Throughout my research, my skin is visually absent, but my internal fluids are present. I was also being dragged through forests as a method to create images (this process is further explained in Chapter Three). During this time, my awareness of the connection between my skin and nature, and collodion as a metaphorical fragile skin, heightened. Peter Schwenger (2000:407), Professor of English Emeritus, describes the scarring and mutilation of a photographic film's emulsion metaphorically implies violence on a person's skin. The collodion skin and process was a precursor to photographic film that I use in my research to emphasise how the relationship between bodily fluids and the skin has a history about simultaneously being physical and metaphorical evidence about embodied narratives behind maladaptive behaviours. The skin is a key factor in how a person learns about their environment (Montagu 1978: 3). If a body does not have a skin, or

the skin is too fragile to protect it from its environment, then a person is vulnerable to “every breeze that blows” (Lowen 1988:313). The skin contains the insides of the body, and is a tool through which people understand the world outside of their body. Through the physicality of the collodion skin, I shift priority in the viewer’s attention from the image, to the unpredictable results of my unstable process. In contrast to my platinum prints, priority is given to the physical aspects of the processed plates as objects instead of the images. I decided to have digital copies of the glass plates printed onto large-scale sheets of vinyl as a method to create an immersive experience. Documentation of the glass plates was chosen because the subtleties of the platinum prints did not translate on the vinyl material. The images are used as a material to create the exhibition space instead of it being considered as part of the final result of a methodological process<sup>55</sup>. The photographs of dead ACW soldiers operate as two-dimensional photographs, whereas the viewer can view the materiality of my glass plates and skin of the vinyl as clues to my research about skin as a boundary<sup>56</sup>. Within one room of my exhibition, will be the plates’ installation, framed collaged prints, and the sound work (further discussed in Chapter Three). The unavoidable landscape of these works highlights different triggers and internalised messages through the body, environment, and physical senses.

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<sup>55</sup> My goal in changing the scale of these works is to ensure that these images are not easily avoided.

<sup>56</sup> The photographs of corpses invoke abjection only through realistic visual representation of reality, while my glass plates can invoke abjection as indeterminate evidence of my bodily requirements for my methodology.



A person's ability to make sense of their trauma is limited by the fragmentation and abstraction of their memories. I claim that the abstract forms on my glass plates refer to a metaphor of how an individual's sense of self breaks down in exposure to continual trauma in early developmental stages, such as with shame. The abstraction of the chemicals and images suggest to an overwhelming reference to bodily affect and a difficulty in interpreting the images. This interpretation I use as a metaphor about the effects of an internalised lack of empathy.

Even though I shift between the trauma of continual exposure to childhood abuse and wartime trauma, I am not stating that they are the same. When a person experiences continual exposure to abuse, they become primed to interpret situations in relation to their trauma (van der Kolk 2015:3). My metaphor about the image being intentionally destroyed is in relation to how a person can actively manipulate their present reality to match distorted aspects linked to their trauma through maladaptive coping behaviours (like NSSI). The more experiences a person has that validates their schemas, the further cemented those implicit truths become (Young, Klosko & Weishaar 2006: 7). The final result in this methodology is a conclusion that bodily fluids can be evidence of a person's emotional suffering, yet the validation that comes with the presence of the bodily fluids (with NSSI) stems from an indirect, maladaptive method of emotional coping that further destabilises a person's sense of self.

## 2.6 Conclusion

My intention to use the Battle of the Wilderness because it relies on soldiers' writing instead of photographer's interpretations is meant to mirror my empathic approach towards NSSI instead of using stigmas. Within this case study, the Victorian idealised concept of a wilderness is utilised as a contrast to soldiers' experiences at the Wilderness as a metaphor about how a child can shift to survival mode with abusive, neglectful primary caregivers. I draw from physical war to critically assess embodied emotional war. Examples include a person conforming their behaviour to their threatening surroundings, viewing neutral interactions within an environment as malicious, and difficulty in identifying human value along with enacting humanising behaviours (which are most likely not possible in survival mode). In regards to BOTW and NSSI, the body and emotional states conforming to a threatening environment for a prolonged period of time embodied the experience. As a result, spaces similar to these can have triggers that awake embodied biases based on the past trauma. However, this embodied knowledge can leave a person to disappear into the landscape of their embodied legacy of trauma.

Within this chapter, I examine how managing physical and emotional death is a key aspect of survival in being human. One method is through the normalisation of degrading treatment, such as in the soldiers' wartime experiences and abuse and neglect in childhood that develops into shame. Both examples are embodied, but a child internalises their experiences into their foundations of self. In years after these traumatic experiences, the BOTW soldiers were able to write about their

experiences in more detail with further emotional distance, but with shame the cause of the trauma is directed towards the self because it is locked into the foundation of the self. In a similar dynamic physical proof of trauma on soldiers bodies and individuals who use NSSI, acted as evidence of a person's character. Even if the intention is survival, how a person's body is destroyed becomes a physical anchor for cultural and medical judgments about their trauma. I critically investigated the experiential aspect of this dynamic through my documentation of the butchery process. This form of culturally accepted dismemberment of animals' corpses emphasised the emotional shut down and high physical engagement when violent trauma is normalised. Within my role I conformed my body to the environment, and intentionally tried to take the least amount of space in order to not infringe on the butchering. The act of witnessing reminded me of the dissociation between the mind and body that can happen as a method for survival. However, my physical sensations from the cold and being still grounded me in the situation as well as influenced my emotional state. This experience helped me to concentrate on specific interactions and details about the embodiment of a dehumanising environment. Instead of concentrating on the spectacle of butchery, I captured images, sounds, and smells that ambiguously cross the boundaries of external and internalised violence. Through this practical methodology, I decided to present the embodiment of a threatening environment by triggering the audience's physical senses.

In contrast, Gardner's team used the spectacle of decaying bodies to construct narratives about how Gardner interpreted the ACW. With only the visual sense triggered in these photographs and Gardner's moralisation of decay to inform soldiers' human value, physical decay of corpses was used as a visual language to express aspects of trauma to the living. The physical decay can mirror the feelings of emotional death from trauma. Specifically with shame, internalised messages about self-worth include a lack of dignity, compassion, and consequently a conclusion that a person's own body does not deserve to be unharmed. Like the anonymity of the soldiers' corpses, shame can make a person feel subhuman, or rather an individual's human value becomes downgraded to that of an animal's.

One aim of my two practical methodologies in this chapter is to reframe the aesthetic of the ACW photographs to emphasise how a site of becomes embodied, and therefore the lack of emotional distance becomes negotiated on the body. The exhibition of my practical research creates a precarious environment where physical vulnerability and emotional detachment is presented through bodily triggers and the withholding of proof of these processes. Proof of processes does not entail a greater empathic understanding. Instead, I use bodily fluids as a malleable boundary flows inside and act as evidence when it is outside of the body. The mixture and destabilisation of the collodion process with the bodily fluids acts as a metaphor specifically about the effects of embodied abuse and neglect: toxic, inhibits healthy growth, and portrays reality through the abstraction of bodily knowledge. Historically, the skin and bodily fluids have both been used to represent

literal and metaphorical proof about shame-based narratives behind NSSI. By generating two practical methodologies that have different primary aims (function as an image and function as an object), my goal is to separate and address two important aspects of NSSI (trauma-biased perception of reality and embodied knowledge that feels like an instinctual truth). These aims are essential to emphasise because I use them as a key factor to potentially create empathy for the viewer, instead of relying on the validation that comes from literal proof of reality (i.e. realistic images, documentation of me during my practical processes). In Chapter Three, I critically assess endurance of pain and proof of bodily trauma as myth through a selection of artist case studies. My goal for the next chapter is to emphasise how endurance art methods can be utilised to generate more empathic understandings about how shame can lead to NSSI as a maladaptive coping behaviour.

## Chapter Three

## **Bodily Fluids and Endurance: Self-Injury and Human Value in Performance Art**

### 3.1 Introduction

In Chapter Two I discussed wartime legacies about bodily violence; in Chapter Three, I give synopses of two fine art case studies by Helen Chadwick and Donald Rodney with my practical research. I also critically assess performances by Chris Burden, Ron Athey, Marina Abramović, and John Duncan by exploring their varied approaches towards interpersonal relations. Several artworks by Ron Athey are referred to due to the autobiographical themes in his art practice. I critically reflect on my methodological process of being dragged as a method of endurance. I compare and contrast the relevant aspects of each endurance performance in relation to my methodological approach towards NSSI. In this chapter my argument is not that my research connects to the faith and catharsis underlying the Actionists, but rather is on the investigative potential of Schema Theory, and self-reflection through grounding methods.

### 3.2 The Usage of a Body For Its Fluids in Art

A wide variety of artists have used bodily fluids from humans and animals to comment on extreme experiences of political regimes, religion, and personal trauma. For example one of the Viennese Actionists (who use ritualistic practices to comment on their government), Gunter Brus, performed *The Endurance Test*, through which Brus made small incisions on his body and bled until he passed out (Bradburne 2002: 206). Brus' treatment of his body aligns with a tradition of male

artists presenting themselves as Christ-like figures (Bradburne 2002: 208). On the topic of religion, another example is Andreas Serrano, who used his bodily fluids to create photographs that look like abstract paintings, during the AIDS crisis in America (Bradburne 2002: 214). A second example is the performance *Seedbed* (1972). Vito Acconci was hidden under a platform in the gallery where the audience was walking, and recited masturbatory fantasies through a microphone while he masturbated (Taylor 2008). The experience of the performance was limited to his voice, and not his bodily fluids. Acconci used aspects of sexual performance as a means to investigate expectations about masculinity. My point in these examples is that men have used their bodies as objects as a method to comment on emotionally charged topics. My research is not about capitalising on the martyrdom of self-wounding, but rather about creating a space to critically explore the results of personal, internalised messages of invalidation (specifically in reference to NSSI).

Generally, from the 1970s to present, there is a consistent theme of women using bodily fluids or self-injuring are used as methods to express their feelings about the unequal societal treatment of women<sup>57</sup>. In the 1970s, the artist Ana Mendieta performed *Rape Piece* (1973) where she smeared blood on her back and exhibited her body halfway covered, as a means of bringing awareness to rape victims (Bradburne 2002: 212). During the same era, artist Gina Pane routinely self-injured her body to create artworks as metaphors about the oppression of women (Ibid).

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<sup>57</sup> I will not be drawing from the philosopher Michel Foucault's theories (2020, 1989, 1976) about how power forms an individual. Even though his concepts overlap with behavioural science at times, my methodology more aligns with Attachment theory in a domestic space.



Susan Brison (2002:25), philosopher of Ethics and Sexual Violence, explains that feminist ethics permit subjective interpretations to be valid contributions to knowledge in academia<sup>58</sup>. One theme within my selected artists is aggression towards a person's own body. The second-generation feminist artists did not require the literal representation of the body in their work. Examples include Janine Antoni (*Gnaw*, 1992; *Lick and Lather*, 1993), Helen Chadwick (*Viral Landscapes*, 1988-89; *Unnatural Selection*, 1995-96), and first-generation feminist artist Mary Kelly (*Post-partum Documents*, 1973-79; *Gloria Patri*, 1992).

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<sup>58</sup> I do not have sufficient space to adequately pursue this avenue, so I have created a small excerpt acknowledging the topic of feminist philosophy.



Figure 25, A photograph of Ana Mendieta's performance *Untitled (Rape Scene)*, 1973 (Mendieta 1973).



Figure 26, The performance *Azione Sentimentale* by Gina Pane (1974).

### 3.2.1 Helen Chadwick: Bodily Fluids as Perception

From the 1980s to mid 1990s, Helen Chadwick was a feminist artist who regularly used her body, and the bodies of others, as a material to investigate a range of issues, including the interaction between identity and environment. I selected her series of photographs, *Viral Landscapes* (1988-89) for this reason. This series consists of panoramic photographs of cliffs and bodies of water underneath an overlay of magnified cells from her body. Chadwick's intention was to construct abstract metaphors about how humans have violently changed natural landscapes,

in addition to commenting on the AIDS crisis<sup>59</sup>. Through a wide lens at standing height, Chadwick created a subjective composition of the cliff side. By having the inside of her body layered on top of what Chadwick's eyes saw, I propose that she created a metaphor about how reality is disrupted by the seepage of trauma. Cells literally create a person, yet they can change based on an individual's life history. The body adapts to perceived threats and safety. Swirls and breaks of Chadwick's cells convey a vicious breakdown of her cells through their implied movement that compliments the landscape. That is to say, Chadwick's cells spill inside her vision. Evidence of the trauma exists, but witnessing the action is withheld. Chadwick explained,

“Photography is my skin. As membrane separating this from that, it fixes the point between, establishing my limit, the envelope in which I am. My skin is image, surface, medium of recognition.” (cited in Warr 2000: 281).



Figure 27, *Viral Landscapes* (detail) by Helen Chadwick (1989-1990).

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<sup>59</sup> I concentrate on Chadwick's relation to landscape in this work, and use later case studies to critically assess bodily fluids as a material that can refer to legacies of suffering.



Figure 28, *I never had anyone fight for me* (detail) (Solomons 2016f).



Figure 29, *I never had anyone fight for me* (detail) (Solomons 2016f).

Through my experiments with the collodion process (*I never had anyone fight for me* (2016)), I build on *Viral Landscapes* by inverting the priority of the photographic images and bodily matter<sup>60</sup>. Chadwick's cells add an undulating dance on top of a technically correct printed backdrop, whereas my urine and stomach acid destroy the image of my landscape. I propose that the role of my bodily fluids is to imply that a person's sense of self and reality is denied clarity through evidence of trauma.

The raw chemistry that is used in the collodion process acts as a metaphor for the internal fluids that fuel the human brain, including its neuroplasticity (where maladaptive coping behaviours have the potential to change). The disrupted, abstracted chemicals present the Wilderness forest as underdeveloped; this can mirror how controlled bodily fluids in NSSI can reinforce the past in the present. The remains of my fluids have permanently concealed how the viewer sees the Wilderness battlefield – subjectively and incomplete. The colours and curves of Chadwick's cells generate a softer, more silent contrast to the violent act that took place to retrieve and manipulate them. My and Chadwick's collections of our internal matter could not have happened without intimate, violent interactions with our bodies. In regards to my research, a person's sense of self and reality can be restricted to the parameters of their trauma.

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<sup>60</sup> The discussion about the photographic process is in Chapter Two.

### 3.2.2 Donald Rodney: Bodily Fluids as Legacy

In *Visceral Canker* (1990), artist Donald Rodney planned to have his blood flow through a system of tubes that ran behind the coat of arms of Sir John Hawkins', the first British citizen to conduct business in the African slave trade (Thorpe 1996: 29). Since Rodney was diagnosed with sickle-cell anaemia, which has a cultural stigma amongst people of Afro-Caribbean descent, he wanted to use his blood as a metaphorical link to this slave trade. My research does not focus on individuals who utilise their bodily fluids to critically assess physical illness. Rodney needed to receive frequent blood transfusions to treat his blood disorder. He used his physically ill body to humanise misconceptions about black identity. His work and my research stem from different cultural backgrounds and I am not stating that familial history and the history of slavery are equally comparable; rather I am reflecting on the potency of using bodily fluids to represent complex histories of trauma. I utilise pig's blood to symbolise an individual's intergenerational familial trauma, as opposed to Rodney's use of his own blood as a symbol for a legacy of intergenerational racial trauma.

The Plymouth City Council, who commissioned *Visceral Canker*, ruled that Rodney's blood "might offend public sensibility", and therefore an alternative blood, pig's blood, was used in his artwork (Thorpe 1996: 29). In a similar situation to Rodney, I attempted to meet ethical and safety standards of various institutions as a means to use my blood in at least one of my methodologies. I eventually had to use pig's blood as a replacement. A pig's skin has the most similar materiality to human skin. Pig's

organs are used to replace defective human organs. And, of course, people eat pigs' meat and blood. Parts of pigs become a part of a human body. Moreover, a pig's value as a sentient being is diminished by people's violent exploitation of their physical body. This can be used as an apt metaphor for the slave trade or trauma that can lead to NSSI as a coping behaviour. I read the pig's blood in Rodney's sculpture's tubes as if they are veins keeping the Sir John Hawkins' coat of arms alive. As long as blood is flowing a person is not yet a corpse. Therefore, the coat of arms, this legacy, still lives through the exploitation of human bodies as subhuman commodities. In contrast to Rodney's approach, but related to my other practical methodologies, I replace a protective layer over the platinum prints with pig's blood as a metaphor for how feelings of shame can resonate with having a lack of skin. My decision in my practical research was to make the colour of the blood similar to a colour of white skin, leading to confusion over what is inside and outside of the body<sup>61</sup>. My final prints present a reality that can only be constructed through the pig's blood.

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<sup>61</sup> The soldiers in my case studies, and I, have white skin. I mention skin colour because people of colour have very different experiences as a result of cultural and medical biases from the Victorian era to the present. The inclusion of skin colour is outside of the niche parameters of my research.



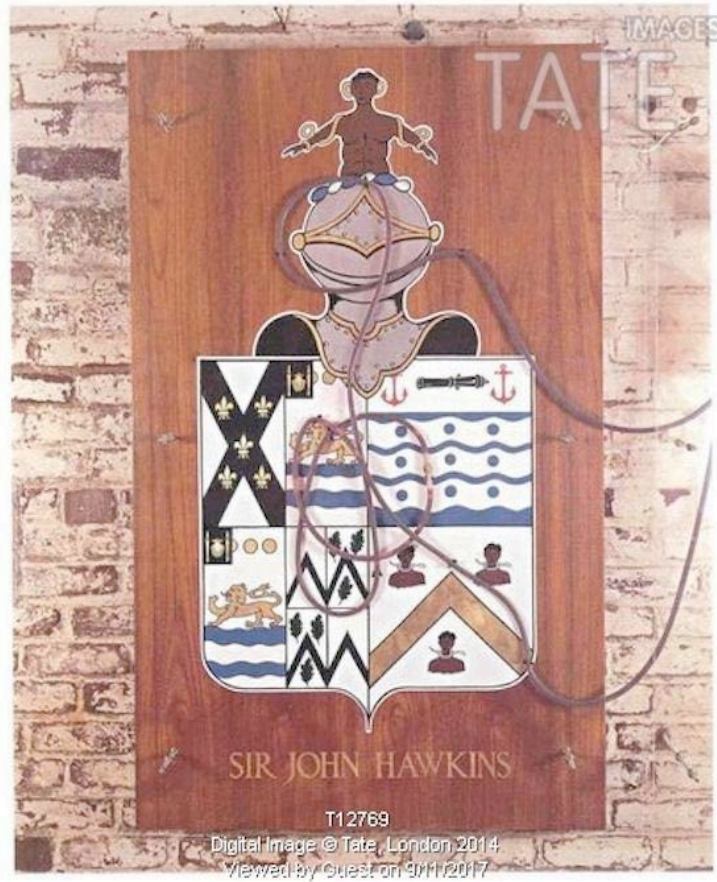


Figure 30, *Visceral Canker* (detail) by Donald Rodney (1990a).



Figure 31, *Visceral Canker* (detail) by Donald Rodney, (1990b).

### 3.3 Art Practice: The Expulsion of Bodily Fluids

I propose that the presence of my body does not guarantee that the viewer will feel more embodied when they see my practical research. For three months, I collected my stomach acid, urine, sweat, and saliva as materials to use in my practical methodologies. For an overlapping period of two months, I self-induced vomited for 1 to 3 days a week as a method to record the sound and collect the fluid<sup>62</sup>. My intention was to make sure my vomit primarily consisted of stomach acid. Therefore, my attempts were aimed at making my stomach regurgitate while it was empty of food. I used self-induced vomiting as a performative process to gain awareness about its experiential aspects. The wet gagging sound initially led me to expect a large amount of fluid, but the sharp, hard cough revealed emptiness, with small amounts of viscous stomach acid hanging from my mouth. Repetition in my practice-based methods critically reflects on the normalising feelings surrounding regular practises of NSSI. Vomiting is the opposite direction of how the oesophagus and stomach normally work. Wilhelm Reich, a Bioenergetics therapist, (1950: 387) described vomiting as a “biological expressive movement the function of which achieves exactly what it “expresses”: convulsive expulsion of body contents”. Since my stomach was empty, vomiting was more difficult than if my stomach had ingested food. Eventually, my uvula and the back of my throat became used to being touched in a prolonged manner; this made it even more difficult to retrieve my acid. As a result, I enacted further self-care to dissipate any emotional or physical triggers

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<sup>62</sup> In contrast to Martin Creed's *Sick Film* (2006) I refer to vomiting as a self-destructive coping behaviour to regulate unbearable feelings; instead of generating a spectacle of people vomiting.

that arose. My intention is not to prove that I can withstand discomfort but rather, within safe parameters, use my body as an object to harvest materials that refer to specific self-imposed acts of dehumanisation and exploitation.

Vomiting has a history within humoral theory and treatments in the form of purgatives, and as a symptom of mental disorders. Purgatives, also known as cathartics, were used orally and anally to expel 'excess' fluids. More recently, self-inflicted vomiting (purging) can be observed in eating and anxiety disorders and can be considered as a maladaptive coping behaviour (Ferentz 2015: 92). Ferentz (2015: 96) explains that when a person feels disconnected from their body they can develop eating disorders as a way to feel connected to their body again. Vomiting can stimulate, as Herman (1992: 109-110) explains, "an internal state of well-being and comfort that cannot otherwise be achieved"; and one result of this is that abused children can use vomiting to "regulate an emotional state"<sup>63</sup>. Vomiting refers to an emotional state before language develops that is characterised by forcibly pushing sound and fluid outside of the body. For example, in eating disorders, actions such as vomiting are a way to act out anger instead of internalising it (Brennan et al. 2015: 73). The connection of induced vomiting being used in medicine and anxiety disorders makes vomiting an ideal action to discuss the boundaries of control versus exploitation, and survival versus healing.

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<sup>63</sup> Brad Bowins (2010:295) states that repetitive maladaptive behaviour from non-traumatic origins is ego-syntonic; while behaviours that stem from trauma are primarily ego-dystonic.

For this methodology, I could not have made my images without this methodology in place. The plates will be installed within the exhibition, as discussed in Chapter Two. My aim is to create an immersive space. By printing the images onto vinyl (and applied to the gallery walls), I generate reference to the thin, emotional skin that links to experiences of trauma: an image that is printed onto the skin and a skin informs the ambience of how a space is perceived.

### 3.4 Self-Injury in Fine Art: Witnessing the Pain

Roland Barthes wrote that the appearance of bodily fluids in performance can be an “economic” exchange, where the viewer feels like they have witnessed a work where the artist’s suffering and labour justifies the cost of their ticket to the event (cited in Duggan 2009: 315). Similarly, Susan Sontag (2003:133) explained that injuries are considered as “individually merited”. As mentioned in Chapter Two, a cultural value is assigned to wounds. Since the 1970s, male and female performance artists (such as Gina Pane, Kira O’Reilly, Jamie Lewis Hadley, and Linda Montano) have used their body as a tool to open awareness of the limits of cultural expectations<sup>64</sup>.

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<sup>64</sup> From the 1990s to present, performing artists, like Bob Flanagan and over a decade later Martin O’ Brien, use self-injury in their performances as a method to express the subject of chronic physical illness. This usage of NSSI is outside of the parameters of my research.

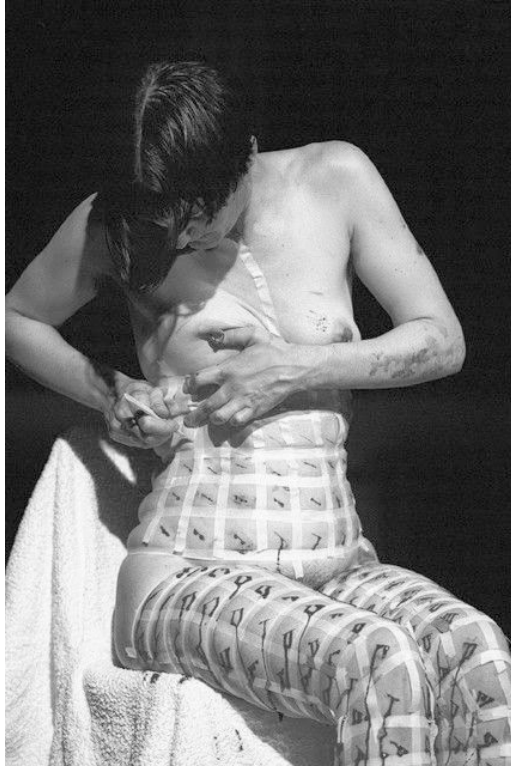


Figure 32, A performance of *Succour* by Kira O'Reilly (2001-2002).



Figure 33, A performance of *Inthewrongplaceness*, by Kira O'Reilly (2005).



Figure 34, Selected page from Chen's (2016) publication about self-injury.

The artist Adriana Disman (2017: 17) explains that in the United States and Europe, artists explore the limits of their bodies through “exhaustion, discomfort, pain and self-wounding”, and can document their performances through “authentic” filmic aesthetics like everyday, grainy single-shot takes. For example, the artist Katie Gilmore videotaped a couple of performances with self-destructive risk to the body. In *My Love is an Anchor* (2004), she places her leg in a bucket of drying plaster and tries to break the bucket with a hammer (Disman cited in Hyland 2017: 353).



Figure 35, A video still from *My Love is an Anchor*, by Katie Gilmore (2004).



Figure 36, A video still from *Down Smiling*, by Katie Gilmore (2006).

When Gilmore is unable to break the bucket she calls for assistance and a person arrives to cut the bucket from her leg, so her ankle would not break. The second performance by Gilmore is entitled *Down Smiling* (2006), during which she forcibly smiles while she cuts the rope of the moving swing she is in. The affect on her audience does not change the process or outcome of Gilmore's performances in real time. Artists can use autobiographical material, such as when He Cheng Yao stuck 99 needles in her face and body, until she passed out in *99 Needles* (2002). He Cheng

Yao explains that her performance was a homage to the alternative treatments, such as acupuncture, that were used in attempts to cure her mother's mental illness (*Pain in Soul - Performance Art and Video Works by He Cheng Yao* 2007).



Figure 37, The performance of *99 Needles*, by He Cheng Yao (2002).

A number of performance artists have created open wounds as a part of their performance, but do not link their practises to their autobiography or psychological definitions about self-injury. The performance artist Vito Acconci bit various parts of his skin, applied ink to the bitten area, then pressed his inked skin onto a sheet of paper in *Trademarks* (1970) (Warr 2000:119).





Figure 38, Source material from Vito Acconci's *Trademarks* (Acconci Studio 2019).



Figure 39, Source material from Vito Acconci's *Trademarks* (Acconci Studio 2019).

In a second example, Kira O'Reilly arranged for one audience member at a time to enter a small room to watch a video of a shallow wound dripping blood (Brine n.d.: 30). After reading an invitation that invites the viewer to cut onto O'Reilly's body with the provided scalpel, they walk down a long corridor towards her. O'Reilly disrobes, walks towards the viewer, and after a short conversation the viewer can make a small incision in her skin. Afterwards the viewer would briefly hold O'Reilly in the same position as the *Pieta* (Ibid). In another performance by O'Reilly, titled *Bad Humours/Affected* (1998), she allowed two leeches to attach to her skin and feed on her blood until they became full and dropped off (Curtis & Hargreaves 2017: 18). Even though O'Reilly has referred to humour-based medicine in previous

works, such as *Bad Humours/Affected* (1998), we share different concerns about re-visiting this subject<sup>65</sup>. O'Reilly concentrates on "political histories and narratives of the body" (Curtis & Hargreaves 2017: 18, 202). She explains that her challenges have not been physical or mental (Duggan 2009: 316). Patrick Duggan (2009: 314) states that O'Reilly's "performance could not be viewed from a distance, physical or emotional". Her goal is to collapse boundaries without creating a "misunderstanding of trauma" (Duggan 2009: 322).

Karen Gonzalez Rice (2019: 1), Sue and Eugene Mercy Assistant Professor of Art History, explains, "endurance artists suffer" by testing the limits of their physical or mental abilities through durational actions or "hardship". Endurance artists enact survival through self-discipline (Gonzalez Rice 2019: 2). My selected case studies for NSSI in art concentrate on single performances instead of performances that can last months or years. My goal is to emphasise the emotional labour of a one-off more intense performance, instead of a longer performance that is less immediately demanding – when trauma is triggered it is about an immediate demand. I agree with Gonzalez Rice's (2019:3) statement that endurance can be identifiably different to suicidal actions, and propose that the same exists between the use of NSSI in a performance and as a coping behaviour. Endurance artists create open-ended encounters through which audience members struggle to carve out "redemptive or heroic resolutions; [and] their ethical effects remain ambiguous" (Gonzalez Rice

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<sup>65</sup> Under the same topic of humour-based treatments, O'Reilly made more than 100 small incisions on her body in *Succour* (2001-2002) (Duggan 2009: 315).

2019: 4). My research utilises time and discomfort to create practical research results; it is not an obsessive continuum about self-harm. Kira O'Reilly explains,

“Well all wounds speak. All wounds are a sign that something’s happened; something that’s happened in time, some sort of break for better or for worse... Again context is really key; there is a difference between something that’s happening because someone has no choice and something that’s happening in a highly designed and very specific time and place and event, as in an art action.” (Duggan 2009: 321)

For example, the performance artist Nicola Hunter talks about how when she performs NSSI during a performance, she reaches a meditative state at the point that she starts to cut her skin<sup>66</sup> (in Johnson 2017). Hunter also shares that when she had accidentally cut herself during a performance, she was scared of the severity of her injury (because it was an accident and happened out of sight) (Ibid). Gonzalez Rice (2019: 12) explains that endurance art “present[s] and re-presents the lived effects of trauma – precisely because metaphor is inadequate in communicating trauma’s impact”<sup>67</sup>.

In 2008, the artist Aliza Shvarts presented a “yearlong performance of repeated self-induced miscarriages” in her final year of her undergraduate degree (cited in Doyle 2013: 29). No evidence exists of her pregnancies. Jennifer Doyle, art critic, explains that the “biological possibility of pregnancy was left open” in order to reveal how a woman’s body is judged and controlled within legal, medical, and ideological

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<sup>66</sup> For a case study about an artist who explicitly confronts her history with self-harm in her art practice, please refer to Liz Atkin (cited in Chaney 2017: 238-239).

<sup>67</sup> Further discussion about trauma in endurance art can be found in Gonzalez Rice (2019: 1-21).

frameworks (Ibid). Even though Shvarts' work centres on the management of how a woman uses her body, the possibility of her work being true generated negative press (Doyle 2013: 30). At the peak of the scandal about *Untitled (senior thesis)* (2008), news outlets tried to discover if Shvarts was ever pregnant (Ibid). If she was pregnant, then she would be judged based on her self-induced abortions. If Shvarts was not pregnant, then she would have been viewed as manipulative. I link this situation to how women with hysteria were viewed by society and their doctors as manipulative and illogical in their behaviours in Chapter One. Overall, Doyle (2013: 31) states that Shvarts inflamed a “collective sense of ownership over the artist’s body” though moral disgust<sup>68</sup>. Shvarts’ intense presentation about how a woman having the freedom to use her body as she pleases is at odds with the broad expectations of the American public. Like the mass death in the American Civil War, Shvarts’ pregnancies and abortions, and my own actions of being dragged through a Civil War battlefield, individuals can struggle to accept physical suffering if it seems purposeless. In the later half of the 19th century, Forbes (1898: 74) wrote that individuals, who were deemed to be “morally insane” would commit impulsive acts that did not make sense in society, in other words purposeless and destructive acts<sup>69</sup>.

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<sup>68</sup> For further discussion about kinds of exploitative artworks that are accepted, in contrast to Shvarts' work, please see Doyle (2013: 36).

<sup>69</sup> For analysis of handwriting specimens of individuals with mental illness during the late 19th century, please refer to Forbes (1898: 88-117).

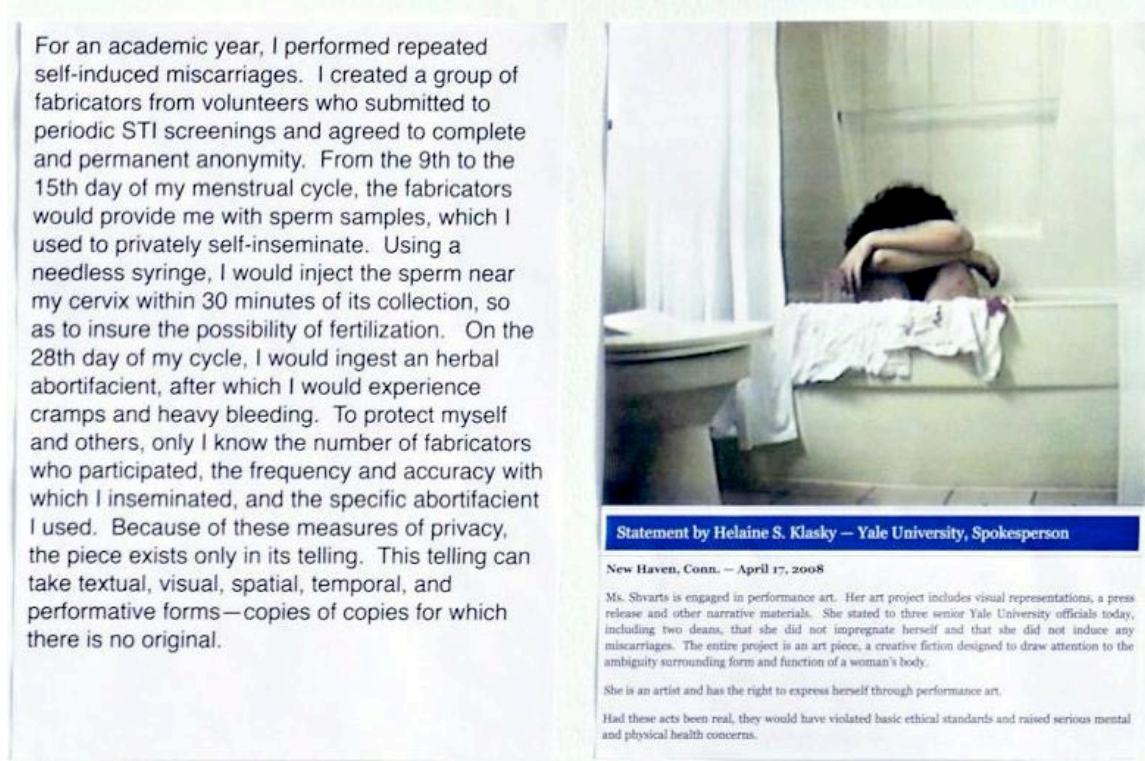


Figure 40, A new artwork entitled *Posters* (2017) that uses documented materials from *Untitled (Senior Thesis)* (Shvarts 2017).

In the case studies below, I compare and contrast my practical creative processes with four endurance performances by the artists Chris Burden, Ron Athey<sup>70</sup>, Marina Abramović, and John Duncan. All of the case studies in the remainder of this chapter are used to critically assess how artists can take on responsibility for their well-being as well as their audiences'. One crucial component in my approach towards NSSI is to critically assess how viewers respond to self-inflicted bodily harm. In contrast to my artist case studies about bodily fluids, none of these performances happened in connection to a public institution. I also acknowledge the rules that

<sup>70</sup> In regards to Athey, I do not investigate the body in relation to the AIDS epidemic of the 1980s.

needed to be in place in order to make some of selected performances ethically permissible in a gallery space.

#### 3.4.1 Case Study: Chris Burden, The Intrusive Spectacle

The artist Chris Burden did not give the context of his childhood during the early years of his art practice. Leslie Burden, Chris' sister, explains that during their childhood the family lived on the edge of society, isolated, and they always felt "terribly different" to other children (*Burden 2017*). Both siblings claim that their parents taught them how to be anti-social loners (*Ibid*). For example, when Chris broke the family's television and stormed out of the room, his father responded by not acknowledging him and going into a separate room (*Ibid*). Isolation, i.e. a lack of connectedness, and bodily harm were reoccurring themes of Burden's childhood. For example, one year he sustained a broken leg; he spent another year in hospital, and eventually he expected an injury to happen each year (*Ibid*). I propose that the mixture of isolation, explosive expressions of emotion, and an increased awareness of the physical fragility of his body were key life experiences that informed Burden's performances in his early to mid-career.

With his wrists bound from behind, and in his underwear, Burden crawls across a pile of broken glass in the televised performance entitled *Through the Night Softly* (1973) (*Art Story n.d.*)<sup>71</sup>. The performance aired during late night commercial spots

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<sup>71</sup> I acknowledge the trend of the white, cis, heterosexual martyr in performance art, and Burden's use of oppressive power akin to a patriarchal power dynamic. These subjects are outside of the parameters of my research.

in America (Ibid). Burden used his injured body to shock and disrupt what he viewed as a societal norm, that is, continual mental withdrawal in everyday life through television (*Burden 2017*). He controlled how the proof of his pain was presented. Burden forced his viewers to cope with witnessing his body being portrayed in physical pain. Cynthia Carr (1993: 22) explains that there was no narrative about, or edit of, the event but rather only a man hurting himself for no discernable reason. In regard to my research my issue with Burden, and a number of self-wounding performance artists of the 1970s, is that by making self-wounding a central, visual concentration, elements of martyrdom became inextricability linked (Disman 2017: 18). I identify with Burden when he said that he did extreme performances because he wanted to be viewed as a serious artist (Schjeldahl 2015). Alex Smith, a friend of Burden's, explains that Burden was very aware of his image and therefore his early performances were not as dangerous as they appear to be (*Burden 2017*). He avoided the risk of severe bodily injury by using crumbled safety glass (Schjeldahl 2015). My research concentrates on violence on a person's body as a form of communicative language, yet in contrast to Burden, one of my specific goals in doing so is to avoid the wounded body as an obvious spectacle.





Figure 41, A video still from *Through the Night Softly*, by Chris Burden (1973).

#### 3.4.2 Case Study: Marina Abramović, The Interpersonal Spectacle

In Marina Abramović's performance, *Rhythm 0* (1974), she permitted the audience to use her body as an object in a gallery exhibition (Borecka 2017). On display were 72 objects for the audience to use, along with a typed note that stated that "I am an object. During this period I take full responsibility" (Ibid). Over the course of the performance, people's interactions with Abramović shifted from playful, like giving her chocolate cake, to disrespectful, such as cutting her clothes off, sexual harassment, and making her point a loaded gun at her head. For context, the bullet and gun were put on display for the audience to choose to use. At the end of the six hours of performance, Abramović started to walk (Abramovic, Thompson & Weslien 2006: 47). At this moment, the audience could not look at her and most of them quickly left (Ibid).



Figure 42, Photographic and text documentation of Abramović's performance *Rhythm 0* (Abramović 1974a).



Figure 43, A photograph of Abramović's performance *Rhythm 0* (Abramović 1974b).

I critically assess *Rhythm 0* outside of Abramović's intentions of art for art's sake. Abramović clearly stated that she assumed full responsibility for the audience's actions, which in turn revealed the audience's own moral turpitude to itself. By taking on responsibility for their actions, Abramović created a power imbalance that can lead to a lack of human value. Abramović's passive receptiveness of the abusive acts by her audience is a representation of a behaviour that can arise in victims of abuse: the acceptance of abuse through reaction or choice (Borecka 2017). Gonzalez Rice (2019:14) clarifies that "posttraumatic behaviors" can be symptoms of trauma, but also representations of trauma in endurance art. The audience used and manipulated Abramović's body as per their will. In early childhood, parents teach children how to be human and what their human value is. These are lessons that are carried into adulthood. My methodologies concentrate on how the childhood version of this interdependence is internalised and perpetuated through the violent relationship, of NSSI as a maladaptive coping behaviour, that a person can have with their body. The art writer Tracey Warr (2012: 20) explains that an artist can highlight the humane interconnectedness between people by making their body a fragile object. By witnessing the inevitable pain of the self-inflicted violent acts, the audience becomes an accomplice in the violent acts towards the artist's body. Abramović's audience was given an opportunity to realise that their behaviour was inhumane, whereas my research concentrates on a person's suffering instead of potential redemption for the audience. The same lack of accountability in a power dynamic occurred with Victorian doctors towards patients with hysteria, and Gardner's team's treatment towards the photographed corpses.

### 3.4.3 Case Study: Ron Athey, The Vulnerable Spectacle

Even though my research does not concentrate on gender, queer or religious subjects, I selected works by the artist Ron Athey because he discusses his memories and feelings behind his experiences with self-destructive behaviour like NSSI. I do not claim that Athey's behaviours during his performances are self-destructive coping patterns as a result of his trauma<sup>72</sup>. Athey explains that "There's self-harm you understand and there's self-harm that's going towards destruction...I don't think my work is violent...Pain isn't necessarily violence" (cited in Gonzalez Rice 2019: 71). He says that to go beyond a unilateral direction in his work, he includes the self-destructive parts of his life because these "ugly" parts are reflexive of a "valid experience" (cited in Johnson 2013a: 29). Athey explains that his work is not only about his past experiences, because a larger audience would not care only about his life (*Hallelujah! Ron Athey* 1998). However, Athey says that he makes disturbing works because of his "rotten life" (cited in Johnson 2013a: 12).

Gonzalez Rice (2019: 61) explains that Athey grew up in a Pentecostal household that was intertwined with domestic violence, emotional abuse, and incest. During his childhood, women primarily raised him. His mother is schizophrenic and his grandmother modelled self-harm behaviours through self-starvation and pulling her hair out when she felt the Holy Spirit (Johnson 2013a: 12; Johnson 2013b: 66).

Gonzalez Rice (2019: 67) states that the religious presentation of "baptism of the

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<sup>72</sup> For further reading of art historical perspectives about Athey's work please refer to Johnson (2013).

spirit...put[s] suffering bodies on display...". Upon reflection, Athey says that cutting was less of a risk than taking drugs (McEwan 2002). In his childhood, Athey cut his fingertips to stop his little sister from crying by showing that the pain was insignificant, and in his teenage years he says that he felt so frustrated and helpless that he cut his wrists (LADA 2016; Gonzalez Rice 2019: 69; *Hallelujah! Ron Athey* 1998). I assert this as an example of how a language of self-violence can be substituted for words in how people relate to each other or themselves. Athey explains that he coped with his pain by embracing it (LADA 2016).

About a decade ago, Athey released a black and white video work that was based on a performance from *4 Scenes from a Harsh Life* (1994), entitled *Ron's Story* (2011). The scene starts with Athey thrashing back and forth on an old mattress, unable to sleep, until he wakes up and methodically places hypodermic needles through his arm. The voiceover discusses Athey's dramatic self-destructive behaviour that was enacted through suicide attempts, taking drugs, and memories of self-harm. Fintan Walsh (2010: 113), *Reader in Theatre and Performance*, explains that in this performance Athey critically assesses the "authority figures from his past by conjuring up" a disturbing array of characters and situations. In particular, Athey uses the endurance of self-injury to become abject (Ibid). Gonzalez Rice (2019: 18) explains that the cutting and "release of bodily fluids corresponded to Athey's posttraumatic experience of nonsuicidal [sic] self-injury and his lifelong search for healing". Gonzalez Rice (2019: 68) explains that his "preoccupation with bodily insertions and the expulsion of bodily effluvia directly reenacted [sic]" his childhood

experiences. Athey explains that more control exists over the scenes and situations in *4 Scenes* than in theatre, because the “blood, pain, and exhaustion are real” (cited in Johnson 2013a: 13)<sup>73</sup>. Towards the end of *4 Scenes from a Harsh Life*, Athey says, “Am I just a manifestation of my fucking self-destruction?” (Athey 1997: 39).

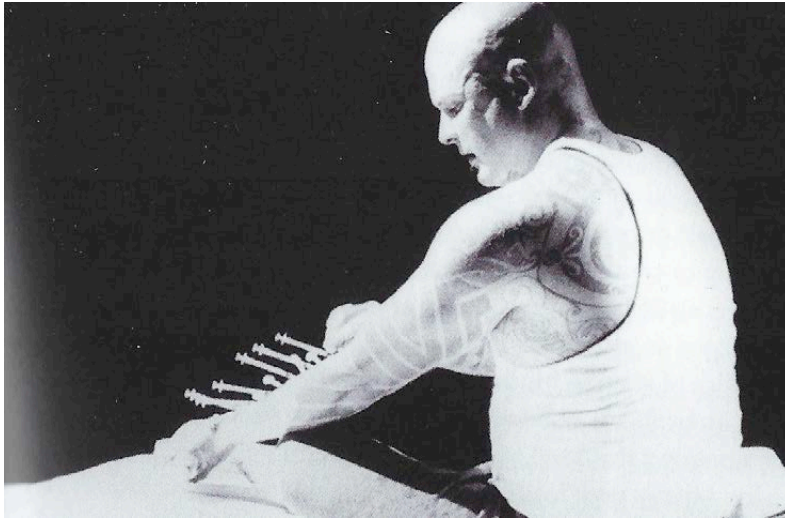


Figure 44, A photograph of Athey's performance *Suicide Bed*, 1997, which was used as inspiration for *Ron's Story* (2011) (Johnson 2013c: 175).

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<sup>73</sup> Athey explains that all his self-inflicted injury is performed in a controlled manner (LADA 2016).



Figure 45, A video still from *Ronnie Lee*, 2001 (Johnson 2013c: 195).

Claire Armitstead explains that Athey turns his profound suffering into a universal experience that comments on people and society (Athey 1998). Wounds bring pain into a “representational field”, and people can feel when the viewer interprets the artist to be equal (Jones 2009: 53, 55). Jones (2009: 56) explains that being physically wounded only works if the wounds are a sign of, “something larger than the spectacle of the suffering body”. Ron Athey states that he’s not interested in shocking an audience, but rather sharing extreme feelings and practices that are usually withheld (cited in Jones 2013: 156). In *Incorruptible Flesh (Dissociative Sparkle)* (2006), Athey situated his body to exist in a precarious state between being human and an object. During this performance, Athey's body rests on a metal table, with a baseball bat inserted into his anal cavity (Doyle 2013: 49). Hooks, with leather straps, pulled various sections of Athey’s face into a grimace; and his scrotum was filled with fluid “turning his genitals into a watery, pink, feminine mass” (Ibid). Audience members were allowed to adorn gloves and rub petroleum

jelly onto Athey's skin, and assistants were assigned to water his eyes (Doyle 2013: 50)<sup>74</sup>. The writer Lydia Lunch notes how the attendants, usually female, "illustrate the cruel and impersonal nature of supposed 'caregivers'" (cited in Doyle 2013: 53). Athey's self-inflicted state of discomfort compromised his ability to fully use his arms, legs, torso, and head. With his eyelids hooked open, he only saw reflections of light on the ceiling from a disco ball, and therefore only felt sensations from the objects in his body and how people physically interacted with him. The sensual touch of rubbing petroleum jelly on skin is a stark contrast to the consistent state of tension maintained in most of Athey's body. His direct presentation of the state of his body puts the audience in the position where they cannot deny his discomfort and pain. Athey was completely dependent on other people. When audience members chose to touch Athey's body, this tactile connection was a physical gesture that can re-establish human value through a kind of touch that is associated with caring. A witness can become, and be limited to only being, an accomplice if they only choose to witness. Amelia Jones, and Francesca Alfano Miglietti, amongst other critics and philosophers investigate *Incorruptible Flesh (Dissociative Sparkle)* (2006)<sup>75</sup>.

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<sup>74</sup> Athey does refer to and use erotic pleasure in some of his performances. These subjects are not a part of my research concerns.

<sup>75</sup> There is not enough commonality between my specialised research and the aforementioned writers' specialties to carve a space for myself.





Figure 46, The performance of *Incorruptible Flesh: Dissociative Sparkle*, by Ron Athey, 2006 (Johnson 2013c: 208).



Figure 47, The performance of *Incorruptible Flesh: Dissociative Sparkle*, by Ron Athey, 2006 (Johnson 2013c: 217).

I consider Athey's performance to be a powerful method of bringing palpable vulnerability to an audience. According to the art historian Amelia Jones (2013: 171), the viewer cannot find security in Athey's self-injury or completely make sense of his wounded body. In *Incorruptible Flesh*, Athey's body represents, as Doyle (2013:67) states, "the dichotomous embodiment of the violated body". The writer and curator Adrian Heathfield (2013: 209) explains that this work is "useless", but sustained. Amelia Jones (2013: 159) conveys that his physical wounds were an individual hurt that is "epic" and "sentimental". Athey aimed to turn his body into a "living corpse" (Johnson 2013a: 10). His pain reminds the audience of their emotional and physical fragility (Jones 2013: 161). My point is that touching a live human body can help create an empathic connection but isolation, such as in Athey's inability to look at people, can bring greater difficulty in establishing a deeper interpersonal connection. Until recently, Jones explains, if an artist like Athey enacted intimate emotions, like crying or rage, during a performance, the art world interprets it as an "embarrassment" (Jones 2013: 165). I agree with Amelia Jones (2013: 152) when she writes that witnessing, or looking at documentation of, Athey's performances can summon a combination of anger, revulsion, empathy and love at the same time. Athey explains,

"I'm not making art because it's therapeutic. If anything it's the opposite: I'm keeping the wounds open all the time, wounds that I could probably have just smoothed over. Showing doesn't have a personal, soothing, therapeutic effect, the way people describe". (cited in Gonzalez Rice 2019: 84-85)

### 3.4.4 Case Study: John Duncan, The Lack of Spectacle

The artist John Duncan's early practice can be "considered an avant-garde form of research about male survivors [of sexual abuse]" (Gonzalez Rice 2019: 104).

Through the influence of feminist art that he had at university, Duncan addresses male aggression (Gonzalez Rice 2019: 101). In Duncan's artworks of this era, he emphasises continual deep feelings of guilt and shame (Peralta 2007). Gonzalez Rice (2014: 23) explains that Duncan revealed how deep his self-hatred runs by "victimizing his childhood self". Duncan saw himself as remains, as an absence, to be replaced by objects, and like a corpse (Ibid).

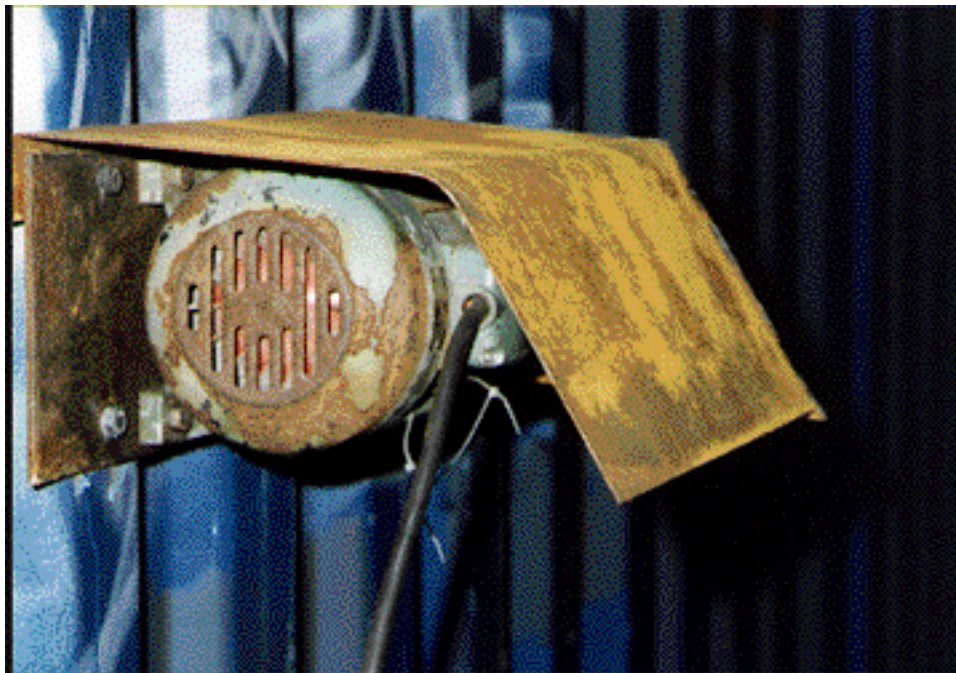


Figure 48, An example of the belt sander that was used in *Stress Chamber*, 1993, as well as Duncan's early work (Duncan 1993).

As one of my case studies, *Blind Date* (1980) is a complex work to unpack. Duncan's audience was presented with a sound installation in a dark warehouse (Yardumian

2012). Specific identifiable sounds were of rattling and dragging (Ibid). After the sound finished, Duncan told the audience that the sound was of him having sex with a female corpse (Gonzalez Rice 2014: 21)<sup>76</sup>. The audience left saying nothing (Ibid). For context, after the recording of his sex act, Duncan went to a doctor who performed a vasectomy (Gonzalez Rice 2014: 15; Gonzalez Rice 2019: 118).



Figure 49, Paul McCarthy's photograph of Duncan's vasectomy from *Blind Date* (Duncan 1980).

During my research, no information was found about Duncan enacting self-care measures for this performance. Feelings of helplessness from abuse can be at odds with emotional invulnerability that is linked to traditional masculinity (Gonzalez Rice 2014: 17). Even if men feel overwhelming fear and helplessness, Duncan's early

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<sup>76</sup> For further details about the making of *Blind Date*, please refer to Gonzalez Rice (2019: 117-125). An excerpt of the sound of *Blind Date* can be heard at: <<https://www.youtube.com/watch?v=QdK3g1mXjmQ&t=490s>>.

work reveals cultural expectations of men to present themselves as invulnerable (Gonzalez Rice 2019: 90, 105). In regard to *Blind Date*, Duncan said he “wanted to show what can [sic] happen to men that are trained to ignore their emotions” (Yardumian 2012). Shortly before *Blind Date*, Duncan felt that he failed at a long-term relationship and wanted to greatly punish himself (Gonzalez Rice 2019: 89). The performance artist and writer Dominic Johnson observes that Duncan turned a destitute longing for intimacy into a form of abuse through an “ethical vacuum” where shame exists (Johnson 2012: 92). This can give context to Duncan’s explanation that he wanted the “last potent seed I had [to be] spent in a cadaver” (Johnson 2012: 91). About his break-up, Duncan says,

“I thought I failed at something that makes us essentially human, and that is to love somebody... Making art was bringing that sense of failure into a public arena to make it a public issue: this is a way that men deal with emotional trauma, with anger against ourselves or especially against ourselves”. (cited in Gonzalez Rice 2019: 116)

In interviews, John Duncan discusses aspects of his strict Calvinist upbringing, and how his early works were more about personal exploration instead of sensationalism (Kitchell 2018). Since his religious experiences had a continual atmosphere of suffering and misery, he ended up working hard on various hobbies, such as his art, which his family did not validate (Peralta 2007). Conterio and Lader (1998) explain that individuals who are self-destructive have backgrounds with rigid, intrusive, and critical family dynamics (cited in Ferentz 2015: 27). Also, Karen Gonzalez Rice (2014: 15) asserts that a key factor in Duncan’s aggressive expression towards masculinity in this work was linked to him being “a victim of male sexual

predation". I was not surprised that Duncan used to view masculinity as absence, and then moved towards isolation and death (Gonzalez Rice 2014: 16). Duncan used death to infect his life through self-hatred (Gonzalez Rice 2014: 20; Gonzalez Rice 2019: 121).

### 3.5 Art Practice: Being Dragged Through the Wilderness Battlefield

With the ethos of my case studies in mind, I critically assess how being dragged was chosen as an experimental process of practical research. At the beginning, I conducted a variety of methods on how to document a forest. During this time I decided to photograph the Wilderness in black and white to intentionally refer to Gardner's team's images and to emphasise the form of the trees and overgrowth. This decision allowed me to capture wounded trees through compositions that would anthropomorphise them. Megan Kate Nelson (2012: 155) asserts that what is fascinating about wounded trees and human bodies are the similar terms they share, such as "trunks, limbs, and roots". However, the emphasis on the trees as wounded bodies drew attention towards evidence of trauma (cuts, amputations, broken bones). This is not a goal for my research. Inspired by the Wilderness soldiers' writings I ran, crawled, was carried and walked through forests at night with a single light or no light, entangled myself in overgrowth and attempts to manually free myself, and so on. Through these experiments, I realised that the visual presence of my body in the images and video could distract the viewer from my concern (a subjective perspective of an experience). The same issue occurred when playing back the videos, and the noises from my voice and breath drew

attention away from the sounds of branches, grass, vines, and leaves. Therefore, I decided to edit out the visible presence of my body and the sound from the recordings.

The images used in my photographic sessions were taken from overgrown areas of the historic Wilderness battlefield. For the duration of 10 months, I photographed and made video recordings of different aspects of a number of forests. Initial experiments were performed in Epping Forest (London) and other areas in the southeast of England. Epping Forest is important because it is an accessible site that somewhat mimicked the overgrowth in the Battle of the Wilderness. I developed the process through which I used my body to document the landscape. The forest sessions happened one to three times a week, and lasted between two and six hours. During these sessions, I experimented with how to move through the space, which evolved into experimentation of how to contort my dragged body to create different compositions. The frequency with which I did this was dependent on how my body felt after the previous session. The length of time of a session was dependent on the ethical protocol enacted to ensure the physical and emotional wellbeing of my assistant and myself, as well as weather and equipment. This included, but was not limited to, regular verbal check-ins, breaks, and safe words. As a means to ensure I was always in control, I kept regular self-reflective notes in my logbooks and created a self-evaluation checklist of physical symptoms that act as moments to possibly take preventative measures of self-care.

Fourth Shoot - Wilderness [part rec], VA, USA	2/15/17	2/15/17	8h 0m	Went to Walmart to buy sweatpants, longjohns, and pullover to replace the others with holes that are too big. Dragged in the denser parts. Towards the end we dragged on the edges of the dense vines, because: my brother was getting tired, I was getting irritable and frustrated about the thorns puncturing parts of my body where fat is. More bruises on my butt now, instead of punctures. Few more scratches on my back. It's another kind of endurance to do the dragging for days back to back, instead of a one off. Documented a couple of drags showing me and second assistant.
After shoot 4, Fredericksburg, VA, USA	2/15/17	2/15/17	3h 0m	Download data, backup, format cameras, laundry, review footage, figure out plan for tomorrow
Fifth Shoot - Wilderness, VA, USA	2/16/17	2/16/17	3h 0m	Short shoot before dropping brother off at DC airport. Revisted two places, 1 more for the first time. Video Diary entry about today and shoots in general. I've been getting more bruises and scratches, than punctures. Feeling and sensations from my initial physical abuse in childhood are coming up. I've become more used to the process of dragging. Now my head is lulling more in footage, and I'm instinctively moving to try to protect myself from the thorns and branches/roots protruding from the ground. The thorn that was imbedded in my side was finally pushed out of my body today. The endurance of being dragged everyday is requiring emotional endurance and self awareness. I struggle with putting the frustration of feeling physical pain, that I can't control, to the side, and get work done.
After shoot 5 [rec], Fredericksburg, VA, USA	2/16/17	2/16/17	2h 0m	Diary entry, Download data, format cameras, laundry, review footage, document wounds, check for ticks
Sixth Shoot - Wilderness [part rec], VA, USA	2/18/17	2/18/17	4h 0m	Started out cool - 63Fish, 78F when left. Sunny, dry. Managed to shoot for a couple of hours - just dragging. Thorns and branches weren't bad at all. However, when we started shooting towards the end I found ticks on myself. I freaked out, and decided that we take a break until the hottest part of the day is over. We will return to shoot later in the afternoon/evening, once the temperature has dropped (in case thats the reason they came out - if not, then I'll figure out another plan). We bumped into a volunteer, who works with the organization that takes care of the property. After chatting with him for a bit, I found out that the ticks should be completely died out now. If I told a local that I found some, they would have looked at me like I was crazy. Also, last May when I visited, it was the worst time in, at least recent years, that ticks and snakes came out. The 3 weeks of rain in the spring led to a spike in the population. The guy said he had swarms jumping on him, and had to get multiple shots because of the bites. I feel less bad about how freaked out I got by the number that got on me during that trip. He also mentioned that the land is 50 acres, and that most of the other land I hadn't seen is similar to a swamp or has ruins from past houses, etc. If I wanted to see the same overgrowth again I would have to come back in 3-5 years time.
Seventh Shoot - Wilderness, VA, USA	2/18/17	2/18/17	4h 0m	Went back to hotel. Washed shoot clothes to make sure ticks were dead. Waited until 4pmish, so it would be a little cooler. Unfortunately, the traffic was really bad. By the time we got there we had 15-20 minutes before it was pitch black. With the overgrowth, raccoons, and other possible animals in the area, I feel like it would've been a bad idea if we stayed (in case one of us got injured by tripping, falling into a hole, etc.). Recorded how dark the space was when we left. Weather was still 70F, instead of the 62F it was supposed to be.
Eighth Shoot - Wilderness, VA, USA				A bit cloudy in the beginning. Sunny in and out. Temp, 62F at start 74F at finish. Trying to not shoot during the hottest time, because there is a lot of wet areas - which means more possibility for insects, snakes, mosquitoes, and ticks. In the first third of the shoot, first assistant was dragging me in a couple of areas I've done before; and a few new routes in another area closer to the river. Unfortunately, after a drag, which had more drapping thorny vines, first assistant got caught in the vines a little. They took a break for an hour, while I did 15 min. segments of moving through the overgrowth w/ and w/o clothes. I became aware of how my body was starting to react in a similar way to when I was physically abused. At first it hurt alot, I was really reactive and made a lot of noise, indicating my pain. Over time I became less reactive, made little to no noise - only when a sensitive part of my body was hooked by a thorn

Figure 50, A sample section from my logbook of practical research, [sketchbook material], (Solomons 2015-2020).





Figure 51, First photographs of the Wilderness Battlefield National Park, [sketchbook material], (Solomons 2015-2017).



Figure 52, First photographs of the Wilderness Battlefield National Park, [sketchbook material], (Solomons 2015-2017).

I was inspired by the endurance aspect of NSSI to create this method to emphasise a subjective, bodily experience of a historical site of trauma (because I refer to schemas and modes that can be passed down through generations, in Chapter One). I decided to photograph the Wilderness battlefield from my perspective to emphasise that the photographs are about my body's experience, and not a voyeur witnessing my performance. I decided to use a small camera to take time-lapsed, digital photographs of the land. This method is in reference to how soldiers had to change their movements in order to move through the overgrowth in the Wilderness. An assistant also carried me in different ways as a method to refer to injured soldiers being carried out of combat zones. After initial tests, I decided that being dragged by one leg, with my body being pulled through sections of overgrowth was the most appropriate method for capturing the landscape. Since my documentation happened in an inactive battlefield that is over 150 years old, it is not comparable to the conditions of the ACW photographers' wartime conditions. Also, the majority of the historic Wilderness battlefield does not resemble the nature of the battlefield in 1864<sup>77</sup>.

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<sup>77</sup>The only area with some impenetrable overgrowth was bought by Walmart to build a supercentre, in 2009 (Mackowski 2016: 14) and later gifted the land to the state of Virginia.



Figure 53, *Gettysburg, Pennsylvania. "Slaughter pen" on left wing* (O'Sullivan 1863b).



Figure 54, Still from video of dragging session in historic Wilderness, [sketchbook material] (Solomons 2017a).



Figure 55, Still from video of dragging session in historic Wilderness, [sketchbook material] (Solomons 2017a).

My intention is not to re-enact or recreate the original conditions of trauma like the artist Jeremy Deller has explored in his work *The Battle of Ongreave* (2001), *We're Here Because We're Here* (2016), or Jo Spence in her series of photo-therapy<sup>78</sup>. My body is an active tool of process in my methodology where I can draw experiential knowledge from dehumanising experiences that stem from emotional and bodily triggers. My intention is to create another language that can convey the experience of living with NSSI. One of my decisions was to be dragged with varying degrees of protection, including none. I intentionally layered myself with attire of similar materials to what the soldiers would have worn (cotton shirts, trousers, and underwear). Through the continual sessions of being dragged, I made notes about

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<sup>78</sup> Even though my work does not refer to re-enactments, a small group of individuals filled out questionnaires about their participation in ACW re-enactments, and the legacies of family members that fought during the Battle of the Wilderness.

how the layers of clothing impacted my emotional triggers, duration of the sessions, and protected me from thorns and ticks. I was dragged naked a small number of times and for only short distances as a result of when I needed to enact self-care. A combination of my back primarily being cut by thorns (because it was the point that took the most weight of my body in contact with the ground) and the limited predictability of how the overgrowth would interact with my body resulted in this method not being regularly used. After every dragging session, I would undress and check myself for injuries (usually bruises and imbedded thorns) and ticks. The process of checking my body (by contorting myself in a hotel mirror and taking photos for places that I could not see), attending to cuts and thorns, and cleaning myself was an act of care that lasted about an hour. What follows is a critical reflection of selected notes from my experience of regularly being dragged as a method to relate to different aspects of NSSI as a coping behaviour.

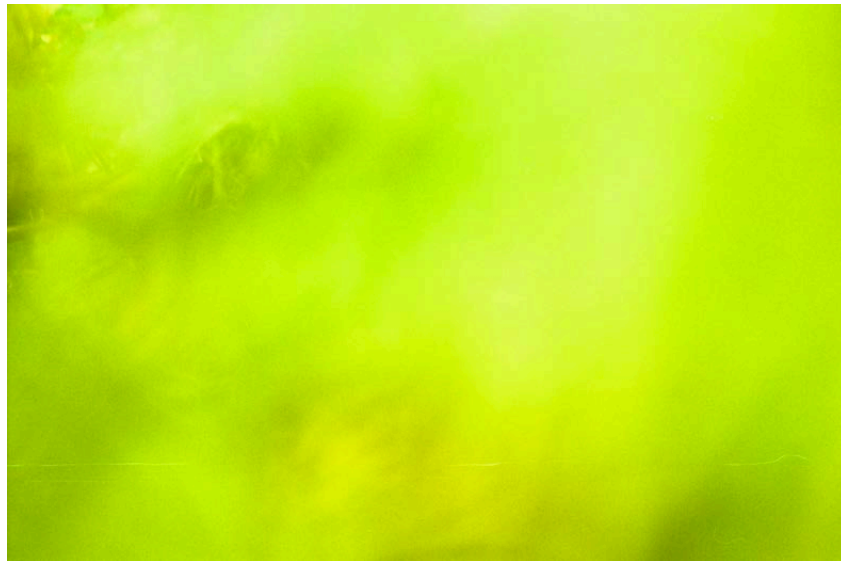


Figure 56, A photograph of the terrain in the historic Wilderness, [sketchbook material] (Solomons 2015-2017).



Figure 57, A photograph of the terrain in the historic Wilderness, [sketchbook material] (Solomons 2015-2017).

The weather was cold on the first day of my final trip to the Wilderness, and the ticks had died out for the season. This was the first shoot where my naked body was dragged, and this is when I felt the thorny vines wrap around my legs and pull. By the time the thorns reached my back I had instinctively tensed my abdominal muscles and convulsed forward. This experience shaped the remainder of the sessions because the images were changed by the continual adjustments between my body and its contact with what was hidden within the overgrowth. Conley (2015: 7) writes, “Ephemeral actions especially can function as a means to reactivate emotional memory”. The tension in my body was in direct contrast to the softness of the soldiers’ decaying bodies (minus rigor mortis). The psychological

effect of my triggers was in competition with my attempts to exert intellectual control over my body.

The greatest unpredictability in being dragged through overgrowth is the discovery of what is beneath it, although I checked the ground for hazards like debris. I was unexpectedly dragged through thorns or over roots. In almost all circumstances, the psychological surprise of the impact from the roots or thorns affected me more than the physical pain. The contrast between what was happening internally and how parts of my body recoiled, or sound of my voice on the video, was an interesting dynamic that I decided to make clearer by cutting all evidence of my physical body and sound out of the video. I want to highlight the emotional distance between the mind and body that can happen during or after trauma. Without the context of a person's inner world or empathy, viewing situations from their perspective in a primarily factual manner can limit the potential of creating an empathic bridge of understanding.

During the dragging the physical pain was minimal, so the regulation of sessions was based around the psychological affect<sup>79</sup>. A few sessions of dragging ended because I felt tired and numb, either from the cold or the emotional labour. My goal is to give the audience a visual expression of my increasing emotional detachment from my body during this process. The contact between my skin and the tangled forest ground acts as a metaphor for the psychological surprise of triggers that can

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<sup>79</sup> Even though this aspect of my research has a similarity to Deidre Logue's *Scratch* (1998), her methods and concerns do not align with my research.

lead to the reactivation of emotions that can fuel maladaptive coping behaviours, like NSSI.



Figure 58, A video still from a dragging session in Epping Forest, [sketchbook material] (Solomons 2016e).





Figure 59, A video still from a dragging session in Epping Forest, [sketchbook material] (Solomons 2016e).

Over the duration of one trip, dragging me became normalised behaviour. At the beginning of the trip, my assistants' methods of dragging were slow, short, and careful. By the end of the trip, they dragged quicker and for longer periods of time. This illustrates how dehumanising behaviours can become normalised and consequently lose the emotional shock of their severity. In another example, with and without clothing, thorns regularly wounded me and hidden roots bruised my skin. My skin's impact with the ground was a reminder of how scratching the skin can be a coping behaviour intended to remove "badness or contamination" from the body (Favazza 1996: 149). Every day I checked my body for ticks and wounds. After

one of the dragging sessions, I found a thorn imbedded in my upper thigh. The thorn was deep enough that if I tried to remove it the wound would take longer to heal, and had a greater likelihood of becoming infected. In turn, I waited for my body to naturally push the thorn out of my body. I use this instance as a metaphor for how a body can hold evidence of trauma, but also house the ability to heal itself.

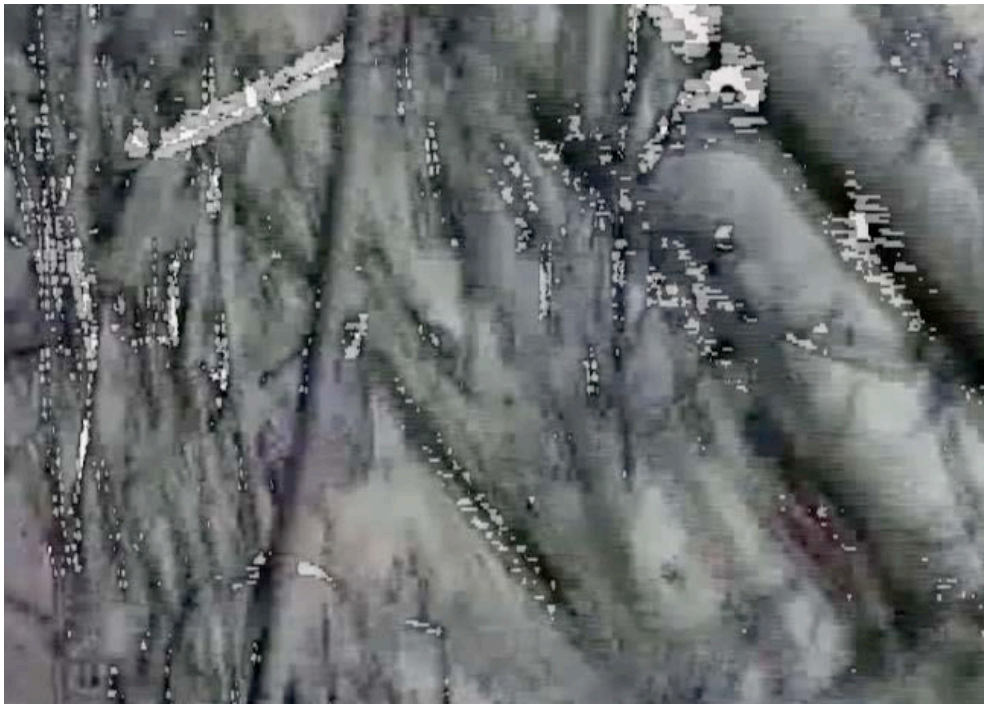


Figure 60, A video still from edited footage of dragging sessions in historic Wilderness, [sketchbook material] (Solomons 2018a).

I do not allow the audience to witness my wounds because if I become a spectacle, then I assert that my research will perpetuate stigmas about the wounded, particularly, the female body and NSSI (Levenkron 2006: 23-24). A second reason I removed the visual presence of my body is so the audience does not have undeniable evidence that my claims are true. This highlights the need for trust in a

person's verbal history, instead of mainly relying on physical evidence (as discussed in Chapters One and Two). This also refers to feelings and schemas surrounding the practice of NSSI in a private, isolated setting<sup>80</sup>. My goal is to generate a metaphor for living with trauma instead of revealing literal results. In line with this ethos, I decided to experiment with postproduction effects as a method to further distort the video documentation of being dragged. The example above is one experiment where the details of the landscape began to look like entanglements of hair, or veins and muscle fibres inside the body. Eventually I decided on a filter that changed the shadows to a flat black and the highlights to a mute grey. The highlights were further adjusted to a darker grey. When the video is projected in a dark space the vines and overgrowth look like ephemeral marks, tangles, and traces. My intention in the installation of this projection to use the video as a metaphorical filter of a bodily experience that ephemerally exists in the present.

I assert that an unnecessary emphasis can be placed on witnessing bodily trauma, which can inadvertently minimise the damaging nature of concealed trauma. If the digital images from my dragging sessions are viewed without context, then they can be limited to their aesthetic appeal. Clues are found in the titles and material lists of my research-based artworks. I arrived at naming the video loop of my dragging sessions, *'I need to forgive my body, it was only trying to save me'* (2020). The title refers to the potential self-hatred a person can have towards their body if they lose control of their body as a result of psychological effect. In other words, an embodied

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<sup>80</sup> For further information on individuals who enact NSSI as a coping behaviour in front of other people please refer to Levenkron (2006: 111-112).

narrative about self-punishment is triggered and enacted on the body. One of my aims is to emphasise how a person's proactive interest can generate value. The titles of all my research artworks have 'I' statements, which refer to schemas that can be behind NSSI as a coping behaviour. For example, in *I'm Going to Carve the Truth Out of You* (2020). The 'I' statement refers to a triggered Punitive Parent mode harming the Vulnerable Child mode through the use of NSSI.

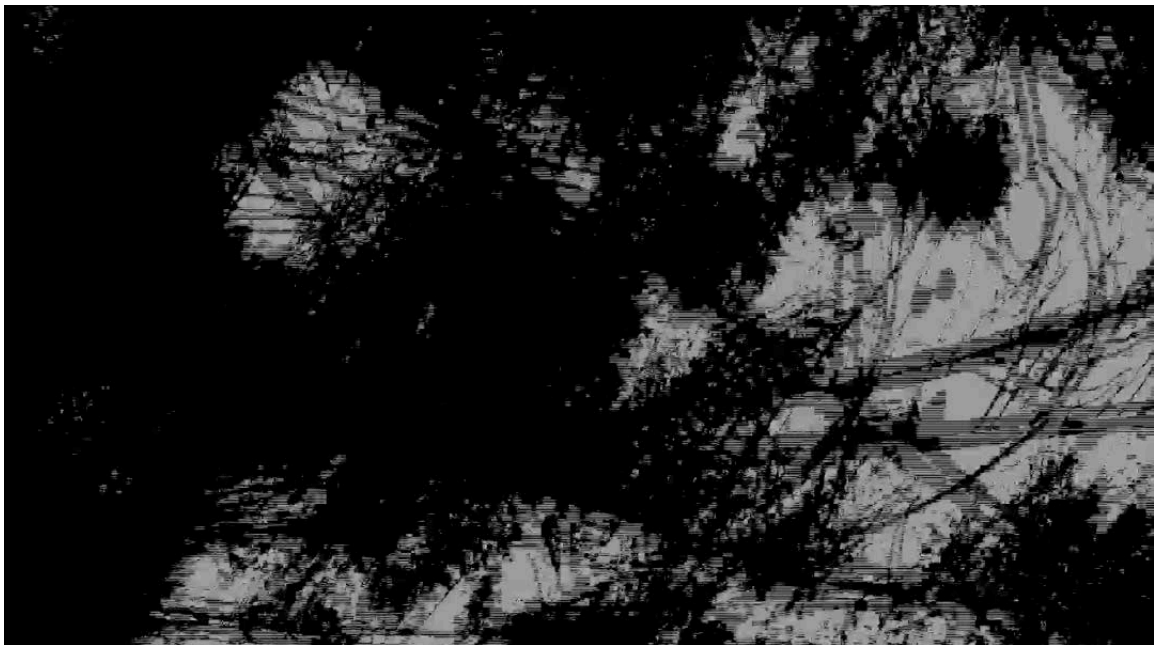


Figure 61, A video still from *I need to forgive my body, it was only trying to save me* (Solomons 2020b).

The decisions for my final exhibition arose from the fragmentation and overlap of my experiences of making my practical research. Specifically, I am showing a selection of my collodion glass plates, platinum palladium prints, a video compilation of my dragging sessions, and triggered work of sound. The video is the key component; I therefore decided to take away its sound and added sound from

vomiting. Towards the end of when I was vomiting, I chose to record and play back the sounds I made. Months later, when I started documenting the butchery of animal corpses, I noticed the sound of the ball and socket joints being twisted and pulled out. Around 2018, I began experimenting with juxtaposing the vomiting and joint sounds with other parts of my practical research. My coughing and gagging from trying to retrieve my stomach acid shared audio similarities of the ball and socket joints of animals being broken. My goal is to construct a sound like vomiting that links present behaviour that can be used to cope with unbearable emotions to the embodiment of self-violence that exists in shame, through a metaphor such as the visceral sound of the joints breaking. The breaking of bones sounded too clean; I wanted a wet sound mixed with the crisp sound of breaking. In contrast, I selected a vomiting that sounded dry and crisp, instead of wet like a large amount of vomit came out. I decided to use the dry coughing with a small sound of liquid being vomited as a metaphor for how maladaptive coping behaviours can minimally help cope with overwhelming feelings. The sound of echo in the small space where the vomiting was recorded refers to the isolated room where Duncan performed *Blind Date*. The aspect of isolation is important because it is how shame can stay intact through private self-destructive behaviours.

I wanted to create a metaphor for triggered emotions linked to NSSI. In the main space, I chose to have a motion sensor trigger the sound of the gagging and breaking of the joints. The sound plays every time an audience member triggers the sensor. The difference in the number of audience members and triggers that happen is

intended to be representative of the change in the number of times trauma can be triggered every day. At the end of the darkened corridor is the ghostly projected shadow of video documentation of me being dragged. The projection is on loop because unprocessed trauma is always cognitively in the background of a person's mind. I utilise indirect links to the body but still use the body as a conduit for interpersonal relations, similar to how NSSI can be an indirect form of interpersonal communication. This is the space where the smells are installed as well (as discussed in Chapter Two). My conclusion for this section of my research is that a heightened awareness of bodily triggers can help give words to the schema that has been triggered.

### 3.6 Shame and Compassion: My Practical Research and Art Case Studies

Whether through spectacle or lack thereof, the body can be used as a medium to generate potential empathic connection. Clauer (2016: 87) explains that affect is derived from meaningful connections through sensory perceptions. Jones (2009: 50) states that wounds are a “violation of bodily coherence” and goes on to explain that even a drop of blood or the sight of a wound can generate an empathic link to an injured individual (Jones 2013: 177). Wounds can emotionally change people through their visceral presentation, and become a concept (Jones 2009: 51).

Heathfield (2013: 209) explains that by becoming his work, Athey collapses the distance between himself and his practice. Amelia Jones describes Athey's critical assessment of the “ethics of embodiment” as a journey through the “dehabitation of the body” (cited in Doyle, 2013: 49). In my case studies, Athey and Duncan are in

direct opposition of each other. I combine aspects of Athey and Duncan's methods. Like Athey, in my dragging sessions my body was a tool through which my goal is to create an intimate experience (i.e. videos, sounds and images) for my audience. However, I conceal the visual presence of my body, like Duncan. My goal in my final installation is to create the intimacy of Athey's performance with the lack of spectacle of Duncan's work.

Athey's and Duncan's performances have shock value, yet the viewer has the option to dive into a deeper emotional level with these works. Duncan's lack of visual reference secretly implants the sound of shame. Shame has degrees of vulnerability (Young & Klosko & Weishaar 2006: 219-222). In *Blind Date*, Duncan wanted to show his audience the amount of hostility that he had towards himself (Peralta 2007). If his performance is testament of the severity of Duncan's self-hatred, I propose that the audience's difficulty to cope with his work reveals how far outside conventional norms Duncan's self-worth was. Flashbacks of shame can become so overwhelming that a person can wish they were invisible because the thought of anyone finding out whom they are is terrifying (Boon et al. 2011: 289). I assert that by being engrossed in the portrayal of the depth of his self-hatred, Duncan inadvertently and unknowingly set up his audience for a particular reaction. Duncan explains that part of his art practice is to show that "we are cruel"; this became a self-fulfilling prophecy when he raped a female corpse and when his audience cut ties with him

after they witnessed *Blind Date* (Gonzalez Rice 2016: 97)<sup>81</sup>. One reason why I chose to conduct practice-based research was to create a body of research that has inbuilt methodologies to ensure safety and ethical practice, and have an objective perspective. Being honest and raw despite social convention can be shocking for individuals on the receiving end of an interaction like in Duncan's work <sup>82</sup>. This is a key reason why I selected results from my practical research that did not have elements of spectacle. Even though I agree that there is truth in Duncan's and his audience's reactions, one of my core aims is to emphasise how NSSI can be potentially cyclical if coupled with isolation. In other words, pre-conceived ideas about other people can fuel disconnection (which can lead to isolation) instead of potential empathy. Duncan explains,

“I called it an art piece to objectify myself becoming self-destructive and numb...I did it to show people's conditioning to themselves...for people to ask why and maybe look at themselves for some sort of answer” (cited in Gonzalez Rice 2019: 122-123).

Like Duncan, I infer the objectification of a body instead of having an audience witness the act through live performance. For Duncan, sound added intimacy and abstraction to *Blind Date* (Gonzalez Rice 2014: 21). He relies on abstract sound, an image of him on an operation table, and the viewer's imagination to create evidence

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<sup>81</sup> I acknowledge Duncan's *If We Could Only Tell You* (1980). He created a performance where the punitive part of himself was attacking the vulnerable part (Gonzalez Rice 2019: 106). As I discuss in my thesis, I selected *Blind Date* for particular aspects different from other works of Duncan's.

<sup>82</sup> Surprised by their reaction, Duncan eventually retorted that some people need anger towards moral issues in order to hide from their repressed feelings (Yardumian 2012).



of his claims. An intimate void exists where the viewer can choose to believe Duncan or not.

In a manner more akin to Shvarts, my practical research further critically assesses how the lack of visual evidence impacts an audience's willingness to believe self-inflicted trauma has occurred. The morality of Duncan and Shvarts is not within the remit of my thesis; it has been argued in other references (Marcotte 2008; Fusco 2018; Lambert-Beatty 2009; Hagan 2012). At times, validation of a person's trauma can be dependent on tangible evidence. I assert that the alienation behind having to give proof of NSSI behaviour (scars, medical reports, etc.) can reinforce the feelings of isolation and lack of compassion. For example in regards to the power of documentation in my art case studies, according to Burden, he saved photographic documentation of his early performances as proof that they happened (*Burden* 2017). Amelia Jones (2009: 48) explains that in regards to emotional attachment, visual evidence can either make the viewer feel "morally obliged to mitigate the suffering" or "letting the spectator off the hook" through sympathy or empathy. Even if an audience participates in an artwork, or sees the artist's body being injured, it does not necessarily mean that their experience of the artwork will become more embodied. By withholding the audience's voyeuristic gratification of seeing my body dragged through a battlefield, my goal is to shift the emphasis of my artwork to experiential truths about living with trauma. For example, Duncan's visual absence insinuated a "numbing deadness" that acted as a stand-in for the violence (Gonzalez Rice 2014: 24). Even though I intentionally do not show any

visual evidence of my body, Duncan did not show photographs or video of his time with the female corpse because he was not allowed to (Gonzalez Rice 2019: 117). Duncan's lack of visual evidence is the result of circumstance, instead of intention, like in my methodologies.

Ron Athey states that only people who have been emotionally damaged would put their bodies through the kind of performance he enacts (*Hallelujah! Ron Athey* 1998). Possibly a similar situation exists for Duncan. Dysfunctional perceptions about reality, people and ways of coping can be passed down generationally through behaviour patterns (van der Kolk 2015: 131). Heathfield (2013: 221) explains that by bringing what is lost to the present, an opportunity arises to give life to the pain through a different experience. By self-sacrificing the homeostatic state of his body, Athey creates a different situation to Abramović by limiting the audience's choice of interaction with him to a kind that is commonly linked to care (i.e. a caress).

Abramović's and Athey's performances reveal different aspects of human behaviour. Even though both artists put themselves at physical risk, Athey was methodical in his approach towards his safety whereas by relinquishing any control of her audience, Abramović put herself at a potentially greater risk (i.e. harassment and potential gun shot wound). Even though my practical research is methodical like Athey's, I relinquish accountability from my photographic assistants in my dragging sessions in a similar fashion to Abramović with her audience. This decision permitted the unexpected to arise, while having a support system to refer to if

needed. And like Abramović, I was in the position to take back my power during the dragging sessions, when required.

Athey offers his body in a more physically vulnerable state than Abramović. One artist offers himself as an object through the physical limits of enduring pain, and the other by offering her body to be used without accountability. They both acted as living corpses. Within my research of being dragged, creating the collodion plates, and documenting the butcheries, I had to endure and live with triggering emotional states while taking care of the individuals who assisted me and myself. Unlike Athey and Abramović, I performed these methods multiple times and without an audience to watch me or participate. Athey and Abramović contained their performances by only having them last for six hours each. A start and end existed in the same day. Trauma can be a single event or a slow burn over a long period of time. A core difference between my art case studies and my research is that they were one-off performances. Time is used as factor to manage the artists' expectations for performances, and their affect from them. A difference exists between coping with one-off triggers and learning to live with being habitually triggered. The degree of affect is a major factor, yet self-awareness can help a person be proactive towards the practice of self-care for potential triggers, like the self-care plans I made for my dragging sessions. A person cannot predict every trigger, but an awareness of potential triggers can help minimise the initial impact of it through which other actions for emotional regulation can possibly be enacted instead of NSSI.

Turner (2002) explains that there is always a trigger for NSSI to be used as a coping behaviour (cited in Ferentz 2015: 78-79). Part of the reason for this is because the associated memories are stored in the limbic system, so the feelings and styles of coping from childhood can arise (Ibid). By revisiting the physical triggers of my past trauma, I was able to draw from other forms of knowledge that are not a part of my everyday life: my experiences in the butcheries, being dragged to create images, vomiting as a part of one of my methodologies, and spending hours in the darkroom. Through this collection of information, I can have a greater awareness about how my body and mind remember my trauma outside of my normal parameters of consciousness. Triggers can happen unexpectedly, with their evidence being physiological or psychological affect. Even if an environment is to a limited degree controlled, elements of predictability and dependability occur in interpersonal interactions. For example, in contrast to *Rhythm 0*, the vulnerable positioning of Athey's body has a greater likelihood of further bodily harm in *Incorruptible Flesh*; this is one logical reason to increase control over this specific environment (to prevent further harm to Athey's body). Different levels of control existed to minimise the risk of accidental or negligent injury. Athey, Abramović, and I had to trust people's choices in how they would physically interact with our bodies, which in turn informed how we responded to their choices. The wounded state of Athey's body had the potential to discourage harsher touch from his audience, whereas the comparatively freer bodily movement in Abramović and my works, I propose, left space for potential unpredictable harm. Even though Abramović has responsibility for the offering of potentially harmful items, this does not mean that she deserves

what the audiences does with them. In my research, being dragged faster or slower over roots or through vines were quick, subjective experiences that cannot be changed until after they occurred, i.e. the shock had to be coped with in the present. Even though my assistant performed under my instructions, I had to cope with the results of my triggers. Without self-awareness, a person can struggle to see that their present pain is linked to their trauma (van der Kolk 2015: 238). My management of the reality of the dragging situation and my triggers, through self-awareness, helped me to see how they mirrored each other but were also separate.

Different from Charcot and the ACW photographers, Duncan used a corpse to create a representation of his suffering through which only he was traumatised. He, like Charcot or Gardner's team, used dominating power as a creative method. Duncan's pain and frustration were expressed through a patriarchal method (i.e. a man using a vulnerable body to create a narrative about the knowledge of suffering). A corpse cannot be psychologically traumatised, so trauma is limited to the abuser (or witness). A complex situation arises because Duncan created an apt metaphor for his self-destructive tendencies, but he still uses violence on a female body as a method to hurt himself. I cannot speak as to whether he intentionally used a patriarchal technique as a means to comment on it, or if he was even aware of this. Instead of creating self-inflicted pain through a human object, like Duncan, I inflict the potential triggers of my trauma. Duncan and I constructed situations of self-inflicted pain but with alternative goals (intentional self-punishment versus probing boundaries of self-awareness). I acknowledge my research refers to feminist

performance traditions. By utilising my own body in my research, instead of another person, I have unlimited access to physical sensations, memories, and feelings that become triggered by situations that are separate from my trauma, but share the same trigger points (via my schemas). I concentrate on the aspect of living with a form of emotional death<sup>83</sup>.

### 3.7 Conclusion

My selected artists have created artworks that have self-inflicted injury as a key method. With Rodney and Chadwick, the cultural weight of bodily fluids is used as a material to comment on legacies of destructiveness. Both artists utilised the historical judgment on the presence of bodily fluids being indicative of character. Rodney wanted to use his blood as a visceral material to represent the suffering of Africans from British slave trades. Chadwick used her cells to symbolically represent the legacy of violent treatment humans have enacted on nature. Cultural judgments about bodily fluids' connection to character can be inverted to become a critique on the same culture that created them.

I also selected artists who test their physical or emotional limits in durational single performances because the use of NSSI as a coping behaviour is about emotional endurance – tension and release. However, as with NSSI, these artists' audiences struggle to create meaning in the performances where ethics became ambiguous.

For example, the American public expressed moral disgust over Shvarts not

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<sup>83</sup> I define 'emotional death' to be the peak point when a person's vulnerability is hurt, then flips into a detached, survival state of mind.

providing adequate proof of her intentional pregnancies and abortions. In regards to my research, one key aspect of this situation was the publics' struggle to accept self-inflicted, bodily violence that is morally judged as purposeless and illogical. By masking particular aspects of a performance, Burden reduced the risk of *Through the Night Softly*, but made the performance seem more unsafe from the perspective of the audience. Like Shvarts, but unlike Burden, I withhold visual information about my body in my practical research to emphasise that undeniable proof of my bodily experience is not the purpose of my work. The priority of information then shifts to other aspects of the work. For example, schemas that can arise in shame are used as titles in my artworks. Validation of a person's trauma can unfortunately be limited to proof, such as photographic documentation, presence of wounds, and bodily fluids.

My case studies of Abramović, Athey, and Duncan concentrate on the power dynamics between their bodily actions and their audience. Unlike the parent and child dynamic that links to NSSI, Abramović had the authority to change the performance's power dynamic when she chose to. When she began to move, a number of audience members could not look at her. Athey has openly talked about feelings of frustration and hopelessness that led to self-injury in his past. Self-inflicted violence can exist in the place of words for adequate self-expression. Athey utilises his suffering through performance to generate universally human emotional needs. Similarly, Duncan has referred to his self-hatred in his early artworks where he metaphorically refers to the victimisation of a child version of himself. Through

*Blind Date*, Duncan creates a metaphor for how men traumatise themselves and live with the consequences. Visual absence and deadness are a substitute for violence. The audience's attempts to understand Duncan require a capacity to objectively view morality and empathy. Like Duncan, my practical research objectifies my body in a way that has the potential to trigger trauma. In contrast to most of my case studies, I had to devise self-care methods because of the frequency and length of time of my performances. Throughout this chapter, my key goals emphasise that shame can be cyclically reinforced through NSSI, and how openness and empathy can shift a self-destructive, isolating coping behaviour.



## Conclusion Chapter

Throughout this thesis I used an empathic approach towards NSSI as a maladaptive coping behaviour as method to counter medical and cultural histories of dehumanising bias. Inspired by the role of empathy in Schema Therapy, I created practical methodologies and photographic methods that centre on experiential process and objective critical assessment to create original presentations of different aspects of the emotional world that can fuel NSSI. By concentrating on the internal world behind a person's use of NSSI, I shift the audience's focus to a more universal experience.

As starting point for my research question: 'How can an empathic approach NSSI as a maladaptive coping behaviour be generated through art-making processes?', trauma breaks the boundary between reality and an individual's internal world. In particular to my research, prolonged experiences of abuse and neglect from primary caregivers in childhood can harm a person's cognitive development. The miscommunication between parent and child becomes embodied knowledge that feels like innate truths about the child's human value, which are carried throughout the rest of their lives. Therefore, NSSI, also anorexia, can become behaviours that reinforce these truths as well as connect a person to their love of their primary caregivers. The embodiment of abuse, neglect, and love are all intertwined. Since shame can develop in early childhood, the internalisation of a child's environment becomes how they know to exist and manage their emotions in the present. It is on the body where shame is typically communicated. NSSI and anorexia are a form of language where the usage of words to express emotions is underdeveloped, so the

body takes the place of words to represent unbearable emotions. These behaviours can be hidden in plain sight because they have been normalised along with the childhood abuse and neglect.

Within the shame behind NSSI and anorexia are themes of reduced autonomy, abusive and excessive control over a vulnerable party, and a lack of empathy. These power dynamics are also prominent in how NSSI was defined and treated during the Victorian era. Mitchell's theory was that by changing a patient's bodily fluids, their illogical behaviours would cease. In hindsight, a person's body could be used to fix their character, yet the body could not be utilised to convey the inner world behind the character. Eventually medical perspective shifted to define NSSI as a coping strategy developed through a child's understanding and internalisation of their unsafe and neglectful environment. Therefore, my empathic approach towards NSSI concentrates on physical and emotional vulnerability to add human value to individuals who expect to be dehumanised.

I used case studies from the American Civil War to critically assess specific aspects about the internalisation of prolonged exposure to abuse and neglect. Physical war is used as a metaphor to critically investigate emotional war. The wounded body can be used to convey narratives about legacies of trauma, such in NSSI and the ACW. I, therefore, use my ACW case studies and practical methodologies to view a person's body as a battlefield where embodied knowledge ruptures, is faced and challenged. In other words, I create a more universal and empathic approach towards NSSI

through an original critical reflection on shame. One key trauma within shame is the shift in a child's perception of their primary caregivers from a space of nurturance and guidance to threatening and isolated. This is investigated in soldiers' writings about the Battle of the Wilderness through the themes of: how their perception of nature changed as a result of normalised trauma within nature; a person conforming their body and behaviours to their threatening environment; and the emotional effects of being deprived of human value. Like the shame behind NSSI, this embodied knowledge can lead to a person not having empathy towards their human value and disappearing in an internal landscape of their trauma.

One key origin of shame is the normalisation of degrading interpersonal interaction instead of empathy and potentially as a result of miscommunication. I chose soldiers' writings because of their ages when the BOTW occurred. This meant that they had more cognitive development than a child, and therefore were more equipped to use words to discuss their trauma and interpret their BOTW experiences from a more adult perspective.

In contrast, the ACW photographers witnessed trauma from the ACW and constructed their interpretations of it. Like Charcot and Mitchell, Gardner's team utilised the wounded body to create narratives about a person's character. Evidence of bodily injury can act as a physical metaphor that people use to judge the effects of a person's trauma. Permissibly, a vulnerable party's body can be used by a more powerful person, instead of the vulnerable using their own body. In my

practical methodology about the butchery process, I utilise a culturally accepted form of violence to critically assess the nuances of physical and emotional affect of normalised devaluing behaviour. The relationship between the butchers and animal corpses acts as a metaphor about internalised emotions about being made to feel less than human. Through my experiential process, I emphasise how physical sensations can trigger their emotional equivalents, such as physical numbness triggering emotional detachment. As a result of the disorganisation and fragmentation of trauma, shame can flow between a person's emotional world and how their environment is perceived. I reorganise the evidence of trauma (images, sounds, fluids, smells) to generate an abstract experience that is initially triggered by sense instead of relying on a reductive spectacle of violence. However, in contrast to Gardner's moralisation, I use bodily decay to expand on a person's experience with their human value.

I choose to use animal corpses because I saw an opportunity to create a visual language about living with the embodiment of animal value instead of human value. In NSSI, the lack of emotional distance is mediated through the body. By creating a precarious environment that emphasises physical and emotional vulnerability through a lack of evidence in my exhibition, I reprioritise my audience's attention to the feelings of certainty and confusion that exists in the embodied knowledge of shame. This is further developed through the use of bodily fluids as a symbolic material that makes the boundary between a person's internal world and reality malleable.

In my practical methodology with the collodion process, the abstraction imagery with physical components of chemistry are used as metaphors about the toxicity of shame. Specifically, this section of research concentrates on how the distortion of embodied knowledge feels true, but at the same time prevents objective clarity. I use photorealistic images and distortions of a photorealistic process (the collodion process) to critically access the broken boundary of a person's skin in NSSI. Validation of trauma that comes from evidence that depicts reality shifts to the ephemeral and bodily as a form of truth.

Through the body, particularly feelings behind NSSI, can be experienced as acts of endurance. NSSI can be used to help manage the limits of emotional endurance through tension and release. For example, Abramović gradually built the tension of an unequal interpersonal dynamic with her audience by being a passive receptor for hours. This is in contrast to Athey's *Dissociative Sparkle* where regular cycles of tension and release were possible through the humanising role of touch in this performance. Abramović reminds her audience of her human value at the end of her performance, so they do not have an opportunity for redemption; whereas with Athey redemption of the audience is regularly available through degrees of sensual touch. Offering their audiences different experiences reveals how a dehumanised person can have their human value increased and shame that is intertwined with dehumanising interpersonal interactions. Broad cultural ethics can be used to make these transient, permeable interactions impermissible because they exist in a

morally complex area. The absurdity of these dehumanising cultural ethics is addressed through Burden's spectacle that visually looks more unsafe than it is. Even though Burden proactively taps into the public's feelings about senseless violent acts on the body, his intervention is limited to spectacle. In contrast, Shvarts utilises the American public's response about her lack of spectacle to show how dehumanising their moral bias is. In both cases, a person exerting too much bodily autonomy for their personal desires is perceived as a threat and therefore dehumanised. Through stigmas, NSSI can be interpreted as threatening because it is portrayed as purposeless and illogical.

Between shame being entrenched with bodily affect and reality being interpreted through a trauma-biased perspective, living can feel like an act of endurance. In other words, the emotional effects of living can feel like an experience to survive. Additionally, isolation can decrease the possibility of certain emotions being triggered. Duncan's sex with a corpse that led to only him living with the trauma I interpret as an allegory about self-inflicting harm behind shame. Instead of harming himself through the breaking of his skin (in this portion of the performance), I interpret Duncan's visual absence as representative of internalised process and deadness (physical and emotional) as dual narratives of concepts of living is to be endured and violence bringing relief. Through my practical research of being dragged, I generated a safe space where my trauma was triggered, but I could critically assess these dual narratives over a prolonged period of time. The aspect of time and clear parameters permitted me to digest and reflect on the links between

my physical and emotional vulnerability. This allowed me objectively separate my empathy and biases; and thus gave me greater insight into how shame can make NSSI feel like an appropriate interaction between a person and their body. Through time and a regular practice of critical self-reflection, increased empathy is possible. By allowing myself to be triggered, I gained nuanced self-awareness of when my trauma pushes itself into the present. Empathy spills into increased humanising perceptions of other people as well as an individual's inner self. Within my methodologies, I have produced original results that generate empathic approaches towards living with shame, or rather the embodiment of childhood abuse and neglect, and the emotional management of it through the practice of NSSI. Violence can be a powerful form of expression that reveals how people can be willing to sacrifice compassion towards themselves and others. People are reliant on each other, and themselves, to regularly reinforce how human they are allowed to be.



## **Appendices**

## Trauma

## Appendix A

### Humoral Theory and Practices

#### A.1 Chemistry from Humoral Treatments Used on War Torn Bodies

Humoral theory centres on four types of temperaments that are linked to certain bodily fluids: blood, phlegm, black bile, and yellow bile (Dean Jr. 1997: 145). The goal of humor-based treatments was to correct an imbalance in a person's behaviour by adjusting the correlating bodily fluid. Examples of characteristic issues include depression and excessive excitement. Treatment plans were based on a person's primary temperament<sup>84</sup>.

Before the American Civil War, humoral treatment was still regularly being used to correct illogically violent behaviours that were deemed connected to characterological issues. Humoral theory is not a high priority subject within my research, but rather a subject I refer to for context to a longstanding link between bodily fluids as evidence to trauma, and violence on the body that can occur as a means to treat mental health issues. During the ACW, doctors' attempts to manage physically injured bodies were prioritised over mental health. Since bodily injury became an immediate and increasingly imperative issue through the American Civil War, "rational medicine" was used. (Bollet 2002: 250).

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<sup>84</sup> For cases of ACW soldiers that refer to diagnosed insanity or melancholia with symptoms of imbalanced bodily fluids please refer to (Barnes 1870a: 168, 286, 361, 435; Barnes 1870b: 212; Barnes 1870f: 137).

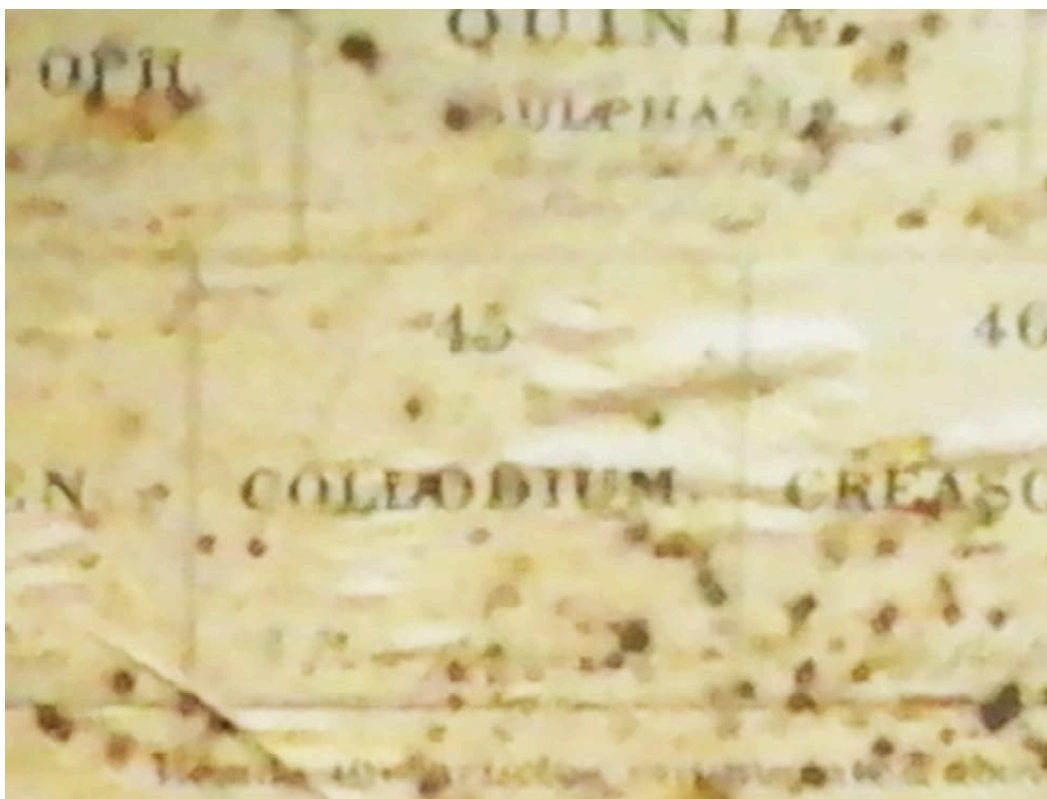


Figure A1, A close up of the inside key for location of chemicals in a Squibb Medicine Chest (n.d.) which lists collodium [sic] in container 45.

Over the course of my research, I discovered mixed reports about the prevalence of treatments inspired by chemistry used in humoral treatments during and after the ACW. My archival research centres on Victorian publications and journals about humoral treatment from the 1820s to 1900. One humoral method was to use silver nitrate to dry up excess bodily fluids. With irritated tissue silver nitrate acted as a sedative, but it was used as a "tonic and a stimulant" for areas of chronic inflammation (Green 1855: 8). For example, a sponge of silver nitrate could be pushed down a patient's throat, then lightly squeezed, in order to treat inflamed membrane of the trachea (Green 1855: 12).

Physicians, during the American Civil War, used purgatives to induce vomiting so that excess fluid could be removed from inflamed areas of a soldier's viscera (Bollet 2002: 232; Dean Jr. 1997: 52). Even after the war, in the community and in asylums, purgatives were used to balance bodily fluids (Dean Jr. 1997: 142). Additional references for the medical use of collodion include Barnes (1870a: 893, 961, 962) and Billings (1993: 201). Close to a decade after the ACW, Dunglison (1877) published a reference book for doctors, which includes when to use collodion and silver nitrate. Below are two selected quotes of collodion being used for physical injury.

"The haemorrhage in this case was readily controlled by pressure and persulphate of iron. Assistant Surgeon Howard. U. S. A., left in the hospital six cases of gunshot wounds of the thorax, all of which he had treated by hermetically sealing the orifice with collodion."  
(Barnes 1870a: 905)

"In the case of Second Lieutenant Adolph Vogelbeck, Co. B. 27th Pennsylvania Volunteers, who had a ball pass through the middle lobe of the right lung, between the seventh and eighth ribs, the plan of treatment suggested by Assistant Surgeon B. Howard, U. S. A., was adopted, the wound being properly prepared and closed by sutures and collodion..." (Barnes 1870a: 1056)

A.2 A List of Humoral Chemistry Used to Treat Physical Wounds from the *Medical and Surgical History of the War of the Rebellion (1861-1865)* (Barnes 1870)

Material	Medical Volume Number:  Page Number	Surgical Volume Number:  Page Numbers	Additional Notes
Collodion	3:674	1:502	SV: 1:502, Case Study from the Battle of the Wilderness
Nitrate of Silver	<ul style="list-style-type: none"> <li>• 2:56, 57, 60, 61, 62, 576, 829</li> <li>• 3: 630, 737, 738, 892</li> </ul>		<p>MV: 2:56, 57, 60, Pills of silver nitrate used as treatment</p> <p>MV: 2:61, Injections of silver nitrate were used as treatment</p> <p>MV: 2:62, Silver nitrate was used to treat diarrhoea</p> <p>MV: 2:576, Overuse of silver nitrate</p> <p>MV: 3:630, Silver nitrate used to treat temperature</p> <p>MV: 3:737, 738, Silver nitrate was soaked in cotton ball and pushed down throat to dry out excess fluid around tonsils</p> <p>MV: 3, 892, Silver nitrate used to treat gonorrhoea</p>

Table A1, A table of the sections where terms relevant to my research were mentioned in Barnes (1870).

## **Appendix B**

### **Photographs of Victorian Human Remains in Museum Collections**

One brief topic of my archival research critically investigates how human value is assigned to human remains in museum collections. In particular I concentrate on human remains that were obtained as part of a collection during the middle to late 19th century. This section primarily is based around the very limited information about the remains' identities, how they are stored and displayed to the public, and their materiality. This topic is supplemental to my main topic of the American Civil War photographs of soldiers' corpses. Visited collections, include Barts Pathology Museum (London), the College of the Physicians of Philadelphia (Philadelphia, PA, United States), and the Science Museum (London) archives. As a note for the collection of skulls at the Mütter Museum, I identified that a number of the skulls were from individuals who, at the time, were culturally judged to have less human value because of character defect. Below is information and a drawing of a wet specimen in the Barts Pathology Museum from a self-inflicted injury from a woman.

**ML.53 Self-Inflicted Wound (Secondary Haemorrhage):** A portion of a left internal carotid artery, which has been perforated from without owing to the presence of a foreign body in the neck. At the lower end of the vessel is a small rounded aperture in the inner coat continuous with a more extensive and irregular ulceration of its outer layers, which here appear to have formed part of the wall of an abscess-cavity.

From an insane woman, aged 62, who thrust a pocket knife through the posterior wall of her pharynx (via her mouth) where it became imbedded in the prevertebral tissues. She first wound a piece of cashmere around one of the blades so that it would not quite shut, the point projecting slightly. The knife could not be found, even on examination under chloroform. An abscess ultimately formed around it, having on the right the trachea and oesophagus, and on the left the internal carotid artery, which curved sharply round the lower end of the cavity and was here pressed upon by the knife. 7 months after the injury the ulcerated artery gave way at this point and fatal haemorrhage ensued. The knife is preserved in the following specimen, ML.54 (Diagram from case notes, below) 1881

Figure B1, Barts Pathology Museum, wet specimen information card 'Self-Inflicted Wound (Secondary Haemorrhage)' (n.d.).

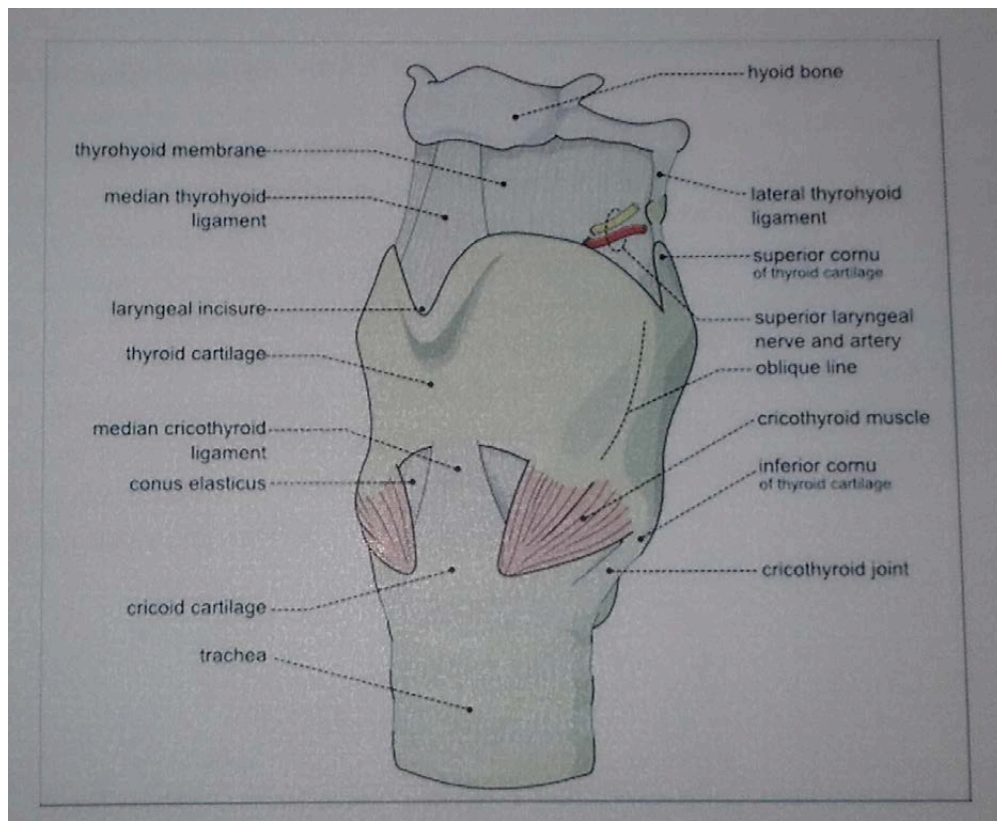


Figure B2, Barts Pathology Museum, diagram of where damaged membrane was taken out of the throat (Diagram n.d.).



I highlight these specimens because they refer to one of the main points in my research: that defective character as displayed through behaviour resulted in a community and a person in a higher position of power (the individual who bought and created the collection of skulls) to diminish the vulnerable party's human value. Please find below photographs from the collection of human skulls in the Mütter Museum's collection of artefacts.



Figure B3, A selection of the human skull collection on display at the Mütter Museum (Solomons 2017d).



Figure B4, A close-up of the human skull collection on display at the Mütter Museum (Solomons 2017d).



Figure B5, A close-up of the human skull collection on display at the Mütter Museum (Solomons 2017d).



Figure B6, A close-up of a male skull from the archive collection at the Mütter Museum (Solomons 2017d).



Figure B7, A close-up of a male skull from the archive collection at the Mütter Museum (Solomons 2017d).



Figure B8, A close-up of a female skull from the archive collection at the Mütter Museum (Solomons 2017d).



Figure B9, A close-up of a male and female skull from the archive collection at the Mütter Museum (Solomons 2017d).



Figure B10, A close-up of the base of a male skull from the archive collection at the Mütter Museum (Solomons 2017d).



Figure B11, A side perspective of a male and female skull from the archive collection at the Mütter Museum (Solomons 2017d).



Figure B12, A close-up from the top of a male skull from the archive collection at the Mütter Museum (Solomons 2017d).



Figure B13, A close-up from the human skull collection at the Mütter Museum (Solomons 2017d).



Figure B14, A close-up from the human skull collection at the Mütter Museum (Solomons 2017d).



Figure B15, A close-up from the human skull collection at the Mütter Museum (Solomons 2017d).

## Appendix C

### Stigmas About BPD and PTSD

#### C.1 Victorian Gender Bias in Mental Health Diagnoses

In America over the past few years, research into the soldiers' coping behaviours has exponentially grown from previous decades (Meier 2013; Drake 2015; Berry 2003). In the 19th century, even though gender-biased medical diagnoses existed there were rare instances of overlap. Dungleison (1860: 32) reveals in statistics about insanity in America that women were more likely to be diagnosed with melancholia; whereas men were more commonly diagnosed with dementia. In other words, men were more often diagnosed with dysfunctions of the brain, and women were more often diagnosed with the imbalance of bodily fluids. Men's dysfunctions were about their cognitive abilities, and women's dysfunctions surrounded their emotions and character<sup>85</sup>. This includes Victorian diagnoses, like nostalgia, which became a part of the PTSD diagnosis in the 20th century. The escalation of homesickness was an intense melancholia called nostalgia (Emotional Toll of the Civil War 2016: Panel 2; Spitzka 1883: 147). Bartholow Roberts (1864) described nostalgia as "the extreme mental depression and the unconquerable longing for home" that would lead to a lack of eating, "derangement of assimilative functions", and disease that would appear in the "abdominal viscera" (cited in Emotional Toll of the Civil War 2016: Panel 2). As cases of nostalgia worsened, "hysterical weeping"

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<sup>85</sup> A Wilderness veteran's application for a federal-funded pension was denied, because alcoholism was interpreted at the time to be a morally defective habit of choice (Dean Jr. 1997: 113). For further information about pensions that were denied due to character defects please refer to Dean Jr. (1997) and Mitchell (n.d.).



was one of the behaviours that developed (Peters (1863) cited in Emotional Toll of the Civil War 2016: Panel 3). Severe cases of nostalgia, Spitzka (1883: 74, 140, 142) explained, could lead to anorexia partially because the individual is happy to be alone, refuses food, has punishment delusions, and is overwhelmed by their "physical worthlessness" (Spitzka 1883: 140, 142).



Figure C1, A wet specimen of pins and needles extracted from a young hysterical woman by Dr. Mütter between the 1840s-1850s, image by Rosamond Purcell (in Bradburne 2002: 153).

In contrast intense crying was not as prominently linked to hysteria as anger, depression, or sexual desire. Within Victorian female norms, intense weeping still resonated, because it permitted a woman to be fragile, and therefore needed to be protected. A woman could slip from being the embodiment of an ideal moral figurehead, because she would become vulnerable. In ideal manifestations of hysteria, a woman would waste away from her madness. A similar presentation was recorded of a 18 year old soldier, who was “melting away” despite medical treatment; and eventually became a “living skeleton” (Mowris (n.d.) cited in Emotional Toll of the Civil War 2016: Panel 3). During my archival research, I found a medical case study of a soldier that suffered from anorexia and excessive nostalgia (Barnes 1870c: 819). As Porter (1988: 103,104) summarises, “In some sense, somatic diseases have become ‘male’, and mental disorders ‘female’...The problems of being a woman in a man’s world have led a disproportionate number of women to break down, and in turn have disproportionately preoccupied psychiatry.” In reference to the cases of nostalgia and hysteria, I refer to Susan Stewart's (1984:104) explanation that the body is a paradox for simultaneously being a container and being contained. The wounded veteran body became evidence of courage and manliness (Nelson 2012: 181). However, women were expected to take control of physical and interpersonal tasks that men were no longer able to do as a result of their injuries (Nelson 2012: 193). To aid veterans’ trauma women gained independence by doing tasks men would normally do in everyday life (Nelson 2012: 196); but were further objectified by being viewed as an extension of their husbands’ bodies, instead of as equals.

## C.2 Posttraumatic Stress Disorder and American Civil War Soldiers

During the American Civil War, Barnes (1870a: 101), Surgeon General, noted that melancholy, depression, and listlessness was identified in a large quantity of active soldiers. In PTSD, where physical abuse has occurred, the ensuing trauma can lead to symptoms, such as disconnection between a person's mind and body (van der Kolk 2015: 17, 143). During the ACW, self-control was interpreted as an inseparable part of courage in addition to cultural expectations of men to not confess fear (Hess 2002: 473; McPherson 1997: 36). Therefore, if a soldier lost control of his feelings his sense of self was lost, too (Barton 1981: 4; Faust 2008: 65). In Chapter One, a similar theme arises in the theories of origin and treatments for women diagnosed with hysteria. The foremost writer about PTSD in American Civil War veterans, Eric Dean Jr. (1997: 55) explains that a large number of American Civil War soldiers felt a "sense of disembodiment" while in battle. Soldiers who have experienced a "passive position of helplessness" can feel great levels of terror and anxiety (van der Kolk 2015: 66). Even when soldiers returned home, some would have a regular fear of being killed to the extent that they locked themselves indoors and wait at all hours to be attacked (Dean Jr. 1997: 101).

For years after the ACW, 'insanity' was considered to be taking over the Confederate states (Sommerville 2011: 324). At times ACW veterans endangered their families; but more often they would self-injure (Sommerville 2011: 330). In Sommerville's study, she discovered that while 51 percentile of her sample of institutionalised

American Civil War veterans were labelled as “attempted or completed” suicide, only 1/3 percentile were actually suicidal (Ibid). Below are examples of reports of self-injury during the ACW.

"Two severe self-inflicted incised wounds of the penis in insane soldiers were noted, and there were several instances of similar injuries occurring in brothels, 2 one luckless subject having the penis maliciously amputated..." (Barnes 1870e: 367)

"Occasionally, however, they are inflicted tinder the inspiration of insanity, malice, jealousy, or mischief,' of which some examples have been given in treating of wounds of the penis. A single instance of sabre wound of the urethra was reported." (Barnes 1870e: 369)

"Among the wounded brought from the front one day was a man, the end of whose right forefinger had been shot off, which of course disabled him from using his musket. It had not been dressed, and was burned with powder. I inquired how he got that wound. He said in the line of battle. "Where was the man who shot you?" "In the rebel line, I suppose; I didn't see him." A shot from a distance would not have blackened his finger with powder, and he had unquestionably shot it off himself. On inquiry among the other surgeons, I found that out of six hundred patients, we had seven or eight cases of wounds of this finger, and it was simply impossible that so small a portion of the body should be hit so many times in the ordinary chances of battle. Most of these were undoubtedly self-inflicted." (Hart 1987: 36)

"A very large number of wounds of the palm of the hand and of the fingers have been observed. In many of them the skin was blackened with powder, and the injury was probably self inflicted [sic]. The usual cause alleged is the accidental discharge of their own or a comrade's musket. Amputation of the injured fingers, in such cases, has been usually performed without the use of an anaesthetic. (Barnes 1870a: 963)

After the American Civil War, insanity disappeared from literature because it became such a part of everyday life (Torrey & Miller 2001: 252)<sup>86</sup>. From the latter half of the 20<sup>th</sup> century, Eric Dean Jr. (1997: 5) notes that public attention of soldiers' experiences has not shifted to "focus on trauma, pain, and tragedy" but rather the re-enactments of ACW battles. American Civil War re-enactors have used Gardner's photographs as a point of reference when pretending to be bloated corpses on the battlefield (Horwitz 1998: 7-8). The distance of over 150 years has given photographs of the ACW the opportunity to become accepted as historical and novel artefacts instead of increased analysis over their constructed narratives. Gardner's photographs do not show the dehumanising ways the corpses were manipulated prior to the taking of the photographs. I propose that the re-enactors' attempts to contort their live bodies to resemble corpses further takes away human value from the photographed corpses that the ACW photographers indefinitely stole and redefined.

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<sup>86</sup> For further reading in regards to the rise of mental illness of veterans after the American Civil War, please refer to Torrey & Miller (2001) and Humphreys (2013: 291).



Figure C2, Re-enactment of Battle of Buchanan (Solomons 2016g).



Figure C3, Re-enactment of Battle of Buchanan (Solomons 2016g).

### C.3 Contemporary Medical Stigmas About Borderline Personality Disorder

Until the recent publication of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders, NSSI could only be found within the textbook as a symptom of BPD (Chaney 2017: 201; Gonzalez Rice 2019: 70). Despite the DSM's "heroic" efforts to make BPD into a "homogenous" category, BPD can be presented in a range of ways (Yalom 1998: 403). The concept of BPD is piecemeal and has not been outright accepted by clinicians (Chaney 2017: 198). Patients with BPD are commonly judged as being "hopeless" amongst mental health professionals (Ferentz 2015: 13). What I find intriguing about BPD is that it is derived from hysteria (Herman 1992: 123). This disorder is still regarded as notoriously untreatable, and is stigmatised by doctors' views of patients' seemingly illogical behaviours (Young, Klosko & Weishaar 2006: 322). Hysteria and BPD are based around uncontrollable emotions, yet doctors, in the past and present, commonly treat patients with emotionally detached methods, such as pharmaceuticals, Mitchell's rest-cure therapy, Transference-Focused Therapy, and Cognitive Behavioural Therapy (CBT). Currently, pharmaceuticals are a popular treatment option for a wide range of mental illnesses. In America, research that is based in biology is receives a much larger amount of government funding, instead of projects based in psychology or sociology (Karen 1998: 306). Studies show that SSRIs, a form of antidepressant, actually inhibits treatment for BPD (Arntz & van Genderen 2009: 117). The chemical serotonin is being addressed instead of an individual's learned behaviours and emotional states of mind. People with BPD either do not have the social skills that

many people take for granted, or they do not regularly use them (Arntz & Genderen 2009: 110).

Particularly in 1960s America, self-cutting was a key area of psychiatric interest (Favazza 1996: 163). Judith Herman, trauma specialist, (1992: 113) notes that trauma exacerbates gender stereotypes; such as, if a man has a history of childhood abuse then he is more likely to be violent. If a woman will more likely be a victim or harm herself (Ibid). In regard to stigmas about PTSD and BPD, they correlate to Western cultural expectations about masculinity and femininity<sup>87</sup>. This can result in further isolation and dehumanisation for individuals with PTSD and BPD. For example, van der Kolk writes that vulnerability from trauma is exploited with “good and bad” intentions for social and political objectives (McFarlane & van der Kolk 1996: 26).

Early Maladaptive Schemas are also linked to other disorders outside of BPD, such as Posttraumatic Stress Disorder (PTSD) (Saldias et al. 2013: 2). Post-traumatic Stress Disorder (PTSD) and Borderline Personality Disorder (BPD) are both linked to prolonged intense trauma; yet do not share the same origins. BPD is typically associated with prolonged trauma that occurred in childhood; whereas PTSD is most commonly linked to wartime experiences, victims of bombings, and survivors of terrible accidents in adulthood (van der Kolk 2015: 142, 350). Despite age and

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<sup>87</sup> For further information on the history of pathological NSSI in the United States please refer to Favazza (1996: 232-233).



specificities of the trauma, the same symptoms are recorded in both disorders; but vary in intensity and prominence of certain symptoms (Herman 1992).

## Appendix D

### Physiological Changes as a Result of Childhood Trauma

Drawing from Janet and Bowlby, the eminent psychiatrist Dr. Bessel van der Kolk (2015: 42-43) has proved in his research how a person's brain activity changes as a result of triggered trauma. In one of van der Kolk's co-authored studies, participants' amygdalas, in the limbic system, activated, when individuals had their trauma triggered by images, sounds, and thoughts (van der Kolk 2015: 42-43; Siegel 2011:17-18; Goleman 2006). The trigger brought a spike of cortisol; which is a toxic chemical for a developing brain (Siegel 2011 17-18). In this instance, when brain activity shifts to the limbic region, from the frontal lobe, a person's linguistic ability to convey their emotions deteriorates; and their body physiologically re-experiences feelings and sensations from the trauma (Ibid). One key issue with childhood trauma is that an underdeveloped middle prefrontal cortex leads to an inability to regulate the lower limbic and brainstem; which is where emotions and survival instincts are stored (Siegel 2011: 26). The middle prefrontal region connects the diverse neural regions of the brainstem, limbic, and cortex regions, in addition to the nervous system (Siegel 2011: 22). In this area of the brain, the social parts are connected to the internal functions of the rest of the body through networks made of nerve cells (Siegel 2011: 12). Daniel Goleman (2006: 6), psychiatrist, regards emotions as "impulses to act" in order to survive. Di Prete summarises van der Kolk's definition of "trauma memory" as implicit bodily memories "that lie outside of verbal-semantic-linguistic representation" (Di Prete 2006: 13; Leys 2000: 7).

Security of attachment is relationship-dependent.

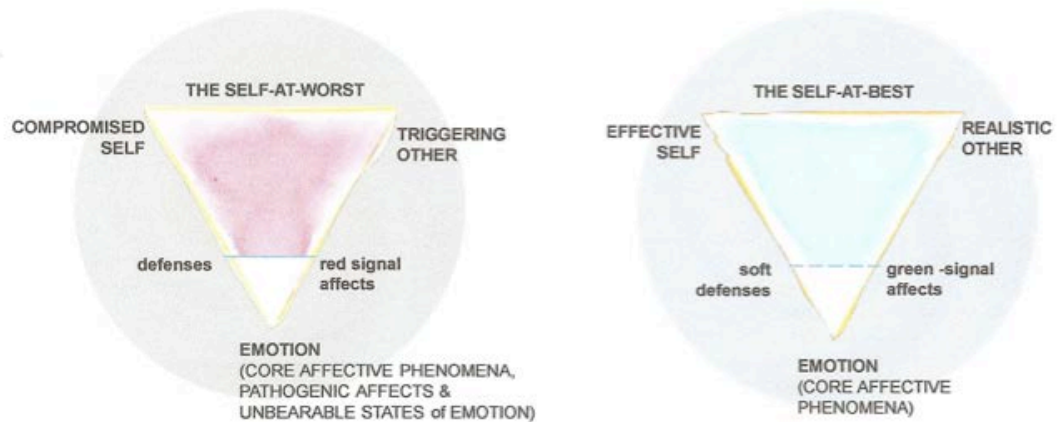


Figure D1, Diagram of Attachment Security (Fosha 2017).

### D.1 Links Between Attachment Theory and Neurobiology

When a child looks to their parent's face, they are looking for nonverbal signals that mirror their mind (Siegel 2011: 180). Babies are completely reliant on nonverbal signals that they receive from their caregivers; which in turn develops the right side of the brain, which is closely linked to the brainstem and limbic area (Siegel 2011: 107). Because of the right side of the brain's location, it is deeply connected to the nervous system and as a result, body language (DeYoung 2015: 37). If a parent is not attuned to their child, then the child will experience a "despondent collapse" (DeYoung 2015: 10). This is a dire situation because a child is reliant on the parent to regulate and teach them how to regulate their internal world (Ibid). If the link

between the left and right sides of the brain is hindered or broken an individual can dominantly use one side of their brain (Siegel 2011: 72). Bowins (2010: 286) emphasises that a child's learned behavioural patterns from caregivers are predominantly through habit memory. These behavioural patterns become unconscious and automatic (Ibid). The loss of trust in interactive regulation with a caregiver leads to juvenile methods of self-regulation (Clauer 2016: 90). Specifically, the capacity for a person to balance the reality of who they are and their expectations of who they should be is the result of the internalisation of their primary caregivers (DeYoung 2015: 47). Goleman (2006:102) explains "an obsessive preoccupation with the feelings of others is typical of psychologically abused children"; who can experience intense emotional dysregulation in adulthood. Particularly, when unmanageable feelings arise a person can resort to unhealthy, self-destructive behaviour to cope with these emotions (Farrell et al. 2014). The difficulty in treating repetitive maladaptive behaviours, Bowins (2010:287-288) explains, is that they are ego-syntonic on a deep level they are comfortable because they are familiar, and they suit a person's temperament. This is the case with eating disorders as well (Simpson 2012: 147). Without self-awareness and compassion, a person can distort how they view other people; and in turn project their fears into them (Siegel 2011 257-258; Goleman 2006: 43). Mirror neurons detect another person's future behaviour in a situation, as well as pick up on the emotions behind the action; however, if a child's parents are difficult to sense, then a distorted understanding about their behaviour develops. (Siegel 2011: 61). Mirror neurons enable empathy in people (Siegel 2011: 59). Empathy leads to

compassion (Goleman 2006: 285). Siegel (2011: 5) explains that neuroplasticity gives a person the opportunity to create new neural connections in their brain, which can override connections made from past experiences<sup>88</sup>. Neuroplasticity is the brain's capacity to change (Siegel 2011: 42). Bearing witness to a person's self-destructive behaviour can affect another individual's vulnerability (Ferentz 2015: 172).

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<sup>88</sup> For further reading about creating new neural connections through experience, please refer to Siegel (2011).

## Appendix E

### Schema Therapy

<i>Authors</i>	<i>Year of publication</i>	<i>Design</i>	<i>Outcome</i>
Nordahl and Nysaeter	2005	Single-case series, <i>N</i> = 6 Duration of individual therapy: weekly, average 22 months	Five persons improved significantly on depression and anxiety symptoms, general psychopathology, and interpersonal dysfunction Maladaptive schemas reduce significantly (ES = 1.6)
Giesen-Bloo, <i>et al.</i>	2006	RCT, <i>N</i> = 86 ST compared with TFP Duration of individual therapy, twice weekly for three years	Both treatments show significant clinical improvements, ST on all measures dominant compared with TFP In Schema Therapy lower risk of premature dropout
Nadort, <i>et al.</i>	2009	Randomized two-group design, <i>N</i> = 62 ST with extra phone support compared with ST without extra phone support Duration of therapy two years, twice weekly in year 1, and once weekly in year 2	After 18 months, 42% lost BPD diagnosis Extra 24-hour phone support has no effect on the outcomes
Farrell, Shaw and Webber	2009	RCT, <i>N</i> = 32 women Groups ST + TAU compared with TAU only TAU weekly (individual psychotherapy, eclectic and supportive) ST + TAU 30 extra group sessions in eight months	ST + TAU group had significant lower scores on BPS symptoms and on the global odds of psychiatric symptoms, and higher GAF scores compared with TAU only No dropout in ST + TAU group

BPD = borderline personality disorder; ES = effect size; GAF = global assessment of functioning;  
*N* = number of patients; ST = schema-focused therapy; TFP = transference-focused therapy;  
 TAU = treatment as usual

Figure E1, Photograph of the table 'Evidence for the efficacy of Schema Therapy for borderline personality disorder' (Bamelis et al. 2012: 496).

#### E.1 Modes Linked To NSSI

In Schema Therapy, the Dysfunctional Parent modes are the result of internalised negative attachment figures (Farrell & Shaw 2012: 10). This is a similar theory to Melanie Klein's approach that a child can internalise a "bad mother", which is a

fantasy but is based on interactions between mother and child that happened in reality (Karen 1998: 107). Farrell & Shaw (2012: 13) explain that when a Dysfunctional Parent mode is triggered a person feels “self-devaluation, self-hatred, and/or they put extremely high pressure upon themselves” because they did not internalise a reliable emotional regulation by a prominent caregiver (Coplan & Bowker 2014: 434). Next, I describe a brief summary about the Parent modes linked to NSSI. This is one key reference theory for my methodological approach towards NSSI as a maladaptive coping behaviour.

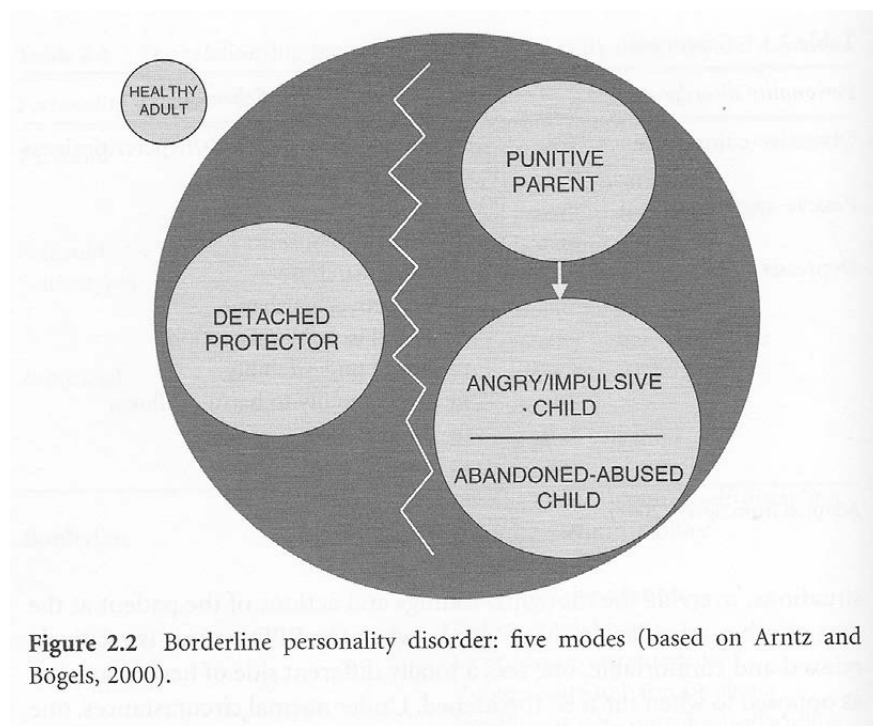


Figure E2, The 5 modes of Borderline Personality Disorder (Arntz & van Genderen 2009: 14).

### E.1.1 Parent Mode: Punitive Parent

A number of researchers including Klonsky (2007) show that NSSI, stemming from the Punitive Parent mode, is used as a form of self-punishment (cited in Saldias et al. 2013:11; Arntz & van Genderen 2009: 19). One study reveals that the Punitive Parent mode “significantly mediated the relationship between parental care and duration of NSSI” (Saldias et al. 2013: 9). If parental care is colder, controlling and rejecting, then an individual has the potential to cut their skin as a coping mechanism (Marchetto 2010 cited in Saldias et al. 2013:9). Unfortunately, Gardner (2001) states that continual cutting further cements the hold the “tyrannical destructive omnipotent self”, or the Punitive Parent, has over the Vulnerable Child (cited in Briggs, Lemma & Crouch 2009: 121). In other words, the young child part of a person’s self experiences the internalised parent’s abuse. This abuse can be expressed on the body through maladaptive coping behaviours like NSSI.

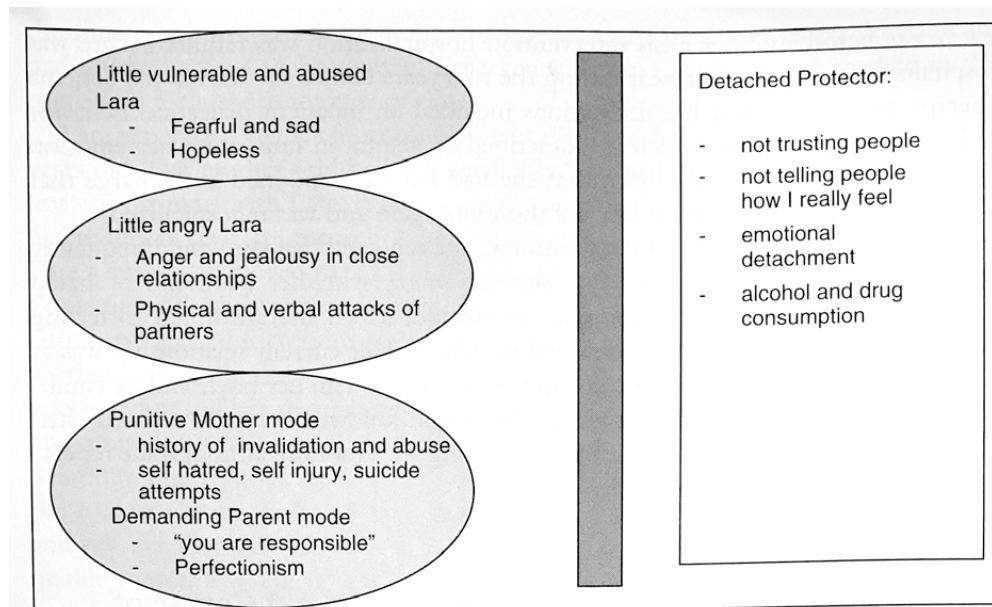


Figure E3, Example of a case concept of a person's schemas within their modes (Reiss, Jacob & Farrell 2012: 304).



### E.1.2 Coping Mode: Detached Protector

Bowins (2010: 290) proposes, "Avoidance reduces or prevents contact with a distressing object, situation, or emotional state, and as such represents a form of dissociation". Withdrawal from psychological pain is enacted through means such as emotional detachment, self-stimulation, avoidance of other people, or other methods of escape (Young, Klosko & Weishaar 2006: 43). Characteristics of the Detached Protector include but are not limited to depersonalisation, emptiness, self-mutilation (such as NSSI), "blankness", and "robot-like compliance" (Young, Klosko & Weishaar 2006: 311). This mode controls all modes but avoids feeling or revealing emotions linked to fear in the Vulnerable Child mode, inferiority in the Punitive Parent mode, or anger in the Angry Child mode (Arntz & van Genderen 2009: 14,15).

Klonsky reveals that the chronic feeling of emptiness associated with BPD is strongly tied to feelings of isolation and loneliness before and after acts of NSSI (cited in Coplan & Bowker 2014: 436). A person who performs NSSI is withholding a feeling because they fear that if other people see the hidden emotions, then they will be humiliated, punished, or abandoned (Arntz & van Genderen 2009: 14). When a child develops avoidant behaviour like the Detached Protector, it is the result of being continually dismissed by a primary caregiver (Siegel 2011: 174). A child learns that by turning their needs off, they can decrease rejection from their primary caregiver (Karen 1998: 224). My key points are that through the Detached Protector, NSSI can be used to feel (bodily or emotionally) after long periods of

detachment and that this mode is initially developed because a child's needs were regularly disregarded (i.e. a lack of empathy).

### E.1.3 Child Mode: Angry Child

Farrell and Shaw (2012: 206) write, "Like all emotions, anger gives us important information about our experience". In one study by Saldias et al. (2013: 11), they discovered that the Angry Child mode mediates the correlation between lower parental care and longer durations of self-injury. The less paternal care a child receives, the greater the chance that, if they do perform NSSI, they will have longer active periods later in life. The key point is that the deep anger that is linked to a lower amount of parental care can be impulsively expressed on the body through NSSI. A lack of care, empathy, and value links to the lack of compassion a person has towards their body.

### E.1.4 Child Mode: Vulnerable Child

Since most individuals with BPD did not receive comfort or protection from parental figures, they only had the people who were harming them to turn to (Young, Klosko & Weishaar 2006: 322). If a child experiences an environment where they regularly feel invisible or misunderstood, their nervous system will suddenly stop its regulatory circuits (Siegel 2011: 195). The Vulnerable Child mode is the depths where soft, emotional pain is stored. In this mode are the bodily and emotional memories of surviving in an environment of adults who did not give sufficient care. However, the deprivation of care is severe enough that the child will endure

anything to receive any amount of it. Individuals with BPD have very minimal experience of being accepted and understood by others (Farrell & Shaw 2012: 25). In the Vulnerable Child mode, the person is convinced that everyone will inevitably abandon and abuse them and that the world is a cruel and dangerous place (Arntz & van Genderen 2009:16). In order for a person to feel that they are connected to a “larger or universal order”, such as feeling like they have a soul, Lowen (1988: 67) noted that this is dependent on the individual’s historical experiences of connectedness with family and peers. Early experiences of connectedness with other people, especially parental figures, create a foundation for similar experiences throughout life. In regards to my research, my key point with the Vulnerable Child is that the most compelling and potentially connecting truth about a person’s trauma is stored in this mode. The embodied narrative is that the most vulnerable part of a person is the one that receives the abuse from other modes, so a particular power dynamic is embodied. I further critically assess different aspects of this power dynamic later in this chapter, and in Chapters Two and Three

#### E.1.5 Behind Anorexia: The Perfectionist Controller

Emotional neediness triggers high levels of shame, because of the Demanding Parent modes. In particular NSSI and Perfectionism have the Emotional Deprivation schema in common (Ibid). Therefore, it is not a surprise that, under Perfectionism, the Vulnerable Child can turn to NSSI when it needs to be nurtured (Simpson 2012: 148).

## E.2 Schemas Linked to NSSI

### E.2.1 Schema: Mistrust/Abuse

The perceived harm is expected to be the result of extreme negligence or intentional harm (Farrell & Shaw 2012: 14f). The Mistrust/Abuse schema is enacted through the lack of self-disclosure to others, and avoiding close contact with individuals in work and personal life (Farrell & Shaw 2012: 150t). Mistrust/Abuse is a core schema that can take one of the longest times to heal (Farrell & Shaw 2012: 215). The key point for my research is that the expectation of abuse has become embodied and normalised, which consequently leads to emotional isolation from other people.

### E.2.2 Schema: Emotional Deprivation

Studies have found that simple neglect can result in more damage than more dramatic forms of abuse (Goleman 2006: 195). When emotional needs are not adequately met, a child learns to not expect emotional fulfilment from other people (Young, Klosko & Weishaar 2006: 13). A person with an Emotional Deprivation schema will often appear to be “lonely, bitter, and depressed” without an awareness of the cause for these feelings (Nijman et al. 1999 cited in Castille et al. 2007: 215).

Diana Fosha writes that,

“The roots of resilience and the capacity to withstand emotionally aversive situations without resorting to defensive exclusion are to be found in the sense of being understood by and existing in the mind and heart of a loving, attuned, and self-possessed other.”  
(Fosha 2000: 60)

In other words, through a lack of healthy experiences a child learns that they deserve to be treated with negligence. This can compliment the Mistrust/Abuse schema. When an Emotional Deprivation schema is triggered, an individual can self-injure as a method to soothe their feelings of being alone in their suffering (Castille et al. 2007: 66). "Maternal Deprivation" can be identified through a lack (insufficiency), distortion (abuse or neglect), and discontinuity of maternal care (separation) (Karen 1998: 123). This inadvertently informs their sense of worth. This can occur in NSSI as well as anorexia (in specific reference to my research). My research emphasises how violence towards the body becomes a language to soothe deep emotional pain and distress.

### E.2.3 Schema: Social Isolation

If a child continually experiences not being accepted by groups or a community, then they will avoid groups in adulthood, and partake in solitary activities (Ibid). Steven Porges (2017) describes "connectedness" as neurobiological mechanism that regulates a person's physiological and behavioural states through interaction with other people. Bowins (2010:291) explains that isolation is a "cognitively distorted psychological" coping behaviour.

### E.2.4 Schema Therapy: Schema: Insufficient Self-Control

Typically, a person will seek immediate or short-term gratification and struggle to learn from negative experiences (Levenkron 2006: 157). An emphasis is placed on avoiding discomfort, by trying not to feel confrontation, pain, overexertion, or

responsibility at the cost of personal fulfilment. This schema does not measure addictive behaviours, but rather how a person's impulsivity inhibits different aspects of their lives (Young, Klosko & Weishaar 2006: 240). Impulsivity has been reported to be higher in self-mutilators than non-mutilators (Klonsky et al. 2003 cited in Castille 2007: 59). In order to increase impulse control, a person needs to identify the difference between feelings and actions then choose a different action (Goleman 2005: 259). Separating a feeling from an action gives the person a choice to choose another action.

## **American Civil War**

## Appendix F

### The Battle of the Wilderness

#### F.1 Literature Review

In the last year of the American Civil War, from May 5th to 7th in 1864, the Battle of the Wilderness was fought on an overlap of the same land as the Battle of Chancellorsville (1863) in Virginia. Gallagher (1997: xi) explains that the Battle of the Wilderness does not typically receive attention because it was the first in a rapid succession of gruesome combats. Historians consider battles to have shifted into “total war” mode (Dean Jr. 1997: 76). One example of “total war” strategy is when General Grant lost close to 7,000 men in just less than one hour, in a frontal assault during the Battle of Cold Harbor (1865) (Dean Jr. 1997:77). The body count for the encounter is estimated to be 29,800 soldiers<sup>89</sup> (Groeling 2015: 111). On the Battle of the Wilderness, one newspaper later wrote, “The wonder seemed not that there were so many dead, but that any lived” (Shepard: 1897)<sup>90</sup>.

In the introduction of the dedicated volume to the Battle of the Wilderness, of the *Civil War Regiments*, the journal’s editor Theodore P. Savas (1999: i) reviews the key publications about this battle. From the Confederate perspective of *Lee’s Last Campaign: The Story of Lee and His Men Against Grant – 1864* (Dowdey 1960) to the

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<sup>89</sup> Faust (2008: 114) states that the body account and quick succession of deaths at Gettysburg paled in comparison to the Wilderness and Spotsylvania battles. A number of historical sources typically refer to the Battle of the Wilderness as a bloodletting (Snell 1999: 54).

<sup>90</sup> For further analysis of the difference between the United States and Confederate narratives and writing styles in letter during the war, please refer to Berry (2003).



more popularised approach in Trudeau's (1989) *Bloody Roads South: The Wilderness to Cold Harbor; May-June 1864*, Savas (1999) quickly recaps the strengths and weaknesses of these contributions, with the conclusion that Gordon Rhea's (1994) *The Battle of the Wilderness, May 5-6, 1864* as the initial definitive source. The most recent work close to being a definitive source is Gary Gallagher's (1997) collection of writings, titled *The Wilderness Campaign*. I explored these primary references in my initial investigation of the Battle of the Wilderness. Even though I have drawn a few reference points from them, these works concentrate more on factual information, like wartime strategy. By reading soldiers' first-hand descriptions about their trauma from intimate combat, the Battle of the Wilderness can be portrayed through a more humanising perspective<sup>91</sup>. This is why traditionally historical publications are not complimentary to my research.

Novelist and poet Stephen Cushman (2001) approaches the history and legacy of the Wilderness with an emotional sensitivity and curiosity, which is comparatively much less prominent in traditional historical publications. Even though literature and poetry is not a part of my project, Cushman's (2001: 20-87), as well as Tony Horowitz's (1998) *Confederates in the Attic*, are alternative methods towards research into the American Civil War emphasise site-specific research, self-reflection, and first-person experiential information. Inspired by their approaches, I selected soldiers' writings from publications and unpublished materials from the Chatham Manor archives at the National Park Service in Fredericksburg, Virginia,

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<sup>91</sup> For a quantitative study about comparing and contrasting 'cowardice' and 'heroism' based on actions, instead of written words, please see Costa & Kahn (2003).

USA as primary source material to fuel my methodological approach towards the historic Wilderness battlefield as a space.

Publications that are solely about the Battle of the Wilderness primarily rely on quotes from the soldiers' letters to generate a sense of atmosphere. For example, as a means to emphasise the confusion and gruesomeness of the battle, a sizeable amount of excerpts describe seeing or hearing violence on soldiers' bodies, and disorientation in the Wilderness overgrowth (i.e. Mackowski 2016; Priest 1995). In other words, the soldiers' relationship with their environment became a tool to express their experiences. Kathryn Shively Meier (2010: 39), environmental and ACW historian, explains that an investigation into soldiers' letters from the Battle of Chancellorsville (1863) and the Battle of the Wilderness (1864) reveal that nature is a special theme for soldiers who fought in these landscapes, instead of something "imposed by academic retrospection". Even though Meier's (2013) investigation, *Nature's Civil War: Common soldiers and the environment in 1862 Virginia*, is not about the Battle of the Wilderness, the sections about mental health and the environment are one of the most developed in the field of American Civil War history, and concentrate on how the soldiers' relationships with nature either helped or harmed them. In other words, soldiers' ability to relate to their environment gave them a means to, somewhat safely, express their trauma in a more culturally acceptable manner. Lisa Brady's (2012) publication, along with Drew Gilpin Faust's (2008), about the public's psychological affect of having the wilderness in nature shift from a place of spiritual nourishment to a space of

disease, decay, and ruin informed the development of my methodological approach towards the Wilderness battlefield. Specifically, I saw how this shift of the Wilderness had roles and expectations similar to a child and parent dynamic. In my research, this change in the meaning of wilderness acts as an analogy for how a child's experience of their parental figures can shift from a healthy to dysfunctional relationship. Within misattunement in a relationship between a parental figure and child, coping behaviours like NSSI can develop.

Two of the foremost sources in the field of American Civil War history that investigate psychosocial and psychological trauma are James M. McPherson's (1997) *For Cause and Comrades: Why men fought in the Civil War* and Eric Dean Jr.'s (1997) *Shook Over Hell: Post-traumatic Stress, Vietnam, and the Civil War*. Even though I borrow from McPherson and Dean in sections of my research, I only assess soldiers' written narratives from the Battle of the Wilderness instead of conducting a deeper investigation into the historical diagnostic equivalents of Posttraumatic Stress Disorder during the mid-to-late 19<sup>th</sup> century.

## F.2 Soldiers' Letters Before and After the Battle of the Wilderness

Drew Faust (2008: 6) comments that soldiers concentrated on dying so that they could be distracted from feelings of responsibility about killing. Faust (2008: xiv) explains, "It is work to die, to know how to approach and endure life's last moments." Since, typically, people communicated with their loved ones just before death, soldiers would take out photographs or objects from loved ones to talk to

before they died (Faust 2008: 10,11). According to Groeling (2015: 46), wounded soldiers would have to yell and wait for anyone to hear and find them. Commonly, they would be left for days as a victim of circumstance (Ibid)<sup>92</sup>.

In Stephen W. Berry's (2003) study, *All That Makes a Man: Love and ambition in the Civil War South*, he discovered that common soldiers were more likely to express their feelings. As Berry (2003: 89) writes, personal feelings were primarily shared between soldiers and their loved ones in private through letters, outside of the public eye<sup>93</sup>. Berry (2003: 176) explains that most of the soldiers referred to romantic writings from Sir Walter Scott or Homer for learning about war. Some young men fought in the war, because they were naïve (Berry 2003: 168). When bodies were left rotting in the fields, an unforeseen kind of dishonour contradicted their idea of honour in sacrificing their lives in battle (Berry 2003: 174). Soldiers who visited the field hospitals experienced the shock and revulsion of piles of body parts inside (Faust 2008: xvi) and outside. The "essential parts of people" were transfigured into objects of disgust (Ibid). W. Keith Alexander observes that during the Battle of the Wilderness combat the typical soldier wrote only a few sentences, which were usually based in speculation (cited in Snell 1999: 48). Berry (2003: 184) clarifies that Confederate soldiers, who avowed to not loot the dead, would make exceptions to this moral rule, if they could salvage writing materials. An empathetic connection between people permits a person to be seen, understood, and cared for (van der

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<sup>92</sup> The possible trauma from the photographers' interactions with the corpses is not one of my research concerns.

<sup>93</sup> For further reading about the characteristic and physical manifestations of mental illness after the American Civil War please refer to Bucknill & Tuke (1968).

Kolk 2015: 58-60, 113-114). Years after the ACW, *The State* newspaper has a reflective article by a veteran from the Wilderness about the intimate details of the horror of battle (Shepard 1897). A selection of the text reads,

“Often have I prayed that visions of those upturned faces, blackened and distorted, of the staring, glazed eyeballs, of the stiffened, outstretched hands, seemingly still grasping for support, those rigid forms wrapped in blue and gray, that had fought their last battle and now lay side by side in that great charnel field, might be blotted forever from my recollection.” (Shepard: 1897)

The quotes below are from *The Battle of the Wilderness*. This selection highlights bodily experiences of trauma from this battle.

“...where after a little time a surgeon examined my knee, and putting a probe into the wound, which was on the inside of the joint, he said there was no bullet there, it was only a flesh wound, and I had better keep myself filled with commissary whisky. I replied I never drank. He said, “Well, you will have to now or die.” Then said I, “If I must die I will die sober.”(*Through the Wilderness*: 1893).

“It seems to me I am quite callous to death now, and that I could see my dearest friend die without much feeling. This condition tells a long story which, under other circumstances, could scarcely be imagined. During the last three weeks I have seen probably no less than two thousand deaths, and among them those of many dear friends. I have witnessed hundreds of men shot dead, have walked and slept among them, and surely I feel it possible to die myself as calmly as any,—but enough of this. The fight is now fearful and ambulances are coming in with great rapidity, each bearing its suffering load.” (Perry cited in *Carpenter Farm Tour* 2015: 8-9)

"Ellis Hamilton, age 20, Capt. Co. F, 15th Regiment, minie ball entered left buttocks through upper right thigh. "Read that last part over again, after it was read he said, " I could die now without so much pain. That is so consoling" The Chap said, "but you must suffer." "Oh yes, I will... When I felt something go through me like "a dose of salts" and dropped on the ground". (Hamilton 1864)

"In the Wilderness Father Sheeran saw many Union soldiers "whose wounds were complete masses of maggots. Robert Strong sickened as he watched a doctor remove maggots from the head of a wounded soldier." (Linderman 1987: 128)

"My Dear, Dear Friends: - I have been deceiving both you and myself in regards to my health. Instead of getting along well, I am getting poorly, very poorly. My strength is failing me everyday, and yesterday it became evident to me I would hold out but a few days longer. I get no sleep neither day or night, can eat nothing and besides have the diarrhoea. The doctors admit now there is no hope and was none from the first. Oh Mother. Father. Sister and Brothers, for your sake I would still live, but Heaven [sic] has ordered it otherwise, and ere [sic] long I go to a better world where I hope to meet you all again and be happy. I do not fear to die - do not shrink from the approach of death. Were it not for the thought of my friends, I could die contented. When my eyes first became opened to my real situation, it grieved me to the heart, not that I would have to leave the gay world but leave my dear, dear friends." (Cook 1864)

"The groans of the poor fellows who were left there, with bleeding forms and shattered limbs were terrible to hear. How many times that night I thought of the dear old home and friends and what they would say if they knew that I was lying there with only the earth for a bed and the heavens for a covering...We thought God had forgotten us, for we had been there so long and no one had come to our help. So we lay there, each day growing weaker, and one by one dying...At these words my heart came into my mouth, for I knew that there was a painful operation to be performed which I should probably never live through, and life never seemed sweeter than it did at that moment, but I had little time for thought before I was taken on a stretcher and carried into the operating room. They gave me ether, but I was so very weak they dared not give me enough to render me unconscious and then the head surgeon removed the bullet it was embedded so deeply in the bone that it required all his strength, with his strongest ball forceps, to remove it. Such agony as I endured during that operation I

hope never to experience again. They concluded I should die any way and did not amputate my limb, thinking I might as well die with it on as off, but thought if I did live at the end of three days they would remove it. And the end of three days postponed the operation for another three days, and that time they found my limb no worse, and concluded they might possibly save it..." (Gray 1893)

"Wounded soldiers, it mattered not how slight the wounds, generally hastened away from the battle lines. A wound entitled a man to go to the rear and to a hospital. Of course there were many exceptions to this rules, as there would necessarily be in battles where from twenty thousand to thirty thousand men were wounded. I frequently saw slightly wounded men who were marching with their colors. I personally saw but two men wounded who continued to fight. During the first day's fighting in the Wilderness I saw a youth of about twenty years skip and yell, stung by a bullet through the thigh, He turned to limp to the rear. After he had gone a few steps he stopped, then he kicked out his leg once or twice to see if it would work. Then he tore the clothing away from his leg so as to see the wound. He looked at it attentively for an instant, then kicked out his leg again, then turned and took his place in the ranks and resumed firing. There was considerable disorder in the line, and the soldiers moved to and fro – now a few feet to the right, now a few feet to the left. One of these movements brought me directly behind this wounded soldier. I could see plainly from that position, and I pushed into the gaping line and began firing. In a minute or two the wounded soldier dropped his rifle, and, clasping his left arm, exclaimed: "I am hit again!" He sat down behind the battle ranks and tore off the sleeve of his shirt. The wound was very slight – not much more than skin deep. He tied his handkerchief around it, picked up his rifle, and took position alongside of me. I said: "You are fighting in bad luck to-day. You had better get away from here." He turned his head to answer me. His head jerked, he staggered, then fell, then regained his feet. A tiny foundation of blood and teeth and bone and bits of tongue burst out of his mouth. He had been shot through the jaws; the lower one was broken and hung down. I looked directly into his open mouth, which was ragged and bloody and tongueless [sic]. He cast his rifle furiously on the ground and staggered off." (cited in Scott 1992: 101)

William McParlin, surgeon general of the army, estimated that more than 100 men wounded themselves on May 8, 1864 alone. The temptation to wound oneself was not an uncommon sentiment during the Overland Campaign, and more than a few men did (Hennessy 2016). Assistant Surgeon John Billings recorded that a "very large

number of wounds on the palm of the hand and of the fingers have been observed. In many of them the skin was blackened with powder, and the injury was probably self-inflicted. The usual cause alleged is the accidental discharge of their own or a comrades musket. Amputation of the injured fingers, in such cases, has been usually performed without the use of an anesthetic." (Barnes 1870a: 201).

"...I didn't know better till today when Dr. Henkel coming by I had him called to see me, he came in, looked at it, ran his finger in the hole, & felt around to find out whether the ball was in, but he concluded that it was not, & thinks it rebounded..." (Read 1864)

"The removal of the wounded from the field hospitals in the Wilderness to Fredericksburg was going on..." "Hundreds of the wounded had lost legs and arms. In placing them in the ambulances they were sorted and arranged so that soldiers whose right legs had been cut off were put together, three in an ambulance, all laying on their left sides and "spooning it." Men with their left legs off were laid on their right sides in the ambulances. Some whose arms had been shattered and amputated were on foot, and the road was thronged with soldiers incapacitated from active service by minor wounds in their heads, arms and bodies, but who were still able to walk." (Kirby 1888)



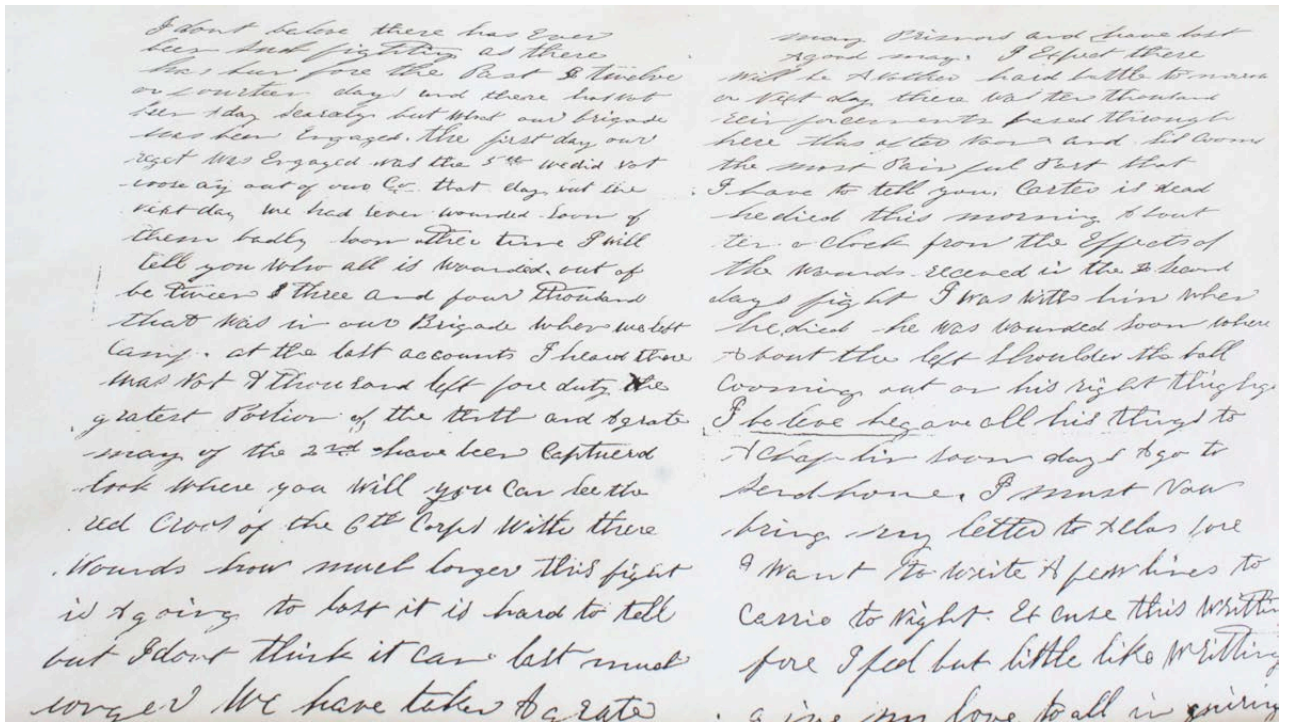


Figure F1, A sample of a soldier's writing from the Battle of the Wilderness, from the Fredericksburg & Spotsylvania Military Park archives (Solomons 2017e).

F.3 The Historic Wilderness Battlefield as a Site of Mass Trauma

Jill Bennett writes (2005:3) that art about trauma should not be an apt translation of the experience of trauma, but rather uses the unique attributes of art to open a discussion about the subject matter's politics. I assert that a wider discussion can open in regards to how the boundaries of exposure and protection can crystallise trauma. Di Prete (2006:13) explains that the body becomes the material filter that translates its experience of corporeal trauma into a narrative about witnessing. While traditionally historical narratives about war can entail detached perspectives, thousands of civilian people find intimate ways to connect to American Civil War history, such as walking the battlefields. The protection of sections of the battlefields can create a space where people can imagine or watch re-enactments of combat.

However, this can be limited to emotionally detached, romanticised experiences for everyone involved.

If the Battle of the Wilderness can be considered as an allegory, I consider nature to be its mediator. As much as nature shielded violence between soldiers, the presence of this dense nature triggered more inhumane actions amongst soldiers, such as blind shooting into the woods, and trapping wounded soldiers. This overgrowth also hindered the possibility of photographs during the Battle of the Wilderness<sup>94</sup>.

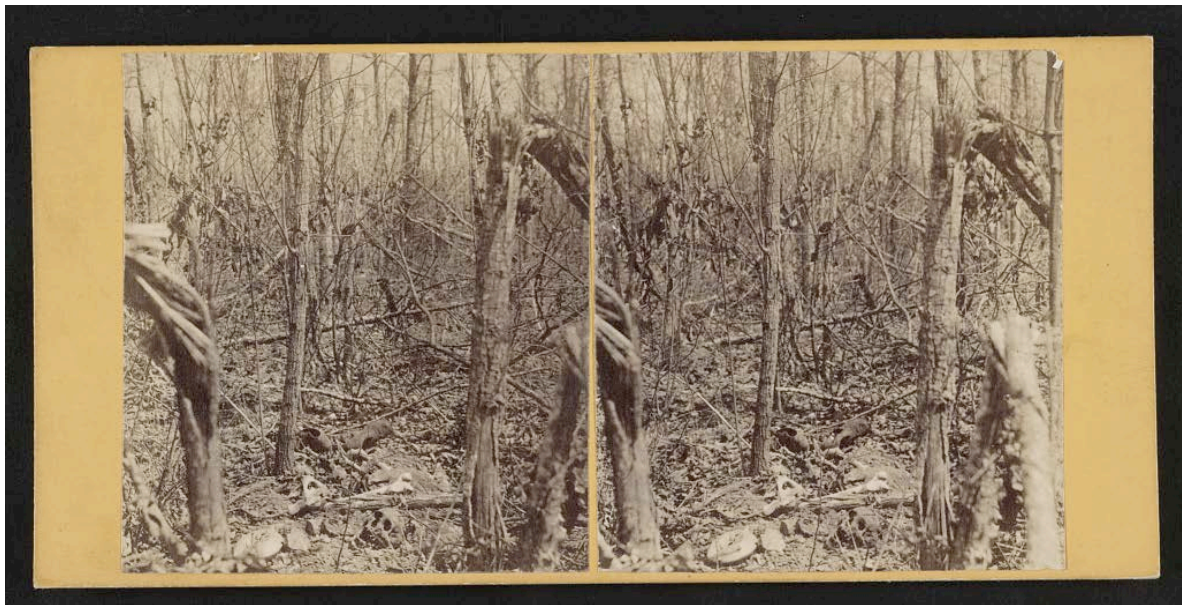


Figure F2, The Wilderness battlefield over a month after the American Civil War (Brown 1864-1865).

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<sup>94</sup> Timothy O'Sullivan recorded the United States army crossing the nearby Rappahannock River two days before the battle. After the Wilderness, Mathew Brady's team was in Fredericksburg photographing the dead and wounded (Frassanito 1978: 285). The few images composed by the photographer George Brown were captured between two months and two years after the battle.

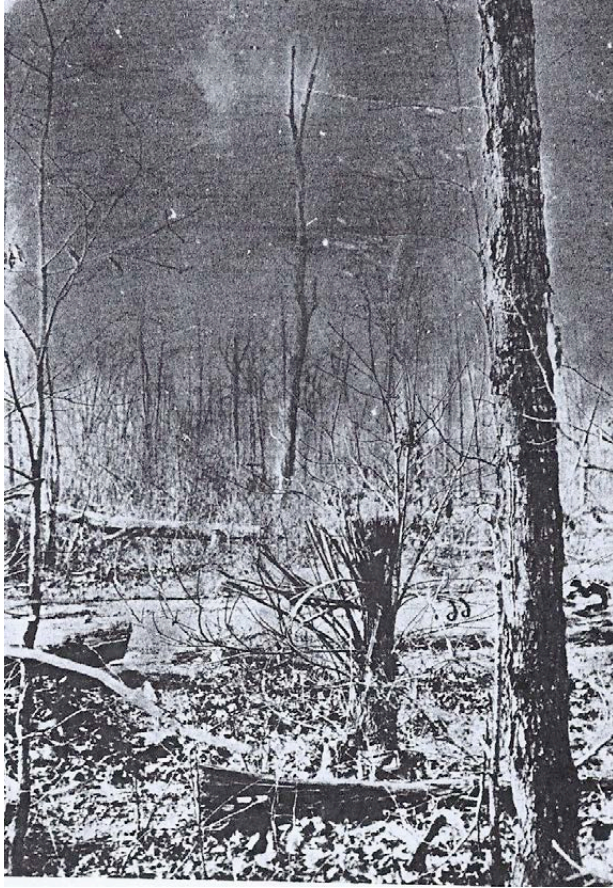


Figure F3, The Wilderness battlefield after the American Civil War (Scott 1992: 153).

With the history of the Battle of the Wilderness in mind, I visited the federally protected areas of the Wilderness battlefield for the first time. I photographed the forest surrounding Saunders' Field. The nature was dead for winter, and stillness suffocated the land. Most likely the fallen trees were the result of natural occurrences. Chris Mackowski (2016: 9) notes that the forest is more mature than in 1864. At present, this means that the forest is more open and there is less light to nourish any underbrush, which was a hallmark of the Battle of the Wilderness. I imagined boundaries made by the fallen overlap of the trees because of their intrusive scale. The lack of wildlife was peaceful and unnerving. The lack of life

turned the silence into a permeable wall. As I walked through the nature, most of the time alone, I photographed broken and fallen trees from a few metres away, using black and white film. As Cushman confirms, without a prior knowledge of the history of the land, it looks like a solemn, beautiful landscape. A wilderness means a “wild beast-ness”, but also a place where no one lives (Ibid). Cushman explains “any place where human beings have died and suffered in large numbers seems immediately different from other places (Ibid).

Two subsequent trips were based around finding areas similar to the dense overgrowth from 1864; and forcing myself deeper into sections of tangled nature. During the spring season in 2016, I photographed a sampled variety of locations with overgrowth within the historic Wilderness battlefield. I decided to be dragged across the historic battlefield possibly like the soldiers' corpses in Gardner's photographs. Even though the soldiers were most likely dead by the time Gardner and his team moved the corpses, my goal is to combine elements of the veterans' psychological wartime trauma and the corpses' bodily trauma. Margaret Schwartz (2015: 2) writes, that a corpse “always destabilizes the present with the threat of flux, decay, disappearance, and oblivion”. Gardner's use of physiological decay as evidence to show how human each soldier was, I use as a metaphor about how individuals with shame were treated with degrees of humanity, instead of having their human emotional needs adequately met. I refer to Julia Kristeva's (1982: 4) theory that corpses are “death infecting life” as a metaphor about how shame can infect a person's ability and capacity to live and thrive.

Throughout of the Wilderness battlefield, the trenches were a slight indentation of their former purpose, yet the reconstructed barriers implied historical barriers of protection. With the exception of trees collapsed on trails, the majority of the trees were left untouched. By walking over the trees I felt like I was not honouring a barrier that I either did not understand or was not aware existed. For a period of time, I considered these broken trees as metaphors for the bodies left to decompose into the ground. Since most of the ACW veterans that did survive were young men, they most likely spent the rest of their lives with disfigurements from combat injuries and complications (Faust 2008: xii).

I viewed the ground of the battlefield like a skin, just as bodily chemistry was absorbed by the soil, the psychological impact of trauma results in a physiological response that can seep into an organ's memory. Whether it is the skin, stomach, or heart, the awareness of feeling can link to past trauma. For example, witnesses' trauma at times had visceral details when they experienced decaying bodies that arose from shallow graves, as a Union surgeon describes, "...at least a thousand blackened bloated corpses with blood and gas protruding from every orifice, and maggots holding high carnival over their heads" (cited in Faust 2008: 66). Soldiers even worried that living people could have been buried under the piles of dead (Faust 2008: 75).



Figure F4, 'Field Day' taken by Reed Bontecou (1864) outside of Harwood Hospital, Washington D.C..

## Appendix G

### American Civil War Photographs of Soldiers' Corpses

The photographic historian William Stapp (1988: 10) explains that at the beginning of the American Civil War, the famous portrait photographer Mathew Brady foresaw the potential financial gain in the photographic documentation of this historic event<sup>95</sup>. Out of naivety about the potential of the new medium of photography, Abraham Lincoln, the sitting president, permitted Brady to photograph with no oversight (Groeling 2015: 29; Sontag 2003: 4). Brady's photographic team, led by Alexander Gardner, had to adapt to the limitations of photographic processes of the era, i.e. the collodion process. When the American Civil War began, the collodion process was about a decade old (Gallman & Gallagher 2015a: 1). I chose to concentrate on photographs by Gardner and this team because they were the most prolific photographers of the ACW. One reason I chose the collodion process as a part of my practical research is because the collodion skin acts as a thin skin to create and keep an image together. I use this process as a metaphor for how NSSI can be used as "glue" to keep a fragile psyche together (Levenkron 2006: 123).

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<sup>95</sup> Ethical concerns for portraying the dead in wartime photojournalism are still a contemporary issue.

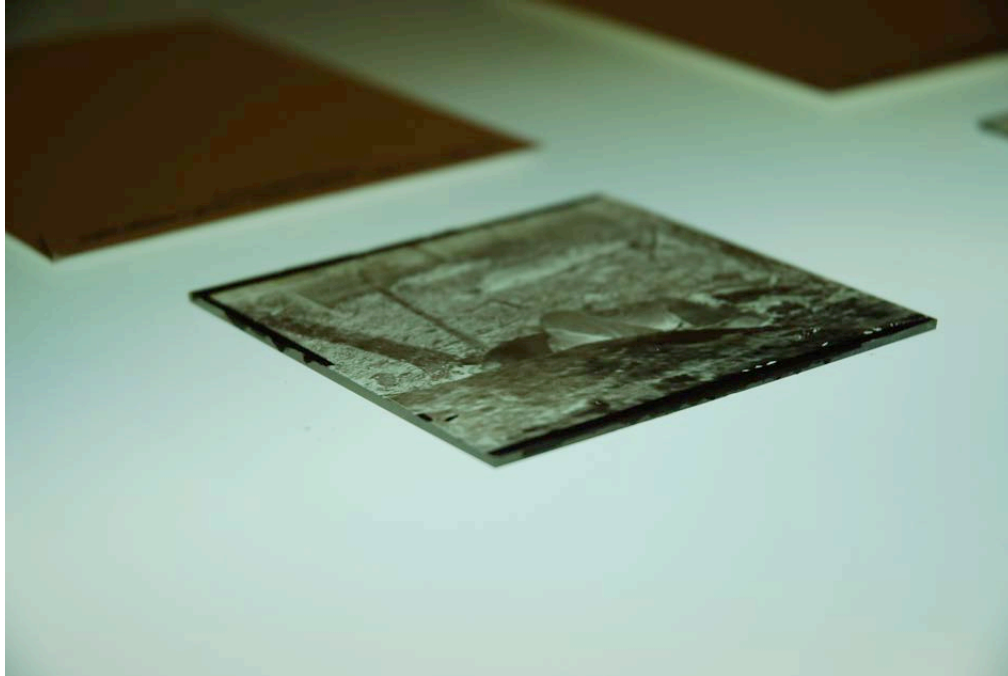


Figure G1, Photograph of glass plate negative of *Gettysburg, Pa. Four dead soldiers in the woods near Little Round Top* by Alexander Gardner (Solomons 2017c).



Figure G2, A close-up of collodion glass plate negatives from the American Civil War (Solomons 2017c).



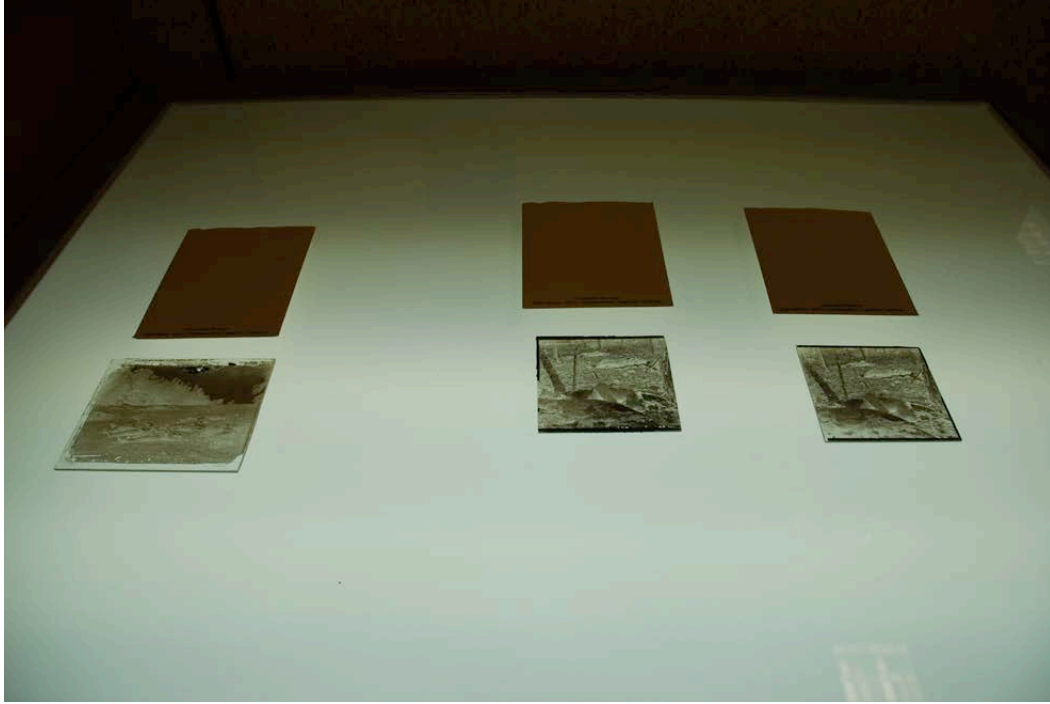


Figure G3, A close-up of collodion glass plate negatives from the American Civil War (Solomons 2017c).

The exposure times for the collodion process were too long to capture quick moments of combat action (Harvey 2012: 73). Gardner's team set the photographic standard for composition and subject matter during the American Civil War (Frassanito 1978: 286). Starting at the First Battle of Bull Run (1861), Brady's team arrived at the battlefields while soldiers' corpses were being collected and buried, and they seized this opportunity to document the aftermath of battle (Frassanito 1978: 17).

Brady's photographic exhibition of the Battle of Antietam was the most dramatic display of masses of dead bodies (Nelson 2012: 166-167). At this point in time, the only mass produced photographs were portraits so Brady's display of his photographs were more akin to displays of paintings or a scientific collection, in

other words an object to be considered from an emotional distance by a voyeur. However, an editorial writer from *The Times* wrote, in October 20, 1862, "If he [Brady] had not brought bodies and laid them in our dooryards and along the streets, he has done something very like it" (cited in Groeling 2015: 30).

Eleanor Harvey (2012: 85) reports that Gardner's team returned from the Battle of Antietam to Brady's studio with 60 negatives, and around 75 percent showed unburied corpses. Gardner and his team covered major battles, such as Antietam (1862) and Gettysburg (1863), and lesser-known battles, like Fredericksburg (1863) and Petersburg (1864-1865). The shock from the photographs of corpses was so great that, as Oliver Wendell Holmes wrote, people had to invent moral lessons in order to accept them (cited in Stapp 1988: 19)<sup>96</sup>. William Stapp's observation about the reception of Gardner's photographs from the Battle of Antietam:

"So visceral and emotional was their impact that the contemporary reviewers who wrote about them could only note with morbid fascination that the features and expressions of the dead were visible enough to make them recognizable." (Stapp 1988: 18)

In regards to the American Civil War photography, my primary archive visits were to the British Library for original publications and to the Library of Congress in Washington D.C. My primary reference points for the Battle of the Wilderness are

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<sup>96</sup> A similar instance occurred at the First Battle of Bull Run (1861). The public had romantic perspectives of war to the degree that they had picnics while the battle happened (Solomons 2016a).

direct quotes from soldiers' writings which I collected from books and unpublished material that was written by soldiers housed at the National Park Service's archives at Chatham Manor in Stafford County, Virginia, United States. Other, smaller archives, regarding the Wilderness were visited as well, such as the Central Rappahannock Heritage Center and City of Fredericksburg Archives<sup>97</sup>. I regularly visited medical collections in London, such as the Royal Society of Medicine, and American Civil War era specialty museums, like the National Museum of Civil War Medicine and the College of Physicians of Philadelphia. Throughout my research, I was unable to find another artist or other form of research that utilises the ACW photographs of corpses or soldiers' written experiences as metaphors in case studies about the long-term impact of childhood trauma.

Within my exploration of American Civil War images, I observed that images credit to Gardner more often have multiple corpses in a landscape than photographs accredited to another photographer on his team, Timothy O' Sullivan, who composed more portraits of a single soldier's corpse. O'Sullivan's use of soft focus, as Joel Snyder (1981:16) clarifies, was a style that most ACW photographers did not explore, and rarely used. Portraits with landscapes in Gardner's name are more often composed on a flat plane, with limited to no use of the foreground. Snyder (1981:14) explains that the public could not accept "subjective impressions" of the war; and by portraying the image as an objective truth through its sharp flatness the

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<sup>97</sup> Even though the soldiers originated from various locations within America, the closest archives to the Wilderness battlefield, in my experience, had the most first-hand materials about the battle, including soldiers' letters and memoirs.

viewer can make their own decision about the war. Even though this could have been the intention at the time, Gardner created, as Jonathan Snyder (2014) labels it, his “make-believe” reality. The most popular images of the ACW exist in two extremes of a spectrum. In contrast to Gardner and O'Sullivan, Brady used symbolism in his images of landscapes to represent casualties of the American Civil War (Harvey 2012: 88). Brady's images are romanticised and abstract, whereas Gardner's photographs are direct and graphic. Below are examples of O'Sullivan and Gardner's portrait compositions.



Figure G4, Timothy O'Sullivan (1864) *Body of another Confederate soldier near Mrs. Alsop's house, Spotsylvania Court House, Va., vicinity.*



Figure G5, Alexander Gardner (1862d) *A Confederate soldier who after being wounded had evidently dragged himself to a little ravine on the hillside where he died, Antietam MD.*



Figure G6, Petersburg, Va. *Dead Confederate soldier with gun (1865).*

## **Ethics**

**Appendix H**  
**Research Ethics and Health and Safety Information**  
**for Practical Research**

During my Ethics Committee approval process, in particular to being dragged, I had to justify why I needed these methods and materials if the audience would not necessarily be able to see me be dragged. Even in scientific studies about NSSI, ethical and legal issues largely inhibit a thorough assessment of NSSI in America (in Prinstein et al. 2009: 80). I also had to guarantee self-care measures were in place for my assistants and I. This includes Health and Safety Risk assessments, blood tests, amongst other applications. Overlaps did exist between stipulations in Helen Chadwick's application for ethical consideration for the use of human embryos and my application to use bodily fluids and be dragged (a sample form is listed below). On my self-care evaluation I made notice of symptoms that I needed stop a session. The symptoms include diminished sense of touch, difficulty focusing my eyes, headaches, shallow breathing, loss of appetite, and lack of taste. For my individual needs, these particular symptoms indicate when I start to become emotionally exhausted. To be regularly dragged on the ground, in awkward positions, for a long period of time meant that I had to enact a great degree of control over the dragging sessions to ensure safety, as well as a high level of self-awareness about my assistants' and my emotional states. I had to continually, in the moment and in hindsight, critically assess the ethical boundaries about what is reasonable for my assistants and myself to endure. This sensual information becomes a form of knowledge when applied to the parameters of my doctoral research. The

hyperaware control of my normal bodily functions is a key part of my research methods. Below are a few examples of these precautions that needed to be in place, before I started these methods of practical research.

### H.1 Self-Care Measurements and Considerations

The following two schema summary charts are from Young Schema Questionnaires (YSQ) and Schema Mode Inventories (SMI) that I filled out before (2012), towards the beginning (2016) and the end (2019) of my practical research. These two questionnaires are commonly used in Schema Therapy as a method to discern further insight into a client's emotional state of mind and history of experiences (Young, Klosko & Weishaar 2006; van Vreeswijk, Broersen & Nadort 2012). The highlighted schemas and modes are most often higher in individuals with BPD.



Client: Erin Solomons Date: \_\_\_\_\_ Year: 03/10/16

	Detached Protector	Bully Attacker Self Aggrandizer	Impulsive Child Undisciplined Child	Vulnerable Child	Angry Child Enraged Child
SMI	DP H-VH	BA VL-A SA VL-A	IC VL-Av UC VL-Av	VC H-VH	AC M-H EC VL-Av
	DSS M-H	CS Avc-M	CC Mod-H	DC Avc-M PP M-H	HA M-H
	Detached Self Soother	Compliant Surrenderer	Contented Child	Demanding Critical Punitive	Healthy Adult

Schema Name (shortened)	Total For this Schema (Max Possible)	On This, Your Schemas? L,M,H,VH	Code	T-Scores	
				Mother	Father
April 2012					
Emotional Deprivation	44 (54)	VH	ed	M	F
Abandonment	55 (102)	VH	ab	M	F
Mistrust/Abuse	45 (102)	VH	ma	M	F
Social Isolation	38 (60)	VH	si		
Defectiveness	57 (90)	VH	ds/de	M	F
Failure	45 (54)	VH	fa	M	F
Dependence	19 (90)	M	di	M	F
Vulnerability	23 (72)	H	vu/vh	M	F
Enmeshment	15 (66)	M	eu/em	M	F
Subjugation	17 (60)	M	sb	M	F
Self-Sacrifice	60 (102)	VH	ss	M	F
Emotional Inhibition	32 (54)	VH	ei	M	F
Unrelenting Standards	68 (96)	VH	us	M	F
Entitlement	14 (66)	M	et	M	F
Insuf. Self-Control	20 (90)	M	is	M	F
Approval Seeking	15 (84)	M	as	M	F
Negativity/Pessimism	33 (66)	VH	np	M	F
Punitiveness	38 (84)	H	pu	M	F

**MASTER COPY**

Figure H1, Schema and Mode summary for Erin Solomons (2016).

SMI & YSQ SUMMARY SHEET

Client: ERIN SOLOMONS Date: 23/5/19

SMI	Detached Protector	Bully & Attack Self-Aggrandizer	Impulsive Child Undisciplined Child	Vulnerable Child	Angry Child Enraged Child
	DP <u>H-VH</u>	BA <u>A-M</u> SA <u>M</u>	IC <u>L-Av</u> UC <u>L-Av</u>	VC <u>H-VH</u>	AC <u>M-H</u> EC <u>VL-A</u>
	DSS <u>A-M</u>	CS <u>M-H</u>	CC <u>VH-S</u>	DC <u>H-VH</u> PP <u>H-VH</u>	HA <u>A-M</u>
	Detached Self-Soother	Compliant Surrenderer	Contented Child	Demanding/Critical Punitive Parent	Healthy Adult

YSQ	Schema Name	Your total for this schema	Is this one of your schemas? L, M, H, VH	YSQ code	YPI SCORES	
					Mother	Father
	Emotional Deprivation	51 (54)	VH	ED	M 27	F 16
	Abandonment	43 (102)	VH	AB	M 19	F 18
	Mistrust/Abuse	38 (102)	H	MA	M 23	F 17
	Social Isolation	40 (60)	VH	SI	-----	-----
	Defectiveness/Shame	63 (90)	VH	DS/DE	M 24	F 10
	Failure	48 (54)	VH	FA	M 20	F 10
	Dependence/Incompetence	8 (90)	L	DI	M 8	F 5
	Vulnerability to Harm	18 (72)	M	VU/VH	M 11	F 11
	Enmeshment/Under-Dev. Self	10 (66)	M	EU/EM	M 17	F 22
	Subjugation	5 (60)	L	SB	M 21	F 15
	Self-Sacrifice	41 (102)	VH	SS	M 16	F 20
	Emotional Inhibition	21 (54)	H	EI	M 18	F 16
	Unrelenting Standards	51 (96)	VH	US	M 31	F 14
	Entitlement/Grandiosity	13 (66)	M	ET	M 11	F 13
	Insufficient Self-control	4 (90)	L	IS	M 5	F 20
	Approval Seeking	20 (84)	M	AS	M 17	F 10
	Negativity/Pessimism	4 (66)	L	NP	M 17	F 10
	Punitiveness	13 (84)	M	PU	M 23	F 8

Figure H2, Schema and Mode summary for Erin Solomons (2019).

### Self-Care Checklist

	Is It Felt As A Physical Symptom?	Is It Felt As An Emotional Symptom?	Preventative Measures	Self-Care After Symptoms are Triggered
Numbness	Yes	Yes	Where possible, wear warm clothing and bring snacks and music that I enjoy	If both are felt, stop session for the day. Re-evaluate  If one is triggered, pause session for 30 min, have a snack and warm up body.
Difficulty Focusing Eyes		Yes	Wear glasses when possible	If glasses do not help, have a shorter session and rest more
Decreased Reaction Time	Yes		Get plenty of rest, and regular exercise	Monitor, if stress escalates

			to decompress.	then take a 30-45 minute break. If symptom doesn't improve stop session for the day.
Headache/Stress		Yes	Plenty of rest and plan out daily session beforehand.	Grounding exercises; suspend session if the stress does not de-escalate.
Shallow Breathing	Yes		Take regular breaks during sessions.	Deep breaths, and take breaks to do grounding exercises.
Loss of Appetite		Yes	Generally eat healthily, and small amounts of complex	Have a high carb snack like peanut butter;

			carbs throughout sessions.	suspend session if emotional stress escalates.
Lack of Taste	Yes		A steady routine of rest, exercise, and healthy eating habits.	Take a break and practice grounding exercises; if symptom does not alleviate then take a break for the rest of the day.
Tired		Yes	Routine of enough sleep, exercise, and doing other activities I enjoy.	Stop session and do an activity I enjoy for the rest of the day.

Table H1, Self-Care checklist as a part of Research Ethical Guidelines for Solomons' research (Solomons 2016h).




Date of Departure	20/04/2016	Date of Return	17/05/2016
Location of Fieldwork: Wilderness, Virginia USA; Richmond, VA; Athens, GA; Washington D.C.			
Districts: Fredericksburg and Spotsylvania County National Military Park – Wilderness Park; University of Virginia, University of Georgia, Library of Congress			
<p>Purpose of Fieldwork -</p> <p>I will be driving from Savannah to Spotsylvania, VA, where the Wilderness battlefield is located. For a week and a half, I will be photographing the woods in the area. On the way to Spotsylvania, I will stop by the University of Virginia to conduct an interview with Kathryn Meier, and visit the Virginia Heritage Society to view several archived references. After I arrive to Georgia, I will drive up to the University of Georgia, in Athens from April 21<sup>st</sup> – 26<sup>th</sup>. During this time, I will be interviewing staff from the History Department, speaking to a few PhD students from the same area, and reviewing a few sources in the UGA Special Collections Library.</p> <p>From April 27<sup>th</sup> – May 12<sup>th</sup> I will be in the Virginia and Washington D.C. area. My photo shoot schedule is flexible, and relies on the weather. Also, I will be visiting the anniversary tours and event for the Battle of the Wilderness on May 5<sup>th</sup>-6<sup>th</sup>. The shoots will be during daylight hours. I have been in touch with a Ranger at the Fredericksburg Military Park, and a couple of people at the Civil War Trust; so I have a good idea of the Wilderness battlefield’s layout and where I should shoot. My objective is to capture the afternoon light in the woods, and experiment with different modes of shooting the dense forest. On one day I will drive to the Library of Congress, in D.C., to look at a few of the original glass plate negatives from the Civil War. I will be staying at a B&amp;B, then a hotel, about 15 minutes away from the Wilderness battlefield site.</p> <p>Within my research, I am linking soldiers’ experiences of dehumanizing trauma from the Civil War with affects in contemporary mental illness, which resulted from consistent experiences of dehumanization. The Battle of the Wilderness and Borderline Personality Disorder (BPD) are my case studies for this endeavour. During the Battle of the Wilderness, the thick nature impeded attacks and formations, gathered the dying, housed corpses from past battles, and created an eerie disorientating space. By mixing my Wilderness images with the collodion process and bodily fluids, I am experimenting with layering detached yet intimate portrayals of trauma.</p> <p>The Wilderness was left visibly traumatized, even 150 years later, with fallen trees, trunks limp, branches growing sideways. The unnerving silence, accompanied by the remnants of brutal force, turns a natural space into a maze of sameness and evidence. The bodies are no longer present, but the residue of pain is present. This is my metaphor about everyday life with BPD can be experienced.</p>			

Arranged contact points between student and supervisor/s during the course of the fieldwork period (timings - via Skype email or telephone)  
A tutorial with both of my supervisors will be scheduled when I return in May. I will have regular access to all of my email accounts, and mobile, while abroad.

Fieldwork Address

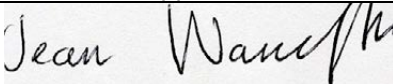
[Redacted fieldwork address]

Signed		Date	19/02/2016
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*(Student)*

**1) Section B – To be completed by main supervisor**

I confirm that the above student's research topic/outline has been approved and that I recommend approval of this application for fieldwork:

Signed		Date	
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*(Main supervisor)*

Once completed, please return to the Research Office for processing. Email: [mohagan@ucreative.ac.uk](mailto:mohagan@ucreative.ac.uk). The subject box in your email should include your name and the topic ( i.e. student name - Application to undertake fieldwork)

**Please complete the attached Risk Assessment Form**



**FIELD TRIP RISK ASSESSMENT**

**To be completed and sent to the Research Office**

**(Students must ensure they take a copy of this form with their travel documents)**

<b>STUDENT NAME:</b>	Erin Solomons
<b>HOME ADDRESS:</b>	[REDACTED]
<b>ADDRESS IN THE UK:</b>	[REDACTED]
<b>DETAILS OF ACCOMMODATION IN THE COUNTRY BEING VISITED (Name, Address, Telephone number, dates of occupation (if relevant))</b>	Name: Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
<b>HAVE YOU NOTIFIED THE UKVI COMPLIANCE OFFICER OF YOUR PLANS TO TRAVEL</b> Yes <i>(Applicable only to Tier 4 students )</i>	
<b>VISIT DETAILS / PLACES TO BE VISITED</b>	
Fredericksburg and Spotsylvania County National Military Park – Battle of the Wilderness, University of Virginia, University of Georgia, Library of Congress	
<b>PURPOSE OF VISIT</b>	
I will be flying into [REDACTED] I will be driving from Savannah to Spotsylvania, VA, where the Wilderness battlefield is located, Richmond	

where the University of VA is located, Athens where the University of GA is located, and Washington D.C. for the Library of Congress. For 1.5 weeks, I will be photographing the woods in the area, and visiting relevant resource sites, meeting with rangers of the park, and conducting interviews. The shoots will be during daylight hours, and depend on the weather. My objective is to capture the sunny afternoon light in the woods, and experiment with different approaches towards documenting the dense forest. I will be staying at a B&B, then hotel, about 15 minutes from the Park.

<b>Leaving date for the visit</b>	Date: 20/04/2016
<b>Return date for the visit</b>	Date: 17/05/2016
<b>Student's emergency contact telephone number in country being visited (Preferably mobile number)</b>	Tel: [REDACTED]
<b>Emergency contact name in the country being visited</b> <b>Telephone number for the emergency contact name in the country being visited</b>	[REDACTED]
<b>Lead Supervisor</b> <b>Emergency contact telephone number while the student is on fieldwork</b>	Name: Jean Wainwright Tel: [REDACTED]
<b>Head of School</b> <b>Emergency contact telephone number while the student is on fieldwork</b>	Name: Trevor Keeble Tel: [REDACTED]
<b>KNOWN (&amp; RELEVANT) STUDENT MEDICAL CONDITIONS / DISABILITY ISSUES</b> (e.g. Diabetes)	None
<b>HAZARDS ASSOCIATED WITH VISIT (Include information on how these hazards will be dealt with)</b>	
<p>Possible Hazards:</p> <p>Poisonous Plants (such as Poison Ivy) – Majority of my contact space will be covered (shoes, trousers, etc.). Doctors and pharmacies are within a 10 minutes drive from the site.</p> <p>Ticks – Layers will be worn, and I will check myself at the end of each day.</p> <p>Poisonous Insects (such as spiders) – Wear repellent, and a pharmacy and doctor are located in the town about 10 minutes away.</p> <p>Falling, tripping, etc. – I will carry my mobile at all times in case of injury. I will also let a family member know where I will be shooting daily, and will contact them at the end of each day.</p>	

<b>Student Checklist</b>			
		<b>Check</b>	<b>Comment</b>
<b>Access</b>	<ul style="list-style-type: none"> <li>• Travel arrangements to, from and at location arranged.</li> <li>• Accommodation for whole of itinerary organised.</li> <li>• Additional insurance, if necessary, arranged.</li> </ul>	Yes  Yes Yes	
<b>Pre-planning</b>	<ul style="list-style-type: none"> <li>• Travel documents ordered / received.</li> <li>• Local conditions evaluated.</li> <li>• Risk assessments made.</li> <li>• Health questions completed and action taken.</li> <li>• Next of kin and GP recorded.</li> <li>• Medical problems noted.</li> <li>• Vaccination (tetanus, plus any other suggested for the area to be visited)</li> <li>• Draft itinerary available and updated as necessary.</li> <li>• “Base” contact in UK informed of all necessary details.</li> </ul>	Yes Yes Yes Yes Yes  Yes Yes	
<b>Health</b>	<ul style="list-style-type: none"> <li>• First-aid kit(s) including sterile syringes and cannula obtained</li> <li>• Sterile packs organised</li> </ul> <p><i>If applicable</i></p>	No  No	
<b>Catering</b>	Drinkable water or water purification tablets available.	Yes	
<b>Personal</b>	<ul style="list-style-type: none"> <li>• Risk of attack assessed and</li> </ul>		

<b>safety</b>	<ul style="list-style-type: none"> <li>provided for (if necessary).</li> <li>Method of routine communication established.</li> <li>System for communication in an emergency in place.</li> <li>Accident and emergency plans in place.</li> </ul>	Yes Yes Yes  Yes	
<b>Physical hazards</b>	<ul style="list-style-type: none"> <li>Normal weather for the area, e.g. hot and sunny (sun protection factor) recognised.</li> </ul>	Yes	
<b>Biological hazards</b>	<ul style="list-style-type: none"> <li>Venomous, lively or aggressive animals considered.</li> <li>Plant risks assessed.</li> </ul> <p><i>If applicable</i></p>	Yes  Yes	Snakes will have mostly died out during the winter  Appropriate clothes will be worn.
<b>Final check</b>	<ul style="list-style-type: none"> <li>All travel documents ready.</li> <li>Insurance cover checked</li> <li>Itinerary checked and up-to-date.</li> <li>Trip registered and authorised to proceed.</li> <li>Copy of itinerary lodged with university "base" (supervisor and the Research Office)</li> <li>Emergency contact arrangements valid and operational.</li> </ul>	Yes Yes Yes No No  Yes	

**Lead Supervisor**

Name:

Date:

Signature:

Comments/Notes:

-----  
**APPROVAL SECTION**

Responsibility of the Student and Lead Supervisor – to be completed before submission to the Research Office

<b>Head of School</b>		
Name:	Date:	Signature:
Approval: Yes / No (*Delete as appropriate)	Comments/Notes:	

**Responsibility of the Research Office**

**The additional signatories are required for all NON-EU/EEA Travel**

<b>Executive Dean</b>		
Name:	Date:	Signature:
Approval: Yes / No (*Delete as appropriate)	Comments/Notes:	

**The following section needs approval at DVC level when travel to a country or region where the Foreign & Commonwealth Office has advised:**

- Against all travel
- Against all travel to parts of the country
- Against all but essential travel
- Against all but essential travel to parts of the country, or
- You are aware that you will be going to places that you believe may be of higher risk

**The University considers that these areas are of higher risk and therefore both you and the University need to take all reasonable and practicable steps to reduce the risk to you while you are travelling.**

<b>Deputy Vice-Chancellor (Corporate Resources)</b>		
Name: [REDACTED]	Date:	Signature:
Approval: Yes / No (*Delete as appropriate)	Comments/Notes:	

**COPY TO RESEARCH OFFICE**  Please tick **COPY TO BE TAKEN ON VISIT**   
Please tick

Figure H3, A filled out form to undertake fieldwork at the Wilderness battlefield for my university.

## Risk Assessment for Student Work

<b>Location:</b> Farnham			
<b>Head of School/Course Leader:</b> Trevor Keeble		<b>Course:</b> MPhil/PhD	<b>Tel:</b>
<b>Lecturer (where appropriate):</b> Jean Wainwright		<b>Room Number:</b>	<b>Tel:</b>
<b>Technician (where appropriate):</b>		<b>Room Number:</b>	<b>Tel:</b>
<b>Student (or Group):</b> Erin Solomons		<b>Contact Details:</b> [REDACTED]	
<b>Validity of assessment (tick box):</b> <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> term <input type="checkbox"/> year			
<input checked="" type="checkbox"/> <b>other (please specify):</b> 20/04/2016 – 18/05/2016			
<b>Assessment date:</b> July 2018	<b>Start of work date:</b> 20/04/2016	<b>Review date:</b>	<b>End date:</b> 18/05/2016
<b>1. Brief summary of work activity or project assessed</b>	I will be going on a research trip to America, to photograph a historic battlefield. The shoots will be during the day and evening.		
<b>1.1 Exact location(s) of work/project</b>	The historic parameters of the Wilderness battlefield, in Wilderness Virginia. I use the word 'historic', because some of the original battlefield has been used for development, such as for suburbs.		
<b>2. List hazards</b> <small>(Hazard = Something that has the potential to cause harm i.e. electricity, hazardous substances, work at height etc.)</small>	Attack by wild animals Transportation accident on the way to the site Poisonous Plants		
<b>3. Relevant University or local procedures?</b> <small>(See website for full list, or reference local COSHH or risk assessments)</small>	This form.		
<b>4. List who might be exposed to the hazards</b> <small>(e.g. staff, students, visitors, consider numbers at risk)</small>	Myself.		
<b>5. How might they be harmed?</b> <small>(Type of injury or health problem that might result)</small>	Wild animals can cause severe injury or death. Car accidents can cause anything from minor injury to death. Poisonous plants can cause skin irritation, illness, or in severe cases death.		

<p>6. List control measures in place to reduce risks</p> <p>Your control measures should ultimately reduce the overall risk. Do not purely rely upon Personal Protective Equipment.</p>	<p><b>Please note:</b> For photography or filming work – please seek relevant permissions. Further information can be obtained from your Course Leader.</p> <p><b>The wild animals in the area have mostly died out, and are therefore, currently, limited to birds and deer. The worst case scenario would be coming across a protective mother deer or a buck. In which case I would stop, and walk backwards slowly, making no sudden moves.</b></p> <p><b>The kind of transportation poses no abnormal amount of danger. I will be driving more than average, from [REDACTED]. Since I am driving more than average, the possibility of an accident increases as well. I will be taking regular breaks, once every couple of hours, wear my seatbelt, and not use my phone while driving.</b></p> <p>There are no established poisonous plants in the area. As a precaution I will wear hiking boots, a hat, and clothing that covers the majority of my body (excluding my hands and face).</p> <p>If I were to touch a poisonous plant or be attacked by an animal, a pharmacy is eight minutes away. I will carry my mobile with me as a precaution. None of the land is far from civilization. Either suburbs, restaurants, gas stations, highways, are all no longer than 10 minutes away.</p> <p style="text-align: center;"><b>Control measures to reduce risk MUST be implemented and monitored</b></p>
---	---



7.1 How severe is any injury or health effect likely to be? <b>Tick one box</b>	Minor <input type="checkbox"/> 1	Moderate <input checked="" type="checkbox"/> 2	Major/Fatal <input type="checkbox"/> 3
7.2. How likely is exposure to the hazard? <b>Tick one box</b>	Unlikely <input checked="" type="checkbox"/> 1	Likely <input type="checkbox"/> 2	Very Likely <input type="checkbox"/> 3
7.3. Calculate the risk score by multiplying the 2 scores in Q7.1 & 7.2	Low <input checked="" type="checkbox"/> 1–2	Medium <input type="checkbox"/> 3–4	High <input type="checkbox"/> 6–9

**8. Risk category (including supervision) tick box:**

- HIGH** Work must not be started without consultation with the Head of School/Course Leader, Lecturer, Resources Team and Health and Safety Adviser. Direct supervision by one of the supervisors should take place.
- MEDIUM** Work must not be started without the advice and approval of those named below.
- LOW** Work may proceed because there are no significant risks and no special supervision is required. Approval required from those below.

**9. Signatures:**

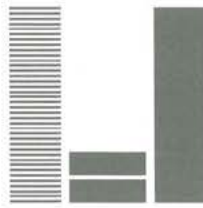


Head of School/Course Leader: ANNA FOX 	Date: 19/04/16
Lecturer:	Date:
Student(s): Erin Solomons 	Date: 19/04/16
Technician:	Date:
Resources Manager:	Date:
Facilities Manager (where appropriate):	Date:
Health & Safety Adviser (where appropriate):	Date:
<b>10. Additional controls measures required from any of the above signatures?</b>	

**For Guidance only** – this page does not need to be reproduced with each copy of the form.

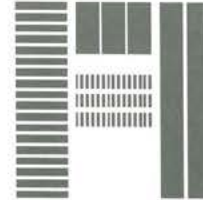
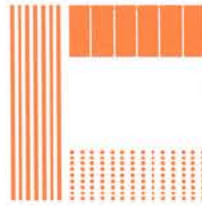
1. This form is intended for student work which poses additional risk to health and safety than that of routine activities.
2. In relation to student projects/work, effective or adequate supervision does not necessarily (or perhaps even usually) mean constant attendance (i.e. direct supervision). Where attendance is necessary, this can be conducted by the supervisor or suitably qualified/experienced member of academic or technical staff.
3. Signatures are required from the Facilities Manager where the work/project impacts on the fixtures or fittings of the building, or the internal/external areas of the Campus, if in doubt, please seek approval.
4. Assessments must be reviewed by the date specified on the form or immediately following an accident/unsafe incident occurring or change to original project specification.
5. Use must be made of existing University procedures. You may need to discuss such aspects with the Health and Safety Adviser.
6. Completed forms must be kept (in a readily retrievable form) for the duration of the course on which the named person(s) is studying.
7. The Executive Dean/Head of School /Course Leader or Heads of Departments must be able to demonstrate compliance as part of The University's Audit procedure.

Figure H4, A Risk Assessment to supplement my fieldwork application at the Wilderness battlefield for my university.



University  
for the  
Creative Arts

Canterbury  
Epsom  
Farnham  
Rochester



**Authorised Absence Form**  
Tier 4 (General) Student Visa

Student Name	Erin Solomons		
Student ID number	[REDACTED]		
Course name	MPhil/PhD in Photography		
Course leader name	Jean Wainwright (first supervisor)		
	<ol style="list-style-type: none"> <li>1. Fill in the details of your absence</li> <li>2. Get the form signed off by your tutor</li> <li>3. Return completed form to Campus Registry</li> </ol>		
First day of Absence	20/04/2016		
Last day of Absence	17/05/2016		
Reason for Absence	Conducting fieldwork in Wilderness (Virginia), Athens (Georgia), and Washington D.C., USA.		
Signature of Student		Date:	18/01/2016
Comments for Staff or Personal Tutor			
Signature of Course Leader/Tutor		Date:	19/01/2016

\*Campus Registry Office - please send a copy of completed/authorised form to [VisaAdvice@ucreative.ac.uk](mailto:VisaAdvice@ucreative.ac.uk)

Figure H5, University approval to undertake fieldwork at the Wilderness battlefield.

### H.3 Information to Use My Body to Document the Wilderness Battlefield



#### **RD14 - Application to undertake fieldwork (to include risk assessment)**

Fieldwork definition: activities carried out by students as part of their teaching or research as a member of the University (usually in premises or places not owned, rented, or under the direct control of the University)

For the latest **travel** advice by country including safety and security, entry requirements, **travel** warnings and health visit <https://www.gov.uk/foreign-travel-advice>

- 9) You will not normally be able to proceed on fieldwork unless:
  - (v) Your thesis title and research outline/research topic have been submitted and approved; and
  - (vi) You and your supervisors have undertaken a research ethics evaluation of the project and that (where applicable) you have gained research ethics approval from the Research Ethics Committee; and
  - (vii) You have received notification in writing from the Research Office confirming that permission has been granted for you to proceed to go on fieldwork; and
  - (viii) You have completed a fieldwork risk assessment – attached to this form
- 10) When this form has been completed and the proposal has been through the approval process the Research Office will send a letter to you confirming that permission for departure has been given. The Research Office will send a copy to the supervisor(s) and to the Head of School.
- 11) You are required to inform the Research Office of an address for correspondence during your absence, and any subsequent change of address.
- 12) You are required to maintain monthly contact with your supervisor(s) during your fieldwork.
- 13) You are required to notify the Research Office when you return from your period of fieldwork and also of your new term-time address.
- 14) International students - Spending time away from the University on fieldwork will not affect your visa status; however we are required to report to the **UK Visas & Immigration (UKVI)** the dates that you are out of the country even if you are returning to your Home country.

**15)Section A – To be completed by the student**

Name	Erin Solomons		Reg. No.	██████
Degree Programme	MPhil/PhD		School	Doctoral College – Farnham Campus
Date of first Reg. as a research student	10/2015	Current Reg. status MPhil/PhD		Year 2
Current Term-time Correspondence Address	████████████████████ ██████████████████ ███████████████ ███████████			

**16)I wish to be away from the University on fieldwork as detailed below:**

Date of Departure	07/11/2016	Date of Return	01/12/2016
Location of Fieldwork: USA			
Districts: Wilderness, VA; Fredericksburg, VA; Philadelphia, PA; Frederick, MD; Minneapolis, MN			
Purpose of Fieldwork - <b>Brief Description of Procedures/Activities</b> - You should put as much detail about the fieldwork to be undertaken in this section. The section should include the aims and objectives of the work. It is important to provide sufficient background so that both the academic value and the risks associated with the work can be evaluated.			
<p>Wilderness, VA – I will be photographing a part of the historic Wilderness battlefield, which has dense overgrowth. This area is important, because it is one of the main case studies in my research. I will be photographing the battlefield by having an assistant force my body through the overgrowth in ways like stumbling, rolling, and falling. My aim for shooting in this manner is to re-enact the dehumanizing treatment of the body, during battle and in staging of Civil War photographs, by recording the experience of the body, instead of a visual representation. I will have health insurance. The site is a couple of minutes away from a fire station, and other establishments. In case of an emergency, there are phone signals in this area. During each shoot, I will wear full body overalls to help keep ticks out of my clothes; plus an inspection will happen after each shoot to ensure that ticks have not bitten me. There is a hospital close by in Fredericksburg, in case I need to be tested for Lyme disease. From November ██████ I will be staying in Fredericksburg, VA. My commute to the Wilderness will be dependent on the weather. The majority of this time will be spent alternating between different archives and photographing.</p> <p>Fredericksburg, VA – Chatham Manor is just outside of Fredericksburg, and houses the National Park Service’s archive of material from the Battle of the Wilderness. I met with the Head of Research last time, and managed to receive some material, and pieces of unpublished writings. However, I also learned that there are over a thousand letters from soldiers pertaining to the Battle of the Wilderness. He said he is willing to make arrangements for me to view as many letters as I would like. My goal</p>			

for this trip is to read through as many as possible to gather information on the soldiers' interpretations of the Wilderness landscape, their emotional trauma, and their experiences in the hospitals (specifically behavioural treatments that are connected to humour theory). These dates will be confirmed closer to my arrival, since the files need to be pulled, it will be dependent on what staff is available. This will happen between November [REDACTED]


Philadelphia, PA – The Mutter Museum is at the College of Physicians of Philadelphia. I have been in correspondence with a couple of librarians about their collections. What I have unearthed is about twenty sources which discuss the use of silver nitrate and collodion in medical treatment. These are chemicals that are primarily known for their use in the 'wet-plate' photographic process, which I am using in my practical methodology. Since I have been unable to find any credible sources with the same information, my aim is to collect information from these sources. I will be in this area for three days. These dates will be confirmed closer to my trip, because of staff availability. Also, I have applied for a travel grant with the Museum. If this is approved, then I may have to visit on particular days that suit the Museum's schedule. Frederick, MD – I will be visiting the National Museum of Civil War Medicine again, in order to investigate their archives. In my last trip, I received some information from researchers who oversee the archive and the permanent exhibits on show in the museum. However, my goal for this trip is to further investigate their medical records about self-inflicted injury and suicide, and medically recorded emotional affect of the war, such as insanity (which are rare cases). This will happen over one to two days, and is dependent on how many references they can confirm for my viewing. We are still determining a specific date.

Minneapolis, MN – If possible, I will be visiting [REDACTED] for a half day tutorial about my current project. Because of the nature of his schedule, this will be confirmed and scheduled on a last minute basis. If I do not meet with him, then I will during another trip to the States. This will be a quick trip either at the beginning or end of my US trip. If we do meet this trip, it will either be two days in the beginning [REDACTED] or at the end [REDACTED]

Arranged contact points between student and supervisor/s during the course of the fieldwork period (timings - via Skype email or telephone)

I will be contacting my main supervisor once every 1.5 weeks to update her on how the trip is progressing. She will be contacted on [REDACTED] If more emails are needed, then dates will be added.

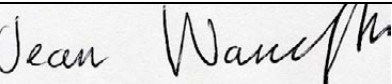
Fieldwork Address

[Redacted]			
[Redacted]			
British Embassy contact number for the country being visited			
[Redacted]			
[Redacted]			
Signed		Date	19.09.2016

(Student)

**Section B - To be completed by main supervisor**

I confirm that the above student's research topic/outline has been approved. We have discussed arrangements for monthly contact during the fieldwork period. I recommend approval of this application for fieldwork.

Signed		Date	19.09.16
--------	---	------	----------

(Main supervisor)

Once completed, please return to the Research Office for processing. Email:

[Redacted] The subject box in your email should include your name and the topic (i.e. student name - Application to undertake fieldwork)

**As part of this application you are also required to complete the attached forms in consultation with your supervisor/s -**

1. Field Trip Risk Assessment Form
2. Study Visit - Personal Declaration Form
3. Student Travel Checklist

**FIELD TRIP RISK ASSESSMENT**

To be completed and sent to the Research Office

(Students must ensure they take a copy of this form with their travel documents)

<b>STUDENT NAME:</b>	Erin Solomons
<b>HOME ADDRESS:</b>	[REDACTED]
<b>ADDRESS IN THE UK:</b>	[REDACTED]
<b>DETAILS OF ACCOMMODATION IN THE COUNTRY BEING VISITED (Name, Address, Telephone number, dates of occupation (if relevant))</b>	[REDACTED]  [REDACTED]
<b>HAVE YOU NOTIFIED THE UKVI COMPLIANCE OFFICER OF YOUR PLANS TO TRAVEL</b> Yes <i>(Applicable only to Tier 4 students)</i>	
<b>VISIT DETAILS / PLACES TO BE VISITED</b>	
Wilderness, VA Fredericksburg, VA Philadelphia, PA Frederick, MD Minneapolis, MN	
<b>PURPOSE OF VISIT</b>	
In Wilderness, VA, I will be photographing the historic Wilderness battlefield for my practical work. The Battle of the Wilderness is one of my main case studies about generational trauma. Therefore, I am visiting the site of the soldiers' trauma, and re-enacting possible trauma the wounded or dead could have experience during the war, such as being dragged, pulled, and carried. In Fredericksburg, VA, I will be visiting the National Park Services archives at	

Chatham Manor. They currently house over one thousand letters from soldiers, who experienced the Battle of the Wilderness. My intention is to read and collect as much relevant information from these writings as possible.

In Philadelphia, PA, the Mutter Museum, at the College of Physicians in Philadelphia, has a collection of medical records and publications from the 19<sup>th</sup> century, which document the use of silver nitrate and collodion, plus accounts of mental illness. They have about twenty sources that I will be investigating. This is a pivotal point in my research, because attempts of locating similar credible references has not been productive. The writings will help fill a current void in links between my written and practical research.

In Frederick, MD, the National Museum for Civil War Medicine has medical records from the nineteenth century pertaining to instances of self-inflicted injuries, suicide, and cases of insanity from war veterans. By collecting these references, I will be able to deepen my methodology's approach towards how trauma is linked to the body, in my historical case study.

In Minneapolis, MN, I will possibly visit in order to have a tutorial with [REDACTED] regards to my current project. This is dependent on his schedule, so there is a chance that this trip will not happen, but rather during another trip to the States.

<b>Leaving date for the visit</b>	Date: 07/11/2016
<b>Return date for the visit</b>	Date: 01/12/2016
<b>Student's emergency contact telephone number in country being visited (Preferably mobile number)</b>	Tel: [REDACTED]
<b>Emergency contact name in the country being visited</b>	Name: [REDACTED]
<b>Telephone number for the emergency contact name in the country being visited</b>	Tel: [REDACTED]
<b>Lead Supervisor</b>	Name: Jean Wainwright
<b>Emergency contact telephone number while the student is on fieldwork</b>	Tel: [REDACTED]
<b>Head of School</b>	Name: Sophia Phoca
<b>Emergency contact telephone number while the student is on fieldwork</b>	Tel: [REDACTED]
<b>KNOWN (&amp; RELEVANT) STUDENT MEDICAL CONDITIONS / DISABILITY ISSUES (e.g. Diabetes)</b>	<b>ANY SPECIAL ARRANGEMENTS NECESSARY TO DEAL WITH THESE ISSUES</b> <b>No.</b>



	<b>I have never been hospitalized for my asthma, nor do I require an inhaler with steroids. It is manageable through breathing exercises.</b>
<b>HAZARDS ASSOCIATED WITH VISIT (Include information on how these hazards will be dealt with)</b>	
<p>Ticks – When photographing in the overgrowth, I will be wearing multiple layers, plus disposable overalls. In case I am bitten, I know how to extract it. I will also be staying in Fredericksburg, which has walk-in centres and a hospital.</p> <p>Wild Animals – There aren't any threatening wild animals that regularly occupy the forest area, which I'm photographing. In case I am attacked, I have a mobile phone, and am 2 minutes away from a gas station and shops. The odds of an attack by an animal that can do considerable damage is highly unlikely.</p>	

### Study Visit – Personal Declaration Form

<b>CONFIDENTIAL QUESTIONNAIRE FOR USE BY STUDENTS AND STAFF PARTICIPATING IN OFF-SITE ACTIVITIES</b>
--

For Students: Course of Study.....MPhil/PhD.....Year.....2.....

Name and address of next of kin (to be contacted in an emergency)

..... [REDACTED]

[REDACTED]

Contact Telephone number(s) of next of kin..... [REDACTED] .....

Name, address & telephone number of your doctor... [REDACTED]

[REDACTED]

Phone: [REDACTED] .....

1. Do you have any of the following conditions?

- |                               |     |                                 |    |
|-------------------------------|-----|---------------------------------|----|
| - Asthma or Bronchitis        | YES | - Allergies to any known drugs  | NO |
| - Heart condition             | NO  | - Any other allergies e.g. food | NO |
| - Fits, Fainting or Blackouts | NO  | - Other illness or disability   | NO |
| - Severe Headaches            | NO  | - Travel sickness               | NO |
| - Diabetes                    | NO  |                                 |    |

If you answer to any of these questions is **YES**, please give details here:

.....I have cardio-induced asthma. It is not severe. If needed, I have an inhaler. I've never been hospitalized for it.....

2. Have you received the full vaccination against Tetanus in the last ten years? **YES**  
(Vaccination is recommended: for further info: <http://www.patient.co.uk/showdoc/23068839/>)

1. Are you currently receiving medical or treatment of any kind from your doctor or hospital?  
**NO**


If the answer to either of the last two questions is **YES**, please give details here

.....  
.....

4. Do you have a special need that may affect your ability to undertake this Visit or which may necessitate special support arrangements to help you to undertake it? If **YES**, please give details here and we will contact you.

.....No.....  
.....

5. Are you currently supported by a Facilitator/Learning Support Assistant? **NO**  
If **YES**, would you require a Facilitator/Learning Support Assistant to attend the study visit?  
**YES/NO**

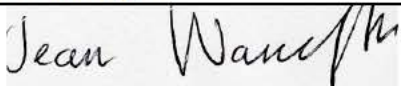
Signed.......... Date .....19.09.2016.....

## Student Travel Checklist

		<b>Check</b>	<b>Comment</b>
<b>Access</b>	<ul style="list-style-type: none"> <li>• Travel arrangements to, from and at location arranged.</li> <li>• Accommodation for whole of itinerary organised.</li> <li>• Additional insurance, if necessary, arranged.</li> </ul>	Yes Yes Yes	I will be driving throughout this trip. I have taken out car and health insurance for this period. Except for one, possibly two flights. I will primarily be staying in a hotel in Fredericksburg for most of my stay, an AirBnB in Philadelphia, and possibly a hotel in Minnesota. I have taken out Health insurance with an Accident add-on, plus Car Insurance.
<b>Pre-planning</b>	<ul style="list-style-type: none"> <li>• Travel documents ordered <i>I</i> received.</li> <li>• Local conditions evaluated.</li> <li>• Risk assessments made.</li> <li>• Health questions completed and action taken.</li> <li>• Next of kin and GP recorded.</li> <li>• Medical problems noted.</li> <li>• Vaccination (tetanus, plus any other suggested for the area to be visited)</li> <li>• Draft itinerary available and updated as necessary.</li> </ul>	Yes Yes Yes Yes Yes Yes Yes	Travel documents have been issued electronically. The East Coast will be a bit rainy, and fairly cold. This will reduce the number of ticks around. Minnesota will be very cold, and most likely snowing. Biggest risks will be driving for extended periods of time, and wildlife. I will take frequent breaks when I on longer drives. Also, checks for ticks and showers will be taken immediately after shoots. No health arrangements needed.

			GP and next of kind listed. Vaccinations up to date.
<b>Health</b>	<ul style="list-style-type: none"> <li>• First-aid kit(s) organised</li> <li>• Medication to cover the fieldwork period organised (I applicable)</li> </ul>	No No	Not necessary. Not necessary.
<b>Welfare</b>	Drinkable water or water purification tablets available. Access to food (dietary requirement - if applicable)	No No	Not required. Not required.
<b>Personal safety</b>	<ul style="list-style-type: none"> <li>• Risk of attack assessed and provided for (if necessary).</li> <li>• Method of routine communication established.</li> <li>• System for communication in an emergency in place.</li> <li>• Accident and emergency plans in place.</li> </ul>	Yes Yes Yes Yes	<p>Possible wild animal attack, such as a feral dog. Location is close to residential roads and a hospital. Will carry a mobile, and reception is consistent.</p> <p>I will check in with either [REDACTED] on a rotating daily basis to confirm all is well. I will have a mobile at all times. The area where I am photographing has residents on one side, restaurants on another, and a highway on another side. All are between 1 and 15 minutes walk away.</p>
<b>Physical hazards</b>	<ul style="list-style-type: none"> <li>• Normal weather for the area, e.g. hot and sunny (sun protection factor) recognised.</li> </ul>	Yes	Can be rainy, and cool. Sun protection is not an issue. Will wear mosquito repellent as a precaution.
<b>Biological hazards</b>	<ul style="list-style-type: none"> <li>• Venomous, lively or aggressive animals considered.</li> <li>• Plant risks assessed.</li> </ul> <p><i>If applicable</i></p>	Yes Yes	<p>Ticks, wild animals. If needed, I will have a mobile and am close to medical facilities.</p> <p>Stinging Nettle.</p> <p>Pharmacies are about 5 minutes away from forest site.</p>

<b>Final check</b>	• All travel documents ready	Yes	Electronically. Valid for November 2016. Electronically. Please see attached images. Stored on my Cloud and printed.  Yes.  Yes.
	• Insurance cover checked	Yes	
	• Insurance Card obtained	Yes	
	• Itinerary checked and up-to-date.	Yes	
	• Copy of itinerary included in your travel documents	Yes	
	• Copy lodged with supervisor and the Research Office		
	• Emergency contact arrangements valid and operational.		

<b>Lead Supervisor</b>		
Name:	Jean Wainwright	Date: 14.08.16
Signature:		Comments/Notes:

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**APPROVAL SECTION**

*Responsibility of the Student and Lead Supervisor – to be completed before submission to the Research Office*

<b>Head of School</b>		
Name:	Date:	Signature:
Approval: Yes / No (*Delete as appropriate)	Comments/Notes:	

**Responsibility of the Research Office**

**The additional signatories are required for all NON-EU/EEA Travel**

<b>Executive Dean</b>		
Name:	Date:	Signature:
Approval: Yes / No (*Delete as appropriate)	Comments/Notes:	

The following section needs approval at DVC level when travel to a country or region where the Foreign & Commonwealth Office has advised:

- Against all travel
- Against all travel to parts of the country
- Against all but essential travel
- Against all but essential travel to parts of the country, or
- You are aware that you will be going to places that you believe may be of higher risk


The University considers that these areas are of higher risk and therefore both you and the University need to take all reasonable and practicable steps to reduce the risk to you while you are travelling.

<b>Deputy Vice-Chancellor (Corporate Resources)</b>		
Name: [REDACTED]	Date:	Signature:
Approval: Yes / No (*Delete as appropriate)	Comments/Notes:	

**COPY TO HEAD OF SCHOOL**  Please tick **COPY TO RESEARCH OFFICE**   
Please tick **COPY TO BE TAKEN ON VISIT**  Please tick

Figure H6, Fieldwork application to undertake fieldwork by having an assistant move my body through the Wilderness battlefield.

The University for the Creative Arts is committed to supporting good practice in research and scholarly activity. Conducting research in accordance with ethical principles is considered to be of fundamental importance. The following Tier 1 checklist must be completed for all research projects and approved at supervisor/School level.

<b>Name of researcher</b>	<b>Erin Solomons</b>
<b>Title of proposed project:</b>	<b>Bodily Fluids, Behavior, and Legacy: How can dehumanizing interactions impede empathy?</b>
<b>Status</b>	<b>Full Time, Year 2</b>
<b>Email</b>	
<b>Supervisor/Line Manager</b>	<b>Jean Wainwright, Steffi Klenz</b>

**Brief outline of the project:**

My project is analyzing how behavioral effects from intense bodily trauma are carried within a person, after the initial sequence of trauma. Specifically, I'm looking at behavioral disorders that are typically the result of a period of continual exposure to witnessing and experiencing abusive trauma. A particular aspect of my research is about how symptoms of trauma were portrayed in men and women in the mid to late 1800s in America. This era is important for my work, because it was the shift from humor-based medicine (which was about the adjustment of bodily fluids) to "rational medicine" (which was based around scientific evidence). Different behaviors were viewed as proof a man's trauma and a woman's trauma. In particular, I'm looking at soldiers, who experienced the American Civil War, and women diagnosed with hysteria. Soldiers, who were understood to be intensely traumatized and on the way to becoming suicidal, were diagnosed with morbid melancholia; which revolved around expressing vulnerability. In contrast, women, who were determined to have Hysteria, had symptoms that related to anger, increased childlike behavior, and sexual desire. Therefore, men and women were permitted to cope with the after effects of their intrusive environments in certain ways. I am applying for Ethics Approval for a section of this area of research, which critically assess female hysteria.

**Does the study involve human participants?**

If **Yes** please continue to Question 1. If **No** please continue to question 12

1	Does the study involve participants who are unable to give informed consent? (see 17.2a below)		No
2	Does the research involve sensitive topics? (see 17.2b)	Yes	
3	Does the research involve groups where the permission of a gatekeeper is normally required for initial access? (see 17.2c)		No
4	Is the research to be conducted without the full and informed consent of the participant? (17.2d)		No

5	Does the research involve access to records of personal or confidential information concerning identifiable individuals? (17.2e)		No
6	<p>Does the research induce, or have the potential to induce, psychological stress, anxiety or humiliation or to cause more than minimal pain? (17.2f)</p> <p><i>Yes. Potentially, my assistant could develop anxiety and psychological stress. During the shoot [redacted] can take breaks as needed to compensate for possible physical exhaustion. I also encourage [redacted] to voice any emotional difficulties that arise; which will be solved by taking a break during the shoot or suspending the session for the day, or longer if needed. If [redacted] feels that [redacted] unable to continue [redacted], then [redacted] will take [redacted] place. And if [redacted] reaches an emotional point where [redacted] feels unable to continue, then I will not use this method for the duration of my trip.</i></p> <p><i>I can potentially be physically injured and have psychological stress from my method of videoing the landscape. I have photographed and videoed landscapes by being dragged numerous times; so I am aware of body positions and the appropriate places to tension to avoid injury. In previous sessions of dragging I had layers to protect my skin from the bushes and overgrowth I went through. In the upcoming sessions, I would like to be dragged while naked. I have visited the site in the Wilderness during three research trips from 1 week to 3 weeks at a time. I am very familiar with the kinds of plants and other potential hazards, like ticks or deer. If I am dragged naked, the most likely cause for potential injury is thorns from vines, dead fallen branches, and ticks. I will check the area, before shooting commences, to remove any questionable debris. For potential scratches I will have a first aid kit on site, so that any scratches can be cleaned with antibacterial wipes and covered with plasters during the shoot. The trip is in the winter, so the ticks will have mostly died out. To take additional precaution, I will be spraying a nontoxic repellent, made of clove and other plants, on my exposed skin before and during the session.</i></p> <p><i>In order to address any potential psychological stress, I will take breaks, or suspend the shoot for the day, or more, if needed. I have experienced physical and emotional abuse over the course of my life; and have learned to cope with it in a healthy manner through a few years of therapy. Currently, I am in a therapy group where I am [redacted] [redacted] receiving emotional support in regards to developing deep emotional relationships. A part of this group is having access to the Schema Therapist who heads the group. If anything too stressful arises, as a result of the shoots, I would be able to call and discuss the matter with [redacted]</i></p>	Yes	
7	Does the research involve, or have the potential to involve, intrusive interventions that participants would not normally encounter, or which	Yes	



	<p>may cause them to reveal information that could cause concern in the course of their everyday life? (17.2g, 17.2h)</p> <p><i>I will be being dragged, naked, with a GoPro attached to my head. This will happen through an area of overgrowth, and sparse forest in the Wilderness battlefield. I have a certain amount of physical and emotional endurance, and safety precautions, that will allow me to enact this method of practice. I do rock climbing, weight training, cardio, and resistance training to keep myself in good physical condition, as a means to deter possible injury. In regards to any potential emotional affect from the video shoots, I have been in therapy for a few years for [REDACTED], and have learned to cope with it in healthier ways, including asking other for help. If needed, I can contact the Schema Therapist I am currently seeing as a part of a group therapy.</i></p> <p><i>[REDACTED] will be with me during my trip as my assistant. Potentially [REDACTED] emotional affect can arise from dragging me naked on the ground. If this does arise we will discuss it, and take appropriate measures to help, such as talking it out, or taking a break as long as needed. [REDACTED] are aware and physically able to drag my body weight. Compared [REDACTED], I weigh much less; plus both of them do varying degrees of cardio and weight training. With breaks during the shoots, the physical demand should not be an issue.</i></p>		
8	<p>Will the research take place outside the UK?</p> <p><i>In the historic Wilderness battlefield in Wilderness, Virginia, USA.</i></p>	Yes	
9	<p>Will the research involve respondents to the internet or other visual/vocal methods where respondents may be identified?</p>		No
10	<p>Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?</p>		No
11	<p>Will the study involve NHS patients or staff? (18.4)</p>		No


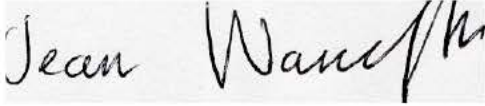
If you have answered **Yes** to any of these questions, you should submit a formal application for ethics approval using the **Tier 2 UCA Ethics Approval Form**. The form should be submitted for approval to the Research Ethics Committee via the Research Office

If you answered **No** to all the above questions, then you need not submit your project for formal ethics approval.

You will need to complete the questions below and attach a signed copy of this Tier 1 Ethics Checklist to your project proposal and file this with your School. This must be signed by yourself, your supervisor or line manager.

It is incumbent on you to observe the University's Code of Practice on Research Ethics, and in particular to ensure that your research complies with the Data Protection Act, by which you are legally bound.

	<b>(See Section 18.5 below)</b>		
12	Has the topic and ethical implications been addressed with your supervisor/line manager	Yes	
13	The topic merits further research of the kind being proposed and this is appropriate to the level of study	Yes	
14	The researcher has the skills to carry out the research	Yes	
15	The participant information sheet or leaflet and consent forms are appropriate	Yes	
16	The procedures for recruitment and obtaining informed consent are appropriate	Yes	
17	The procedures for ensuring confidentiality/anonymity of respondent data are appropriate	Yes	
18	Risk assessment has been carried out and the form completed where necessary	Yes	

<p>I have read the UCA Research Ethics Code of Practice</p> <p>Signature Applicant:</p>  <p>Date: 18/12/2016</p>	<p><input checked="" type="checkbox"/> This project complies with the UCA Research Ethics Code of Practice</p> <p>Signature Supervisor:</p>  <p>Date: 24/01/2017</p>
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**Below highlights the key areas to complete the checklist from the UCA Research Ethics Code of Practice.**

**3. Issues and Principles**

3.1 As a matter of principle, all research is subject to ethical considerations and risk assessment taking into account professional codes of practice / standards where these exist and subject specificity.

3.2 All research involving human participants, whether in a direct or virtual or any other way, must

consider the following issues from the inception of the research project. Researchers should be in a position to justify their research methods should it be required:

- i. the value of the research
- ii. informed consent
- iii. openness and honesty
- iv. right to withdraw without penalty
- v. confidentiality and anonymity
- vi. protection from harm
- vii. briefing and debriefing
- viii. reimbursements, payments and rewards
- ix. experience of researcher and suitability of methods employed
- x. ethics standards of external bodies and institutions
- xi. research for clients/consultants
- xii. research data management

3.3 These issues require careful consideration and the principles laid out below provide the basis for good practice in research management.

### **17. Consideration of Ethical Issues**

17.1 As outlined under 3.1, all research is subject to ethical consideration and requires a respective risk assessment taking into account professional codes of practice where these exist as well as subject specificity.

17.2 The following research would normally be considered as involving more than minimal risk and therefore would require evaluation of mitigating factors to reduce potential risks and/or requires approval of the University Research Ethics Committee:

- a) Research involving vulnerable groups or individuals, for example children and young people under 18, those with a learning disability or cognitive impairment, or individuals in a dependent or unequal relationship.
- b) Research involving sensitive topics such as:
  - i) Sexual behavior
  - ii) Illegal, political or religious behavior
  - iii) Experience of violence, abuse, exploitation and/or other racist or sexist behavior
  - iv) Mental health
  - v) Physical health and treatment.
- c) Research involving groups where the permission of a gatekeeper is normally required for initial access to members e.g. ethnic or cultural groups, native peoples or indigenous communities.
- d) Research involving deception or which is conducted without participants' full and informed consent at the time the study is carried out.
- e) Research involving access to records of personal or confidential information concerning identifiable individuals.
- f) Research that would induce psychological stress, anxiety or humiliation or cause more than minimal pain.
- g) Research involving intrusive interventions such as vigorous physical exercise.
- h) Participants would not normally encounter such interventions, which may cause them to reveal information that causes concern in the course of their everyday life.

## **18. Research for which Approval is necessary**

18.1 Deceptive research is that which is undertaken when the investigator deliberately conceals or significantly misrepresents his or herself, the true nature of the research or any other significant aspect of the research. Examples may include covert observation, the stating of a misleading research purpose or providing a misleading professional identity or institutional affiliation on part of the researcher(s).

18.2 Vulnerable group includes any person(s) who may be precluded from giving informed consent. Note that this does not necessarily include all groups whose consent is given by parents or by those in loco parentis. It should additionally be noted that even in those circumstances the 'real' consent of those individuals under study should also be sought wherever possible (advice with informed consent forms is available from the Research Office).

18.3 Research involving animals/animal tissue requires a license under the Animals (Scientific Procedures) Act 1986. Research involving human tissue including its display requires a license under the Human Tissue Act (2004). Experimentation / anatomical examination in human morbid anatomy requires a license under the 1984 Anatomy Act.

18.4 Research involving NHS patients or staff must be approved by NRES; see the NRES website for further information ([www.nres.npsa.nhs.uk](http://www.nres.npsa.nhs.uk)). Research involving patients or staff of other medical providers must be ethically approved by these institutions.

18.5 No specific approval is needed for research not covered within the categories detailed in Section 17.2, although all projects must adhere to the principles laid out in this Code and the University requires all staff or students undertaking research to ensure that at each stage of the process, research is undertaken in a professional and ethical manner.

18.6 In particular all researchers will ensure that:

- a) Respect for Intellectual Property Rights and Copyright law is maintained in compliance with University guidelines.
- b) Researchers will be open and transparent regarding the purpose, methods and possible uses of research.
- c) Researchers will maintain the right to anonymity of any research respondents/subjects, and highlight any possible risks to staff or subjects arising from the research.
- d) Researchers will act within the law regarding the sourcing and use of research information and respect the obligation to acknowledge support and collaboration.
- e) Researchers will at all times act within the law of the UK and the law of any other country within the research being undertaken.

18.7 If there is any doubt as to whether a particular research project needs approval, advice should be sought from the Doctoral College headed by the Research Degrees Leader or School Management Team/Department Director respectively.

Figure H7, My Tier 1 ethics application to have an assistant move my body through the Wilderness battlefield.

If you have answered 'YES' to **any** of the questions in your **Research Ethics Tier 1 Checklist** you will need to describe more fully how you plan to deal with the ethical issues raised by your research.

<b>Name of researcher</b>	Erin Solomons
<b>Title of proposed project:</b>	<b>Bodily Fluids, Behaviour, and Legacy: How can dehumanizing interactions impede empathy?</b>
<b>Status</b>	Full Time, Year 2
<b>Email</b>	[REDACTED]
<b>Supervisor/Line Manager</b>	Jean Wainwright, Steffi Klenz

**Please provide answers to each of the following questions and attach copies of any other information used.**

<b>1</b>	<b>Confirm you have read and understood the UCA Research Ethics Code of Practice</b>	Yes
<b>2</b>	<b>Confirm External Grant funding ethical approval (if applicable)</b>	N/A
<b>3</b>	<p><b>Please provide the purpose and outline of the proposed research.</b>  <b>Purpose</b> - Briefly describe the basic purposes of the research proposed.  <b>Outline</b> - Provide details of the methods and focus of the project. Explain clearly what you will be doing. If you are interviewing people or administering a survey / questionnaire, please attach either a list of the broad questions you propose to ask, or a copy of the questionnaire. (no more than 1 page)</p> <p><i>Purpose - To create an artwork with a video camera.</i></p> <p><i>Outline - (please see attached page)</i></p>	
<b>4</b>	<p><b>Vulnerable participants</b>  Will participants include students, children, or other vulnerable individuals? If so, provide details of who will be involved, the particular ethical issues that may arise and the measures undertaken to ensure appropriate/sensitive treatment of participants.</p> <p><i>I will be the only participant being dragged. As previously mentioned in my Tier 1 Checklist, I have processed the majority of my trauma through a few years of</i></p>	Yes

	<p><i>therapy. Currently, I am in a group therapy [redacted] If anything distressing happens as a result of the video shoots, I can contact the Schema Therapist who leads my group. [redacted] will be available for emotional support as well on the shoot.</i></p>	
<p><b>5</b></p>	<p><b>Consent</b>  State the manner in which the participant(s) consent will be obtained (if written, please include a copy of the intended consent form).</p> <p>If you will be working with participants who cannot give written consent give a detailed explanation of the reasons for seeking oral consent, describe the procedure you intend to adopt, and specify the information to be provided to participants.</p> <p>If consent is not being sought until after the data collection process is completed (i.e. it involves covert observation) give details of why the delay is necessary for the research and what steps will be taken to ensure informed consent is obtained from all participants afterwards.</p> <p><i>I will be the only person being dragged. In regards to my assistant, written consent will be obtained. Please find the consent form attached.</i></p>	
<p><b>6</b></p>	<p><b>Recruitment</b>  How participants will be recruited for this project?  How many participants are likely to be involved?  How will initial contact be made?  How will participants be invited to take part in this project?  Does the recruitment process require co-operation of a gatekeeper? If so provide details of who they are.  Will participants be informed about how they have been selected?</p> <p>Does the recruitment process raise any privacy issues, e.g. does the researcher plan, through a third party, to access personal information to identify potential participants without their knowledge or consent? If so, what information will be obtained, how long will it be retained and what steps will you take to ensure it is kept confidential?  (Please include copies of any recruiting materials/information sheet).</p> <p><i>I will be the only participant being dragged. [redacted] recruited to be my assistant, because of the sensitive material in the video shoot. I trust that [redacted] will communicate any possible physical or emotional discomfort about the shoot. As an initial choice [redacted] fully aware of what the video shoots entail.</i></p>	

	<p><i>It would be unrealistic to try to recruit [REDACTED] to be my assistant. A mutual trust and communication is important, in case any issues arise. This would be more difficult to achieve with [REDACTED]</i></p>	
7	<p>If data is collected from an external institution has agreement been obtained by the relevant authority.</p>	N/A
8	<p><b>Will the data be confidential? Protection of privacy</b>  How will personal details and confidential information about participants be protected and securely stored  Indicate that the treatment of the data conforms to the Data Protection Act of 1998.  How long all research data will be kept and the reasons for retention.  Where will the research data appear (e.g. essay, dissertation, academic articles, exhibition, other publications) and whether this includes online publication.</p> <p><i>The consent forms will be retained for the publication of my dissertation. They will not be available on online copies. Only I will have access to their contact information. If they prefer to have a pseudonym then I will assign them one. The key for the names will be kept on an external drive that is password protected, in a locked box. This data will be kept for 5 years. Myself, nor my assistant will be physically seen in the video.</i></p>	
9	<p><b>How the research might impact on participants</b>  Describe any possible positive and negative impacts of the proposed research on the participants or their communities that you can foresee.  This might include psychological, health, social, economic or political changes or ramifications.  Consider the future as well as the present. Discuss how you will try to minimise any negative impact.</p> <p><i>[REDACTED] have emotional difficulties in seeing me naked, and dragging me. We have discussed this situation multiple times. If the video shoots become too uncomfortable [REDACTED] experiences unresolvable discomfort, then I will make arrangements to record the land like I have before, i.e. I will be dragged with protective layers on, or I will drag a tarp with sandbags equal to my body weight. I will continually emphasis the importance of communication on both sides; so we are aware of each other. For me, if anything particularly distressing arises, I can call my therapist. In regards to [REDACTED] have a therapist or close friend/family member they can contact if needed.</i></p> <p><i>During the shoot, 2 to 3 large signs will be displayed to indicate that filming is taking place and asking not to disturb. If anyone does come across us, and if concern arises, then I will suspend the shoot and discuss the concern. If needed, I</i></p>	

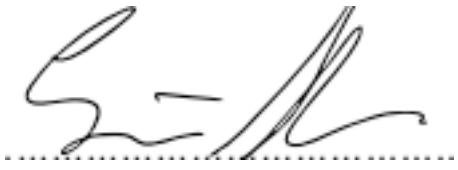

	<p><i>will have information sheets on site. My objective will be to reassure [REDACTED] that the video shoot is designed to create a particular artwork; and a part of which means that Health and Safety precautions as well as ethical considerations are in place.</i></p>	
<b>10</b>	<p>State what kind of feedback, if any, will be offered to participants.</p> <p><i>During the session, the primary talk will be about the logistics of dragging, like the direction, distance, etc. This unless a physical or emotional issue comes up, then that will be addressed and sorted.</i></p>	
<b>11</b>	<p>State reason for choice of the applicant for conducting the research proposed.</p> <p><i>My project is analyzing how behavioral effects from intense bodily trauma are carried within a person, after the initial sequence of trauma. Specifically, I'm looking at behavioral disorders that are typically the result of a period of continual exposure to witnessing and experiencing abusive trauma. A particular aspect of my research is about how symptoms of trauma were portrayed in men and women in the mid to late 1800s in America. This era is important for my work, because it was the shift from humor-based medicine (which was about the adjustment of bodily fluids) to "rational medicine" (which was based around scientific evidence).</i></p> <p><i>Different behaviors were viewed as proof a man's trauma and a woman's trauma. In particular, I'm looking at soldiers, who experienced the American Civil War, and women diagnosed with hysteria. Soldiers, who were understood to be intensely traumatized and on the way to becoming suicidal, were diagnosed with morbid melancholia; which revolved around expressing vulnerability. In contrast, women, who were determined to have hysteria, had symptoms that related to anger, increased childlike behavior. Therefore, men and women were permitted to cope with the after effects of their intrusive environments in certain ways.</i></p> <p><i>I am applying for Ethics Approval for a section of this area of research, which critically assesses how a dehumanizing experience is validated based on a person's gender. By not seeing my body in the video, the emphasis of the work will be shifted to the experience, and not the evidence of being dragged on my body.</i></p>	
<b>12</b>	<p>Are there any conflicts of interest regarding the investigation and dissemination of the research? If yes please describe.</p> <p><i>Even though I am being used to create the work, if I do not accurately document and objectively assess the experience and the images, and video, produced; then my findings could be distorted, and therefore undermine the rest of my body of research. Through therapy I am aware of the extent of my self-awareness, reflection, and emotional triggers. If another person was dragged during the video shoots, then I could more possibly not be able to confirm if they are not</i></p>	



	<i>exceeding their limits. It would also not be practical or considerate to have another person train their body, and practice being dragged, when I am capable of performing to the required extent.</i>	
<b>13</b>	<p>Is the research likely to have any negative impact on the academic status or reputation of the University?</p> <p><i>No. This work is placed within the academic context and framework of a PhD. There are a number of artists who have made controversial works with the body and they are very explicit. The explicitness of my work is in the performance of being dragged naked – which the viewer does not see. It seems very unlikely that any negative impact of my work would impact on the University.</i></p>	
<b>14</b>	<p><b>Other ethical and any legal considerations</b>  Comment on any other ethical considerations that are involved in this proposal</p> <p><i>In regards ██████████ safety, they both have health insurance, in the rare chance they are injured. Two mobile phones will be carried on site, as a precaution. In the rare chance its needed, a walk-in centre and hospital is around 20 minutes away; or walk a few minutes to one of the gas stations or restaurants.</i></p>	
<b>15</b>	<p><b>Does the research take place outside the UK?</b>  Researchers conducting any part of their data collection outside of the UK need to consider whether there are additional criteria that need to be considered in planning their research  These may include adapting the manner in which the research is conducted to account for the language, cultural norms and political sensitivities present in that country or region, confirming that relevant local legislation is followed, ensuring that any local ethical approvals or permissions to conduct the research are obtained, and obtaining appropriate insurance cover, research visas and permits (if applicable).</p> <p>You also need to refer to UCA guidelines and forms regarding travel insurance.</p> <p><i>Yes. The video shoots will take place in the historic Wilderness battlefield, in Wilderness, Virginia, USA. The section of land, which the shoots will be at, is fenced in and owned by the state of Virginia. I am in touch with the head of the organization that overlooks the maintenance and use of the land ██████████  ██████████ I always notify them when I am conducting photo shoots in the land, inform them of what the shoots in entail, and ask if any events are scheduled on the land (I ask as a precaution. For example, in the past year only two events happened on the land).</i></p>	
<b>16</b>	<p><b>Handling possible problems arising from the research</b>  Describe the arrangements you have made to handle concerns and complaints by participants, or emergencies involving participants or researchers</p>	

	<i>I will listen to their concerns or complaints, discuss why they have them, the context of my methodology in my research, why it is pertinent to create work in this way, and answer any further questions they may have. My goal will be to inform them, and work towards a mutual understanding.</i>	
<b>17</b>	<b>Payment</b> Will payment be made to any participants? If so, give details of arrangements, explaining why payment is being made and whether this raises ethical concerns in terms of participant recruitment and the information they will provide	No.
<b>18</b>	<b>Will the study involve NHS patient or staff</b> If yes additional external ethics approval is required	No.

**Tier 2 UCA Ethics Approval Form**

Signature Applicant: 	Signature Supervisor: 
Date: 18/12/2016	Date: 24/01/2017

Research Ethics Representative - Approval
Date:

**Please find attached a copy of the UCA Research Code of Practice.**

Figure H8, My Tier 2 Ethics application to have an assistant move my body through the Wilderness battlefield.

### **Project Outline For Ethics Tier Two–**

In the late 1800s, the idealized hysterical woman was viewed as one with the wilderness, naked, untamed, and one with nature. I plan to adapt this to a previous method I have used to photograph the historic Battle of the Wilderness battlefield in America. In my earlier research, I was dragged by an assistant with a GoPro camera attached to my head. This gesture is drawn from what injured soldiers could have experienced during the fires in battle, or what happened to corpses that were moved and posed in photographs from the American Civil War. For Health and Safety I have covered my body to deter potential minimal injury, such as scratches or tick bites. In this Ethics application, I am applying for approval to perform this method of art making, while naked. Specifically, I will be capturing the landscape through video, instead of photographs. The video will be shot from a perspective that the viewer will not see my body, but rather see the landscape from my point of view and hear me being dragged. I am also planning on walking through the overgrowth while naked. By not seeing my body in the video, the emphasis of the work will be shifted to the experience, and not the evidence of being dragged on my body. Within my research I am critically assessing how trauma is validated and coped with, based on gender. The image of my body can lead to questions about female identity and trauma; which are not key elements of my research.

In previous trips, I have navigated through the overgrowth, and have performed test shoots for being dragged. The assistant, who will be dragging me, [REDACTED] [REDACTED] are aware of what the shoots entail; and were chosen because I can trust them to communicate any physical or emotional discomfort that could potentially rise, as well as taking care of me. An example would be to stop dragging me if I was injured; and help me treat the injury. In regards to the shoots, they will only occur on sunny, cloudy, or overcast, only if it is not windy or drizzling. I will not shoot on rainy days, or between 7pm and 8am. This is to avoid colder temperatures. Since the photo sessions will take place in February 2017, the cooler climate will kill out insects, such as ticks. For walking to the site, I will wear slip-on clothes and shoes with a heavy jacket.

The site is private property, which will be previously scouted for hidden spots with overgrowth. Once we walk to the area, 2 to 3 large signs will be displayed to indicate that filming is taking place and asking not to disturb. After the signs are on display, I will explain the dragging direction, and ask my assistant to stop when [REDACTED] chooses, unless physical or emotional discomfort arise for either of us. If an injury occurs it will be attended to with the onsite first aid kit, or in a highly unlikely instance, my assistant can drive me to a walk-in center. At the end of the session, I will do a check on my body for ticks. I will then dress myself, take down the signs, and walk back to the car (between 5-8 minutes), and afterwards take a shower at the hotel.

Figure H9, Supplement Material: My Tier 2 Ethics application: Further explanation for my chosen method for my practical methodology.

**Research Information Sheet**

**Project Title:** Bodily Fluids, Behavior, and Legacy: How can dehumanizing interactions impede empathy?

**Data Controller:** Erin Solomons

**Supervisors:** Jean Wainwright, Steffi Klenz

**Nature/ Purpose/ use of Data:**

I am planning to photograph and video the Wilderness battlefield through two methods. First, I will have an assistant drag me, while I am naked, on the ground. In the second method I will document my struggle through the overgrowth, while naked. The purpose is to shoot an artwork with a video camera.

The focus of creating work with these methods is to reflect on and analyze the experience of physical and mental endurance, as well as the interweaving histories that exist during the shoots. These include: my history of trauma, the traditional history of the land, the history between myself and my assistant, how the Civil War soldiers remember the land, and historical American concepts about hysterical women and the wilderness. If I am injured at any point, my assistant will stop dragging me, the situation will be assessed and attended to appropriately.

**The Use or potential benefits of the study:**

The aim of my project is to create greater empathetic understandings in two diverse areas of trauma. Even though I concentrate on two unlinked case studies, which are the American Civil War and Borderline Personality Disorder, my objective is to show how affects from ranges of trauma are a healthy reaction to the transpired events. Rather than concentrate on labels, I emphasize the occurred actions and the language use to preserve the memory of the experience. The potential benefit of this study is to create an approach that establishes greater emotional understanding, and an empathetic link, towards intense, dehumanizing trauma.

Even though my method can be applied to other western countries, America was chosen as a means to frame my study. Within my visual research, raw photographic chemistry and bodily fluids are used to investigate how a culture deems particular representations of suffering as permissible, and others not. The Battle of the Wilderness, from the American Civil War, is selected as a case study because people were reliant on writings to understand the emotional impact of the combat, instead of images. In my other case study, Borderline Personality Disorder was chosen because of its prominent link to behavioural trauma in early childhood.

These two case studies are not linked, which is why I have selected them. Through their differences and similarities, I am critically assessing how language and interpersonal connection has the possibility to help process experiences of profound pain.

**Likely duration of the project and Location:**

Two years. London, UK, and Wilderness, Virginia, USA.

**Obligations and commitments of the participant during the study:**

Make clear to your participant what will be expected of them and how you will manage the information you have collected.

**The rights of the participants:**

Participants are free to withdraw from the study at any time without needing to justify their decision and without prejudice. In case of withdrawal of consent no further data regarding their participation should be added to the project.

All personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998).

All interviews will be saved as one hard copy, and one digital copy. The hard copy will be sorted in a locked cabinet with very limited access, and the digital copy will be stored on a password protected external drive. If the interview is conducted for qualitative research, the pseudonyms will be assigned, and the key will be encrypted.

In consideration for the research nature of the study participants shall not receive any reimbursement, payment or rewards.

**Information for further concerns or complaints:**

Any concerns or complaint about any aspects of the way you have been dealt with during the course of the research will be addressed; please contact The Research Office, Main Hall. University for the Creative Arts, Falkner Road, Farnham, Surrey GU9 7DE




Figure H10, A copy of the information sheet given to my assistants before they signed their consent forms.

**RD14 - Application to undertake fieldwork (to include risk assessment)**

Fieldwork definition: activities carried out by students as part of their teaching or research as a member of the University (usually in premises or places not owned, rented, or under the direct control of the University)

For the latest **travel** advice by country including safety and security, entry requirements, **travel** warnings and health visit <https://www.gov.uk/foreign-travel-advice>

- 17) You will not normally be able to proceed on fieldwork unless:
- (ix) Your thesis title and research outline/research topic have been submitted and approved; and
  - (x) You and your supervisors have undertaken a research ethics evaluation of the project and that (where applicable) you have gained research ethics approval from the Research Ethics Committee; and
  - (xi) You have received notification in writing from the Research Office confirming that permission has been granted for you to proceed to go on fieldwork; and
  - (xii) You have completed a fieldwork risk assessment – attached to this form
- 18) When this form has been completed and the proposal has been through the approval process the Research Office will send a letter to you confirming that permission for departure has been given. The Research Office will send a copy to the supervisor(s) and to the Head of School.
- 19) You are required to inform the Research Office of an address for correspondence during your absence, and any subsequent change of address.
- 20) You are required to maintain monthly contact with your supervisor(s) during your fieldwork.
- 21) You are required to notify the Research Office when you return from your period of fieldwork and also of your new term-time address.
- 22) International students - Spending time away from the University on fieldwork will not affect your visa status; however we are required to report to the **UK Visas & Immigration (UKVI)** the dates that you are out of the country even if you are returning to your Home country.

**23) Section A – To be completed by the student**

Name	Erin Solomons	Reg. No.	[REDACTED]
Degree Programme	MPhil/PhD	School	Doctoral College – Rochester Campus
Date of first Reg. as a research student	10/2015	Current Reg. status MPhil/PhD	Year 2
Current Term-time Correspondence Address	[REDACTED]		

**24) I wish to be away from the University on fieldwork as detailed below:**

Date of Departure	06/02/2017	Date of Return	24/02/2017
Location of Fieldwork: USA			
Districts: Wilderness, VA; Fredericksburg, VA			
<p>Purpose of Fieldwork - <b>Brief Description of Procedures/Activities</b> - You should put as much detail about the fieldwork to be undertaken in this section. The section should include the aims and objectives of the work. It is important to provide sufficient background so that both the academic value and the risks associated with the work can be evaluated.</p> <p>Wilderness, VA – I will be photographing in a forest in the historic Wilderness battlefield. Even though most the overgrowth has been removed, I have located spaces where some still exists. This area is vital, because of how this particular nature impacted the soldiers’ experience of the Battle of the Wilderness. The battle was so disorientating that the slippages between the soldiers’ trauma and reality is how the battle became characterized.</p> <p>I will be videoing the battlefield by having an assistant as previously detailed pull my body through the overgrowth, in the nude. The assistant [REDACTED] who will sign a waiver; which states that they are participating at their own risk. We will be in continual communication, and have awareness for each other, in case any minor injuries occur. Further information about this process is available in my Tier 1 &amp; 2 Ethics applications; both of which have been approved.</p> <p>My aim for shooting in this manner is to re-enact the dehumanizing treatment of the body, during battle, and in staging of American Civil War photographs. These videos are also about challenging the ideal hysterical woman and the reality of this diagnosis, during the mid to late 1800s. The ideal essence of a hysterical woman was to live nude within the wilderness. The area is restricted from the public, so there is privacy. The site will have signage explaining ‘filming in progress’. I will at all times have regard for my body in these sessions. I will wear, and have close by, clothing that is quick to put on. Provisions, cell phone with full coverage, I will have [REDACTED], a full first aid kit with additional materials;</p>			

including antibacterial wipes, plasters, gauze and heating pads.

The goal of my practical work, for this trip, is to finish particular kinds of raw footage (video) that is needed to develop my practical work to an appropriate level for my transfer panel in May.

**The site is a couple of minutes away** from a fire station, restaurants, gas stations, etc. In case of an emergency, there are phone signals in this area. An inspection will happen after each shoot to ensure that ticks have not bitten me. However, during the winter, the ticks die out; so the possibility of being bitten is minimal to nonexistent. On my last visit where I used approved protection (overalls, face mask, gloves) and no tick was found on my body and also the undergrowth had mainly cleared posing even less of a risk.

This has led me to the conclusion that doing a shoot appropriately naked in a carefully controlled and monitored situation is one that poses no risk to my health or safety. If I was bitten I can go to a nearby walk in clinic to be tested for Lyme disease.

I will be staying in Fredericksburg, VA for the duration of my trip; which has access to hospitals, walk in centres, pharmacies, etc.. My commute to the Wilderness will be dependent on the weather. **The majority of this time will be spent alternating between the National Park Service archives and making my practical work.**

Fredericksburg, VA – Chatham Manor is just outside of Fredericksburg, and houses the National Park Service’s archive of material from the Battle of the Wilderness. I will be returning to the archives, in order to see if missing references are now available, and to research references that I was not able to view during my last visit. **My goal for my archive research, this trip, is to finish my review of sources at the National Park Service. This is so that I can further frame my sources and writing for my transfer panel in May.**


Arranged contact points between student and supervisor/s during the course of the fieldwork period (timings - via Skype email or telephone)

I will be contacting my main supervisor on [REDACTED]. If more emails are needed, then dates will be added.

Fieldwork Address

[REDACTED]  
[REDACTED]

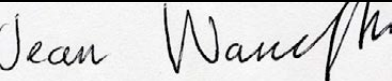


[Redacted]			
British Embassy contact number for the country being visited			
[Redacted]			
Signed			Date
			30.01.2017

(Student)

**Section B - To be completed by main supervisor**

I confirm that the above student's research topic/outline has been approved. We have discussed arrangements for monthly contact during the fieldwork period. I recommend approval of this application for fieldwork.

Signed			Date
			30.1.17

(Main supervisor)

Once completed, please return to the Research Office for processing. Email: [mohagan@ucreative.ac.uk](mailto:mohagan@ucreative.ac.uk). The subject box in your email should include your name and the topic (i.e. student name - Application to undertake fieldwork)

**As part of this application you are also required to complete the attached forms in consultation with your supervisor/s -**

4. Field Trip Risk Assessment Form
5. Study Visit - Personal Declaration Form
6. Student Travel Checklist

**FIELD TRIP RISK ASSESSMENT**

To be completed and sent to the Research Office

(Students must ensure they take a copy of this form with their travel documents)

<b>STUDENT NAME:</b>	Erin Solomons
<b>HOME ADDRESS:</b>	[REDACTED]
<b>ADDRESS IN THE UK:</b>	[REDACTED]
<b>DETAILS OF ACCOMMODATION IN THE COUNTRY BEING VISITED (Name, Address, Telephone number, dates of occupation (if relevant))</b>	[REDACTED] [REDACTED] [REDACTED]
<b>HAVE YOU NOTIFIED THE UKVI COMPLIANCE OFFICER OF YOUR PLANS TO TRAVEL</b> Yes <i>(Applicable only to Tier 4 students)</i>	
<b>VISIT DETAILS / PLACES TO BE VISITED</b>	
Wilderness, VA Fredericksburg, VA	
<b>PURPOSE OF VISIT</b>	
In Wilderness, VA, I will be photographing the historic Wilderness battlefield for my practical work. The Battle of the Wilderness is one of my main case studies about generational trauma. Therefore, I am visiting the site of the soldiers' trauma, and re-enacting possible trauma the wounded or dead could have experience during the war, such as being dragged, pulled, and carried. I will also be enacting this method of shooting while nude, as a strategy to critique	

generational trauma associated with gender.  
 In Fredericksburg, VA, I will be visiting the National Park Services archives at Chatham Manor. They currently house over one thousand letters from soldiers, who experienced the Battle of the Wilderness. My intention is to read and collect as much relevant information from these writings to further form and enrich my chapters for my transfer panel in May 2017.

<b>Leaving date for the visit</b>	Date: 06/02/2017
<b>Return date for the visit</b>	Date: 24/02/2017
<b>Student's emergency contact telephone number in country being visited (Preferably mobile number)</b>	Tel: [REDACTED]
<b>Emergency contact name in the country being visited</b> <b>Telephone number for the emergency contact name in the country being visited</b>	Name: [REDACTED] Tel: [REDACTED]
<b>Lead Supervisor</b> <b>Emergency contact telephone number while the student is on fieldwork</b>	Name: Jean Wainwright Tel: [REDACTED]
<b>Head of School</b> <b>Emergency contact telephone number while the student is on fieldwork</b>	Name: Sophia Phoca Tel: [REDACTED]
<b>KNOWN (&amp; RELEVANT) STUDENT MEDICAL CONDITIONS / DISABILITY ISSUES (e.g. Diabetes)</b>	<b>ANY SPECIAL ARRANGEMENTS NECESSARY TO DEAL WITH THESE ISSUES</b> No. I have never been hospitalized for my asthma, nor do I require an inhaler with steroids. It is manageable through breathing exercises.
<b>HAZARDS ASSOCIATED WITH VISIT (Include information on how these hazards will be dealt with)</b>	
Ticks, insects – When videoing in the overgrowth, I will be wearing multiple layers, plus disposable overalls. When being dragged I will be nude as above but am familiar with the territory and it poses a minimal risk. In case I am bitten, I know how to extract it. I will also be staying in Fredericksburg, which has walk-	

in centres and a hospital. The trip will also be in winter, so a majority of the insects and nature will have died out with minimal risk.

Wild Animals – There aren't any threatening wild animals that regularly occupy the forest area, which I'm photographing. In case I am attacked, I have a mobile phone, and am 2 minutes away from a gas station and shops. The odds of an attack by any animal are highly unlikely.

Scratches and cuts from being dragged naked could occur. I will carry a first aid kit with me so that any minor injuries can be attended to after the recording is finished. I have easy and close access to walk-in centres, in case any infection or other adverse effects occur. My assistant will also be around for all of my shoots. Therefore, in case an emergency does occur, I will have additional help if needed.

### Study Visit – Personal Declaration Form

#### CONFIDENTIAL QUESTIONNAIRE FOR USE BY STUDENTS AND STAFF PARTICIPATING IN OFF-SITE ACTIVITIES

For Students: Course of Study.....MPhil/PhD.....Year.....2.....

Name and address of next of kin (to be contacted in an emergency)

..... [REDACTED]

Contact Telephone number(s) of next of kin [REDACTED]

Name, address & telephone number of your doctor... [REDACTED]

[REDACTED]

Phone: [REDACTED]

1. Do you have any of the following conditions?

- Asthma or Bronchitis	YES	- Allergies to any known drugs	NO
- Heart condition	NO	- Any other allergies e.g. food	NO
- Fits, Fainting or Blackouts	NO	- Other illness or disability	NO
- Severe Headaches	NO	- Travel sickness	NO
- Diabetes	NO		

If you answer to any of these questions is **YES**, please give details here:

.....I have cardio-induced asthma. It is not severe. If needed, I can do breathing exercises. I've never been hospitalized for it.....

2. Have you received the full vaccination against Tetanus in the last ten years? **YES**

(Vaccination is recommended: for further info: <http://www.patient.co.uk/showdoc/23068839/>)

2. Are you currently receiving medical or treatment of any kind from your doctor or hospital?

**NO**

If the answer to either of the last two questions is **YES**, please give details here

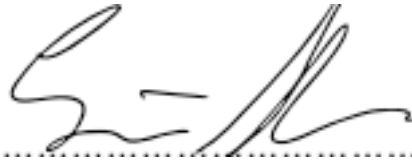
.....  
.....

4. Do you have a special need that may affect your ability to undertake this Visit or which may necessitate special support arrangements to help you to undertake it? If **YES**, please give details here and we will contact you.

.....No.....

5. Are you currently supported by a Facilitator/Learning Support Assistant? **NO**  
If **YES**, would you require a Facilitator/Learning Support Assistant to attend the study visit?


**YES/NO**



Signed..... Date .....30.01.2017.....

### Student Travel Checklist

		<i>Check</i>	<i>Comment</i>
<b>Access</b>	<ul style="list-style-type: none"> <li>• Travel arrangements to, from and at location arranged.</li> <li>• Accommodation for whole of itinerary organised.</li> <li>• Additional insurance, if necessary, arranged.</li> </ul>	Yes Yes Yes	I will be driving throughout this trip. I have taken a car for this period. I am only flying during my trips from and to the UK. I will primarily be staying in a hotel in Fredericksburg for most of my stay. [REDACTED]
<b>Pre-planning</b>	<ul style="list-style-type: none"> <li>• Travel documents ordered <i>I</i> received.</li> <li>• Local conditions evaluated.</li> <li>• Risk assessments made.</li> <li>• Health questions completed and action taken.</li> <li>• Next of kin and GP recorded.</li> <li>• Medical problems noted.</li> <li>• Vaccination (tetanus, plus any other suggested for the area to be visited)</li> <li>• Draft itinerary available and updated as necessary.</li> </ul>	Yes Yes Yes Yes Yes Yes Yes	Travel documents have been issued electronically. The East Coast will be a bit rainy, and cold. Biggest risks will be driving for extended periods of time, and wildlife. I will take frequent breaks when I on longer drives. Also, checks for ticks and showers will be taken immediately after shoots. No health arrangements needed. GP and next of kind listed. Vaccinations up to date.
<b>Health</b>	<ul style="list-style-type: none"> <li>• First-aid kit(s) organised</li> <li>• Medication to cover the fieldwork period organised (I applicable)</li> </ul>	Yes  No	First aid kits will be available on site during shoots.  Not necessary.
<b>Welfare</b>	Drinkable water or water	No	Not required.

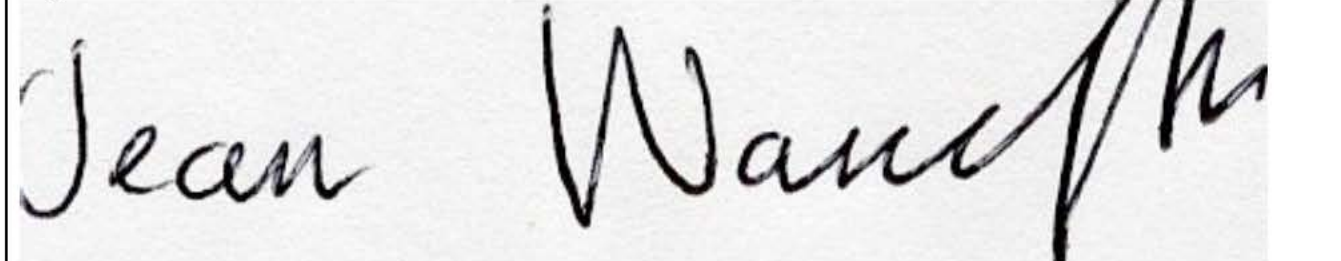
	purification tablets available. Access to food (dietary requirement - if applicable)	No	Not required.
<b>Personal safety</b>	<ul style="list-style-type: none"> <li>Risk of attack assessed and provided for (if necessary).</li> <li>Method of routine communication established.</li> <li>System for communication in an emergency in place.</li> <li>Accident and emergency plans in place.</li> </ul>	Yes Yes Yes  Yes	Possible wild animals, such as turkeys or deer. Location is close to residential roads and a hospital. Will carry a mobile, and reception is consistent.  I will have a mobile at all times. The area where I am videoing has residents on one side, restaurants on another, and a highway on another side. All are between 1 and 15 minutes walk away.
<b>Physical hazards</b>	<ul style="list-style-type: none"> <li>Normal weather for the area, e.g. hot and sunny (sun protection factor) recognised.</li> </ul>	Yes	Can be rainy, and cool. Sun protection is not an issue. Will wear mosquito and tick repellent as a precaution.
<b>Biological hazards</b>	<ul style="list-style-type: none"> <li>Venomous, lively or aggressive animals considered.</li> <li>Plant risks assessed.</li> </ul> <p><i>If applicable</i></p>	Yes  Yes	Ticks, wild animals. If needed, I will have a mobile and am close to medical facilities. Stinging Nettle. Pharmacies are about 5 minutes away from forest site.
<b>Final check</b>	<ul style="list-style-type: none"> <li>All travel documents ready</li> <li>Insurance cover checked</li> <li>Insurance Card obtained</li> </ul>	Yes Yes Yes  Yes  Yes  Yes	Electronically. Valid for February 2017. Electronically. Yes. Stored on my Cloud and printed.

	<ul style="list-style-type: none"> <li>• Itinerary checked and up-to-date.</li> <li>• Copy of itinerary included in your travel documents</li> <li>• Copy lodged with supervisor and the Research Office</li> <li>• Emergency contact arrangements valid and operational.</li> </ul>	Yes	Yes. Yes.
--	--	-----	--------------

**Lead Supervisor**

Name: Jean Wainwright Date: 30.01.17

Signature:



Comments/Notes:

This is an area that Erin has worked in and photographed before. She has carefully considered all the risks and I am satisfied that she is well prepared for this trip.

**APPROVAL SECTION**

*Responsibility of the Student and Lead Supervisor – to be completed before submission to the Research Office*

**Head of School**

Name: Date: Signature:

Approval: Yes / No (\*Delete as appropriate) Comments/Notes:

**Responsibility of the Research Office**

**The additional signatories are required for all NON-EU/EEA Travel**

**Executive Dean**

Name: Date: Signature:



Approval: Yes / No (*Delete as appropriate)	Comments/Notes:
---	-----------------

The following section needs approval at DVC level when travel to a country or region where the Foreign & Commonwealth Office has advised:

- Against all travel
- Against all travel to parts of the country
- Against all but essential travel
- Against all but essential travel to parts of the country, or
- You are aware that you will be going to places that you believe may be of higher risk

The University considers that these areas are of higher risk and therefore both you and the University need to take all reasonable and practicable steps to reduce the risk to you while you are travelling.

<b>Deputy Vice-Chancellor (Corporate Resources)</b>		
Name: [REDACTED]	Date:	Signature:
Approval: Yes / No (*Delete as appropriate)	Comments/Notes:	

**COPY TO HEAD OF SCHOOL**  Please tick **COPY TO RESEARCH OFFICE**   
 Please tick **COPY TO BE TAKEN ON VISIT**  Please tick

Figure H11, My fieldwork application to my university to document the Wilderness battlefield through an assistant moving my body.

## H.4 Information For the Meat Lockers

### **CorporateGuard-**

**AIG Europe Limited**  
The AIG Building, 58 Fenchurch Street, London EC3M 4AB

#### **Schedule**

<b>Policy Number:</b>		[REDACTED]
<b>Item 1.</b>	<b>Policyholder</b>	University for the Creative Arts
	<b>Address</b>	Farnham Campus, Falkner Road, Farnham, Surrey, GU9 7DS
	<b>Business</b>	Education Establishment and activities related thereto.
<b>Item 2.</b>	<b>Policy Period</b>	From 01 August 2017 To 31 July 2018 (Both days inclusive)
<b>Item 3.</b>	<b>Premium + IPT at 12% Total</b>	[REDACTED]
<b>Item 4.</b>	<b>Public/Products Liability</b>	[REDACTED]
	<b>In Excess of:</b>	[REDACTED]
	<b>Primary</b>	<b>Insurer(s)</b> Allianz Insurance plc <b>Policy Number(s)</b> [REDACTED]
<b>Item 5.</b>	<b>Employers Liability</b>	[REDACTED]
<b>Item 6.</b>	<b>Motor Third Party Property Damage</b>	[REDACTED]
<b>Item 7.</b>	<b>Crisis Containment Management Extension</b>	[REDACTED]

Figure H12, Public Liability Insurance, Page 2 for Photographing in meat lockers.

SIGNED FOR AND ON BEHALF OF THE INSURERS



DATE: 27 July 2017

**AIG Europe Limited**

AIG Europe Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (FRN number 202628). This information can be checked by visiting the FS Register ([www.fsa.gov.uk/register/home.do](http://www.fsa.gov.uk/register/home.do)). AIG Europe Limited is registered in England: company number 1486260. Registered address: The AIG Building, 58 Fenchurch Street, London EC3M 4AB

Figure H13, Public Liability Insurance, Page 3, for Photographing in meat lockers.

## SMITHFIELD MARKET PHOTOGRAPHY PERMIT



<b>Name</b>	Erin Solomons
<b>Purpose</b>	Student Photography – University Project
<b>Date</b>	Thursday 7 <sup>th</sup> September 2017
<b>Time</b>	6-7am

### RULES AND REGULATIONS

- Visitors must not engage in any activity which may interfere with trade.
- If a visitor wishes to take a photograph of a trader or their stall, please ensure that express permission is gained before doing so.
- Unless prior permission has been agreed visitors are only permitted access to the public areas of the market, consisting of Grand Avenue and the Buyers Walks in all three market buildings.
- Visitors to the market must wear flat footwear with a closed-toe and a good grip (failure to do so may result in access/permit not being granted).
- Visitors must not obstruct the entrances, exits and walkways in the market, and to be aware of all traffic in Buyers Walks
- When taking photographs, visitors must use handheld cameras only.
- The use of tripods and other photography equipment is not permitted without prior agreement from the Superintendent
- The entire market, including Grand Avenue, forms part of the licensed premises and therefore, all eating, drinking and smoking is prohibited.

*I ... Erin Solomons ..... will adhere to the Smithfield Market Rules and Regulations whilst on the premises.*

Date .....07.09.17.....

Signature .....

**Please present this permit to the Smithfield Market Constabulary upon your arrival.**

Figure H14, Sample Photography Permit for photographing within the meat lockers at Smithfield Market, London, UK.

## H.5 Information About the Collodion Plate Experiments

### SAFE SCHEME OF WORK

#### WET PLATE COLLODION + BIO FLUIDS

##### PREPARATION AND TRAVEL PROCEDURE

- 1) Book darkroom space (back of the darkroom known as 'bookable space') via email with Technician.
- 2) Confirm arrival time one day prior to arrival on site (please also confirm cancellation by phone or email).
- 3) Transfer three cooling packs from freezer to portable refrigerating unit (cooler box).
- 4) At home remove each container with bio fluid from the refrigerator and transfer to portable refrigerating unit, while wearing gloves.
- 5) Make sure refrigerating unit is locked and secured attached to suitcase (which contains the collodion supplies which are themselves sealed in sterile, tamper proof, leak proof containers).
- 6) Upon travelling to the station, and on the train from [REDACTED], make sure the refrigerating unit is upright at all times (and marked clearly as containing biohazard materials).

##### ON CAMPUS

- 1) Sign in with Technician.
- 2) If using pigs' blood, provide photocopies of safety certification to the Technician.
- 3) Check overall condition of darkroom. Alert Technician if attention is required.
- 4) Make sure signage regarding booking of space is in agreed space at entrance to darkroom and visible.
- 5) Make sure relevant PPE is in place where required i.e. [REDACTED] finishing room nearby the fume cupboard and in the darkroom near sink 2 (Goggles, Ventilator, Disposable Aprons, Disposable Gloves). Also that the Spill Kit and Hoover are in place.
- 6) The 'wet-plate' process trays will be laid out in the sink at the back of the darkroom.
- 7) Ensure disposal vessels (tiger bags – drums) are available and ready.

##### PROCESS START UP

- 1) Refer to relevant COSHH information before dealing with chemicals paying particular attention to stated control measures.
- 2) Put on appropriate PPE before beginning task.
- 3) Ensure local area ventilation is switched on.

- 4) Read relevant Process Safety Instruction and Risk Assessment Documents before starting process. Make sure appropriate staff (i.e. Technician) are aware of location of all process documentation.
- 5) The enlarger [REDACTED] will be checked and turned on. Load negatives into the negative carrier. The exposure settings and times will be arranged for the first test.
- 6) Gaffa tape will be used to outline where the exposure projects onto the base board of the enlarger. Sheets of paper towel will be placed on top of the tape to soak up any excess fluid.
- 7) A roll of paper towels will be placed by the enlarger.
- 8) The bottle of developer will be placed by the development tray.
- 9) Technician will be contacted to make a fix bath in my fix tray. Make sure signage is in place alerting other darkroom users that PhD research is taking place and that the liquid in the trays in sink [REDACTED] is for PhD use only.
- 10) The vomit, or urine, will be added to the fix bath. No more than 400ml of bodily fluids will be added at one time. Material will be added via a funnel at a low height.
- 11) Make sure ventilation is on in both BW darkroom and BW finishing room, if not contact the technician.
- 12) The silver nitrate box will be taken out, and placed into the fume cupboard. The silver nitrate will be poured into the box, using my large funnel, then the top will be closed.
- 13) The silver nitrate boxed will be transported to the counter, next to sink [REDACTED] at the back of the darkroom.
- 14) The empty silver nitrate bottle, methylated spirits bottle, and scraper will be placed on the higher shelf in the ventilated container.
- 15) The refrigerating unit will be placed next to the ventilation unit, and will only be opened and closed as the collodion is taken out for use.
- 16) Glass plates will be cleaned with methylated spirits and placed in a row, on paper towels, next to the refrigeration unit within fume cupboard.
- 17) A bottle of spray matt varnish will be placed next to the glass plates.
- 18) A roll of paper towels will be placed next to the ventilation unit. Signage will be put in place alerting other room users that PhD research is taking place and not to interfere with the fume cupboard.

## **PROCESS PROCEDURE**

- 1) A glass plate will be transferred to a tray in the lower level of the fume cupboard.
- 2) The refrigerating unit will be open, and the collodion/blood mixture taken out and placed next to the tray in the ventilation unit.
- 3) I will open the bottle of collodion mixture.
- 4) With my right hand, I pick up and hold the plate a few inches above the tray.
- 5) With my left hand, I slowly pour the collodion mix onto the plate. Using my right hand, I tilt the mixture until it covers the plate. Any excess fluid will either fall into the tray, or

- when I tilt the plate to one edge to pour excess fluid back into the collodion bottle, closing the fume cupboard each time.
- 6) The plate will be placed flat in the tray.
  - 7) I will close the collodion bottle and place it back into the refrigerating unit. At this point I will change my gloves and make sure to dispose of the gloves correctly in the appropriate disposal bag (tiger bag clearly labelled with type of process being carried out).
  - 8) The tray will be transferred to the darkroom and placed next to the silver nitrate box.
  - 9) I will open the top of the silver nitrate box, and pull up the plate holder from inside the box.
  - 10) By now the collodion has dried enough to create a skin on the glass. With my left hand I hold the plate holder. With my right hand, I pick up the glass plate and place it onto the plate holder. With both hands I slowly guide the holder back into the box, and shut the lid.
  - 11) The glass will be in the box for 3 minutes, using wall mounted clock.
  - 12) At 3 minutes, I'll open the box, pull the holder up, pick up the glass plate, and place it onto the tray.
  - 13) The back of the plate will be patted with a paper towel to gather excess silver nitrate. The paper towel will be balled up and placed on the far side of the tray.
  - 14) The tray will be carried from the silver nitrate box to the appointed enlarger at the back of the darkroom.
  - 15) The plate will be picked up and placed on top of the paper towels, within the parameters of the tape. At this point I will change gloves so I will not be touching any equipment with contaminated gloves. Gloves will be disposed of in appropriately labelled waste bag (tiger bag) for the given process.
  - 16) I press the button that exposes the image onto the plate.
  - 17) After the exposure, I place the plate back into the tray.
  - 18) The tray is moved to sink, and placed next to the development tray.
  - 19) The bottle of developer is open and two caps full of developer are poured into the tray. The bottle is then closed.
  - 20) The plate is placed into the tray. The tray will be tilted at different angles to pass the developer over the plate.
  - 21) The plate will be developed for 30 seconds.
  - 22) The plate will be placed back into the original tray, and then placed under a tap for 15 seconds, as a 'stop' bath, to remove the developer. This run off will be collected in a tray to collection/ disposal afterwards.
  - 23) The plate will be placed in the fix bath for 2 minutes.
  - 24) The water from the stop bath will be poured into a chemical collection container under the sink. Again at this point I will change gloves so as not to cross contaminate anything.
  - 25) After 2 minutes, the plate will be taken out of the fix bath and placed into the original tray.
  - 26) The tray will be carried into the fume cupboard via tray, so I can check the exposure, and determine what needs to be adjusted in the process.
  - 27) If I decide that the image isn't worth keeping, I will use the scraper to lightly scrap off the layer of collodion.
  - 28) The collodion, and paper towel, will be placed in an appropriately labelled biohazard tiger bag.

- 29) The meth spirits will be used to clean the plate, with a paper towel, which will also be disposed of in a biohazard bag.
- 30) The process will then repeat.
- 31) If an image is produced, which I want to keep, I will spray the plate with the matt varnish. The plate will be placed backside down on the upper shelf in the ventilation unit to dry. There will be no more than 3 plates to dry at any point in time.
- 32) For any break up to 5 minutes, I will leave the setup as it is. If I plan on leaving the space for a longer period of time, then the chemicals will be poured into their bottles and locked within my suitcase, or disposed of in the university's appropriate containers. The maximum working hours in a day can be 6.5 hours, or 9:30am – 4pm (beginning clean-up at 4pm).

## **PROCESS CLEAN DOWN**

- 1) Once the process is finished, all unvarnished glass plated will be cleaned with meth spirits, wrapped in paper towels, then cling film, and placed in my suitcase. The meth spirits will be put in the suitcase as well. It is packed away securely and contained within a tamper proof, leak proof container.
- 2) Excess developer, and fix + vomit or urine + fix– different batches for vomit and fix, will be poured into the collection container under the trough in the darkroom. The fix will be with its normal ratios, then, during different tests, different ratios of vomit or urine will be added. The added vomit, or urine, will not exceed 400ml each, and they will not be mixed in the same batch of fix. A container clearly labelled with contents and ratios.
- 3) Excess pig's blood, urine, and vomit will be poured down the sink with running water. Vomit may contain solids, therefore should be disposed of with the collodion waste.
- 4) The fix tray, developer tray, and tray used to transfer the plates, will be cleaned with water, bleach, and paper towels. The towels will be collected in different biohazard bags, for each fluid combination.
- 5) The developer bottle will be wiped down with a paper towel, and then, along with the clean trays, will be packed into the suitcase.
- 6) The bodily fluid containers will be cleaned in the same way as the trays, with the paper towels properly disposed of, and packed into the suitcase.
- 7) If any plates were sprayed with varnish, they will be wrapped in paper towels and cling film, and placed in the suitcase.
- 8) The silver nitrate will be carried into the lower level of the fume cupboard.
- 9) The empty bottle, for the silver nitrate, will be opened, and placed next to the box with the funnel placed inside the bottle. The funnel will be taped to the bottle.
- 10) The top of the box will open. I will pick up the box and pour the silver nitrate into the bottle.
- 11) Afterwards, the funnel will be untapped and taken out of the bottle. The bottle will be closed and tapped. It will be packed into the suitcase.
- 12) The funnel, scraper, inside of the silver nitrate box, and the plate holder will be cleaned and dried with water, bleach, and paper towels. The paper towels will be placed in the appropriate biohazard bags.
- 13) The funnel will be packed in the suitcase. The plate holder will be placed back into the silver nitrate box, which will be packed into its Styrofoam and cardboard box.



- 14) The enlarger will be turned off. I will collect my negative from the carrier, pack it into a card sleeve, and place it into my suitcase. Wipe down base board and surrounding area.
- 15) The suitcase will be locked, and the refrigerating unit secured onto the top of it.
- 16) PPE will be removed. Low value items such as gloves and aprons will be disposed of in the appropriate biohazard bags. Higher value items such as glasses and ventilator mask will be cleaned down for reuse.
- 17) Biohazard bags will be tied at the neck, and placed in the agreed disposal space on campus waste holding area (██████ technical store).

### **CAMPUS EXIT AND TRAVEL**

- 1) Sign out with Technician.
- 2) While in transport, walking or on train, make sure refrigerating units is always upright
- 3) Once I am home the cooling packs will be placed back in the freezer – does that freezer also contain food?
- 4) The refrigerating unit will be cleaned with water, bleach, and paper towels.
- 5) Varnished plates will be collected in a sealed box. Exhibition/display and future transportation of works to be covered by specific risk assessment.

Figure H15, Safety of Scheme Work, Wet Plate Collodion and Bio Fluids for the University of the Creative Arts.

Printed by [REDACTED] Full blood count Report ID: [REDACTED]  
 08 Dec 2015 17:59

Request Receipt: Request Comments: Financial Details:  
 Issued: 08 Dec 2015 17:59 Provider Comments:  
 Arrived: 08 Dec 2015 22:05 Service Type: New  
 Follow-up action: No Further Action

Full blood count (424..) Collected: 08 Dec 2015 09:10  
 Specimen: BLOOD

Investigation	Normality	Result
Full blood count (424..)		
Total white blood count (XaldY)		5.4 10 <sup>9</sup> /L [4.2 - 11.2]
Red blood cell count (426..)		4.77 10 <sup>12</sup> /L [3.73 - 4.96]
Haemoglobin concentration (Xa96v)		137 g/L [114.0 - 150.0]
Haematocrit (X76tb)		0.426 l/l [0.35 - 0.45]
Mean cell volume (42A..)		89.3 fL [83.5 - 99.5]
Mean cell haemoglobin level (XE2pb)		28.7 pg [27.5 - 33.1]
Mean cell haemoglobin concentration (429..)		322 g/L [315.0 - 350.0]
Red blood cell distribution width (XE2mo)		13.3 % [10.0 - 15.9]
Platelet count - observation (42P..)		255 10 <sup>9</sup> /L [135.0 - 400.0]
Mean platelet volume (42Z5.)		11.5 fL [7.4 - 11.5]
Neutrophil count (42J..)		2.7 10 <sup>9</sup> /L [2.0 - 7.1]
Lymphocyte count (42M..)		2.0 10 <sup>9</sup> /L [1.1 - 3.6]
Monocyte count - observation (42N..)		0.6 10 <sup>9</sup> /L [0.3 - 0.9]
Eosinophil count - observation (42K..)		0.1 10 <sup>9</sup> /L [0.0 - 0.5]
Basophil count (42L..)		0.0 10 <sup>9</sup> /L [0.0 - 0.2]

Message Recipient: [REDACTED]  
 Message Recipient: [REDACTED]  
 Ordering Party: GP [REDACTED]  
 Laboratory Service Provider: [REDACTED]  
 Laboratory Service Provider: [REDACTED]  
 Laboratory Service Provider: [REDACTED]

Mon 14 Dec 2015 14:11  
 NHS Confidential: Personal Data about a Patient

Ms Erin Solomons  
 703 597 8488, 10 Jul 1986

Figure H16, Blood test, page 1, for the Safety of Scheme Work, Wet Plate Collodion and Bio Fluids for the University of the Creative Arts (Solomons 2016h).

Printed by [REDACTED]

08 Dec 2015 20:22 Liver function tests Report ID: [REDACTED]

Request Receipt:  
Issued: 08 Dec 2015 20:22  
Arrived: 08 Dec 2015 22:36  
Follow-up action: No Further Action

Financial Details:

Liver function tests (X77WP)  
Specimen: BLOOD  
Collected: 08 Dec 2015 09:10

Investigation	Normality	Result
Liver function tests (X77WP)		
Serum alanine aminotransferase level (XaLJx)		28 iu/L [0.0 - 40.0]
Serum bilirubin level (44E..)		6 umol/L [0.0 - 21.0]
Serum alkaline phosphatase level (XE2px)		76 iu/L [30.0 - 130.0]
Serum total protein level (XE2e9)		70 g/L [60.0 - 80.0]
Serum albumin level (XE2eA)		40 g/L [35.0 - 50.0]
Serum globulin level (XE2eB)		30 g/L [19.0 - 35.0]

Message Recipient: [REDACTED]  
 Message Recipient: [REDACTED]  
 Ordering Party: GP [REDACTED]  
 Laboratory Service Provider: [REDACTED]  
 Laboratory Service Provider: [REDACTED]  
 Laboratory Service Provider: [REDACTED]

Figure H17, Blood test, page 2, for the Safety of Scheme Work, Wet Plate Collodion and Bio Fluids for the University of the Creative Arts (Solomons 2016h).

Printed by [redacted] Thyroid function test Report ID: [redacted]

Request Receipt: Thyroid function test  
Request Comments:  
Provider Comments:  
Service Type: New  
Financial Details:

Issued: 08 Dec 2015 21:11  
Arrived: 09 Dec 2015 05:42  
Follow-up action: No Further Action

Thyroid function test (X77Wg)  
Specimen: BLOOD  
Collected: 08 Dec 2015 09:10

Investigation	Normality	Result
Thyroid function test (X77Wg)		2.93 mu/L [0.3 - 4.2]
Serum TSH level (XaELV)		14.2 pmol/L [9.0 - 23.0]
Serum free T4 level (XaERr)		

Message Recipient: GP [redacted]  
Message Recipient: GP Practice: [redacted]  
Ordering Party: GP: [redacted]  
Laboratory Service Provider: [redacted]  
Laboratory Service Provider: [redacted]

Ms Erin Solomons  
703 597 8488, 10 Jul 1986

Mon 14 Dec 2015 14:11  
NHS Confidential: Personal Data about a Patient

Figure H18, Blood test, page 3, for the Safety of Scheme Work, Wet Plate Collodion and Bio Fluids for the University of the Creative Arts (Solomons 2016h).

Printed by [REDACTED]

[08 Dec 2015 19:01] Plasma glucose level Report ID: [REDACTED]

Request Receipt:  
Issued: 08 Dec 2015 19:01  
Arrived: 08 Dec 2015 22:05  
Follow-up action: No Further Action

Request Comments:  
Provider Comments:  
Service Type: New  
Financial Details:

Plasma glucose level (XIM0ly)  
Specimen: BLOOD  
Collected: 08 Dec 2015 09:10

Investigation	Normality	Result
Plasma glucose level (XIM0ly)		4.5 mmol/L [3.0 - 7.8] (NOTE) WHO (2011) guidelines (assuming Diabetic symptoms present): Random Plasma Glucose (mmol/L): <6.1 - DM excluded >=11.1 - DM confirmed (For diagnostic limitations see WHO guidelines)

Message Recipient: [REDACTED]  
Message Recipient: [REDACTED]  
Ordering Party: GP: [REDACTED]  
Laboratory Service Provider: [REDACTED]  
Laboratory Service Provider: [REDACTED]  
Laboratory Service Provider: [REDACTED]

Figure H19, Blood test, page 4, for the Safety of Scheme Work, Wet Plate Collodion and Bio Fluids for the University of the Creative Arts (Solomons 2016h).

Printed by [redacted]

08 Dec 2015 20:22 Urea and electrolytes Report ID: [redacted]  
 Request Receipt: [redacted]  
 Issued: 08 Dec 2015 20:22 Request Comments:  
 Arrived: 08 Dec 2015 22:36 Provider Comments:  
 Follow-up action: No Further Action Service Type: New  
 Financial Details:

Urea and electrolytes (X77Wl)  
 Specimen: BLOOD  
 Collected: 08 Dec 2015 09:10

Investigation	Normality	Result
Urea and electrolytes (X77Wl)		
Serum sodium level (XE2q0)		140 mmol/L [133.0 - 146.0]
Serum potassium level (XE2pz)		4.2 mmol/L [3.5 - 5.3]
Serum chloride level (XE2q1)		106 mmol/L [95.0 - 108.0]
Serum urea level (XM0it)		5.8 mmol/L [2.5 - 7.8]
Serum creatinine level (XE2q5)		74 umol/L [55.0 - 110.0]
GFR calculated abbreviated MDRD (Xak8y)		81 mL/min/1.73m2 [ $> 59.0$ ] If Patient of black African descent: eGFR must be corrected (multiply by 1.2)

Message Recipient: [redacted]  
 Message Recipient: [redacted]  
 Ordering Party: GP: [redacted]  
 Laboratory Service Provider: [redacted]  
 Laboratory Service Provider: [redacted]  
 Laboratory Service Provider: [redacted]

Ms Erin Solomons  
 703 597 8488, 10 Jul 1986

Mon 14 Dec 2015 14:11  
 NHS Confidential: Personal Data about a Patient

Figure H20, Blood test, page 5, for the Safety of Scheme Work, Wet Plate Collodion and Bio Fluids for the University of the Creative Arts (Solomons 2016h).

Printed by [redacted] Report ID: [redacted]

10 Dec 2015 15:10 Hepatitis C antibody test  
Request Receipt: [redacted]  
Request Comments: [redacted]  
Issued: 10 Dec 2015 15:10  
Provider Comments: [redacted]  
Arrived: 10 Dec 2015 17:19  
Service Type: New  
Follow-up action: No Further Action  
Financial Details:

Hepatitis C antibody test (XaEOG)  
Specimen: Blood  
Investigation  
Hepatitis C antibody test (XaEOG)  
Normality  
Result  
NEGATIVE  
Collected: 08 Dec 2015 09:10

Message Recipient: [redacted]  
Message Recipient: [redacted]  
Ordering Party: [redacted]  
Laboratory Service Provider: [redacted]  
Laboratory Service Provider: [redacted]  
Laboratory Service Provider: [redacted]

Figure H21, Blood test, page 6, for the Safety of Scheme Work, Wet Plate Collodion and Bio Fluids for the University of the Creative Arts (Solomons 2016h).

Printed by [REDACTED] 10 Dec 2015 15:11 Hepatitis B surface antigen level Report ID: [REDACTED]

Request Receipt: [REDACTED]  
Issued: 10 Dec 2015 15:11  
Arrived: 10 Dec 2015 17:19  
Follow-up action: No Further Action  
Request Comments:  
Provider Comments:  
Service Type: New  
Financial Details:

Hepatitis B surface antigen level (XaFuS)  
Specimen: Blood  
Investigation  
Hepatitis B surface antigen level (XaFuS) Normality Result  
Collected: 08 Dec 2015 09:10  
NEGATIVE

Message Recipient: GP: [REDACTED]  
Message Recipient: GP Practice: [REDACTED]  
Ordering Party: GP: [REDACTED]  
Laboratory Service Provider: [REDACTED]  
Laboratory Service Provider: [REDACTED]  
Laboratory Service Provider: [REDACTED]

Figure H22, Blood test, page 7, for the Safety of Scheme Work, Wet Plate Collodion and Bio Fluids for the University of the Creative Arts (Solomons 2016h).



Printed by [REDACTED]

10 Dec 2015 15:10 HIV screening test Report ID: [REDACTED]

Request Receipt: Request Comments: [REDACTED]  
Issued: 10 Dec 2015 15:10 Provider Comments: [REDACTED]  
Arrived: 10 Dec 2015 17:19 Service Type: New Financial Details: [REDACTED]  
Follow-up action: No Further Action

HIV screening test (Xalon)  
Specimen: Blood Collected: 08 Dec 2015 09:10

Investigation	Normality	Result
HIV screening test (Xalon)		NEGATIVE

Message Recipient: GP: [REDACTED]  
Message Recipient: GP Practice: [REDACTED]  
Ordering Party: GP: [REDACTED]  
Laboratory Service Provider: [REDACTED]  
Laboratory Service Provider: [REDACTED]  
Laboratory Service Provider: [REDACTED]

Figure H23, Blood test, page 8, for the Safety of Scheme Work, Wet Plate Collodion and Bio Fluids for the University of the Creative Arts (Solomons 2016h).

## Risk Assessment for Student Work

Location: ██████████
Programme/Course Leader: MPhil/PhD / Trevor Keeble
Lecturer (where appropriate): Jean Wainwright, Steffi Klenz
Technician (where appropriate): ██████████
Student or Student Group: Erin Solomons

Validity of assessment (tick box): <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> term <input checked="" type="checkbox"/> year	
Proposed date(s):    Starting 15/01/2016, with continuing dates throughout the rest of the calendar year	
1. Brief summary of work activity or project	<p><b>I will be using an old photographic process called the 'wet-plate' process. At the beginning, a glass plate (between 5x4 inches and 11 x 14 inches) is coated with collodion. This is done by pouring the collodion onto the plate, making sure it covers the surface. The excess fluid I poured back into the collodion's bottle.</b></p> <p><b>The plate is then inserted into a sealed tank of silver nitrate. After 3 to 4 minutes the plate is taken out in a darkroom, or appropriately lit space. I will have a tray under an enlarger. I will carry the plate to the enlarger, and expose an image onto the plate. Afterwards the plate will be placed in a tray of positive developer. After the image develops (which can take up to a few minutes), it is put into a tray of Hypofixer. Depending on the kind of fix, the plate can stay in the tray between 5 and 10 minutes. Then plate then lays in a wash of running water for 10 to 15 minutes.</b></p> <p><b>I would like to add bodily fluids to particular points in this process. The overall process will proceed as described above. However, I would like to apply a mixture of pig's blood and</b></p>

	<p><b>collodion to the glass plate in the beginning of the process. I would like to mix human urine and stomach acid separately into the development and fix chemicals.</b></p> <p><b>My initial tests will be only with the 'wet-plate' process. Then I will add a bodily fluid to the process in isolated experiments. The results will determine if I use multiple body fluids in a single process. If this occurs, I will keep the appropriate staff informed, fill out any additional forms, and adhere to any additional safety precautions.</b></p>
<p><b>2. Exact location(s) of work/project</b></p>	<p><b>The black and white darkroom, and extraction ventilation space next door, at Farnham campus</b></p>
<p><b>3. How does the project location affect fire and access routes; building features etc.</b></p>	<p><b>This project locations does not affect fire and access routes, the building, or surrounding area.</b></p>

<p>4. List any hazards (Hazard = Something that has the potential to cause harm. Consider such things as: use of electricity, use of power tools; lifting heavy items; creating dust; using flammable or toxic chemicals i.e. cleaning fluids, glues etc, using ladders, fixings at height etc.)</p>	<p>Glass plates – If the edges are sharp, then a person’s skin can be cut. If the glass breaks, then pieces can be accidentally walked on or touched.</p> <p>Low Light – Partially working in near darkness.</p> <p>Collodion – is a flammable liquid, can cause toxicity through inhalation, skin contact, or ingestion. Very toxic to aquatic life.</p> <p>Silver Nitrate – can cause skin corrosion, and is very toxic to aquatic life. When in contact with combustible material, can cause fire. Can cause toxicity if inhaled, ingested, or comes in contact with eyes or skin.</p> <p>Pig’s Blood – If it is contaminated, then it can spread disease.</p> <p>Human Urine – If it is contaminated, then it can spread disease.</p> <p>Human Stomach Acid – If it is contaminated, then it can spread disease.</p> <p>Developing chemicals – If in contact with skin, can cause mild irritation. If ingested, then a person can become nauseous, or vomit.</p> <p>Fixing chemicals – If in contact with skin, can cause mild irritation. If ingested, then a person can become nauseous, or vomit.</p>
<p>5. List who might be harmed by the hazards identified (e.g. staff, students, visitors, consider numbers at risk)</p>	<p><b>Photographer: Erin Solomons</b></p> <p><b>People within the working space: If the body fluids are contaminated, then anyone else in the space can be affected.</b></p>
<p>6. How might they be harmed? (Type of injury or health problem that might result i.e. cuts, bruises, fractures, electric shock, burns etc.)</p>	<p><b>Glass – If it has sharp edges, can cut the photographer. If it is broken, then it can cut the photographer or another person working in the space, if their skin comes in contact.</b></p> <p><b>Low light – Using the silver nitrate, developer, and fix in a low-lit space can create a higher probability for splashing, when the chemicals are agitated. Chemical could splash onto clothes, skin, or in eyes.</b></p> <p><b>Collodion – This could spill onto the skin during plate</b></p>

	<p><b>application. The collodion is applied by tilting the plate until the collodion covers the surface. Some of the collodion can spill off the glass edge onto the hand, which is holding the plate.</b></p> <p><b>Silver Nitrate – When inserting or retrieving the plate from the silver nitrate, the hand can come in contact with wet nitrate on the plate or from the container.</b></p> <p><b>Pig’s Blood – When the blood is mixed with the collodion, if the collodion spills, and if the blood is contaminated, then the contamination could spread to people in the surrounding area of the spillage (if they come in contact with it).</b></p> <p><b>Human Urine – If the urine is contaminated, and it spills from the chemical tray, which it was mixed with (developer or fix), then the contamination could spread to people in the surrounding area (if they come in contact with it).</b></p> <p><b>Human Stomach Acid – If the stomach acid is contaminated, and it spills from the chemical tray, which it was mixed with (developer or fix), then the contamination could spread to people in the surrounding area (if they come in contact with it).</b></p>
<p><b>7. List control measures in place to reduce risks to an acceptable standard</b>  <small>(Control measures should ultimately reduce the overall risk. Do not purely rely upon providing Personal Protective Equipment)</small></p>	<p><b>Glass – The edges of the plates will be bevelled. The glass will be toughened glass. Glass will be handled with waterproof gloves with grip.</b></p> <p><b>Low light – The photographer will move slowly between the room with light, and the darkroom. This will allow the eyes adequate time to adjust.</b></p> <p><b>Collodion – The photographer will wear goggles, a breaking mask, waterproof gloves, and a large apron. The collodion will be opened and applied to the plate in a large Perspex container, which has adequate extraction for the collodion fumes.</b></p> <p><b>Silver Nitrate – A special box will be purchased depending on the size of the plate, which will minimize the amount of nitrate needed to fill the box. The box can be open and closed, in order to minimize the possibility of excess nitrate leaving the box. Goggles, a breathing mask, a large apron, and waterproof gloves will be worn.</b></p> <p><b>Pig’s Blood – This will be mixed with the collodion, before bringing it onsite. The blood will be purchased from a butcher, with the appropriate paperwork confirming the origins of the</b></p>

	<p><b>blood to show that the animal was not diseased.</b></p> <p><b>Human Urine – The urine will be stored in a sealed container. In order to confirm the fluid is uncontaminated, a health certificate from the producer’s GP will be issued.</b></p> <p><b>Human Stomach Acid – The stomach acid will be stored in a sealed container. A health certificate will be issued to confirm the producer is not of ill health. Nothing will be eaten several hours before the acid is gathered by inducing vomiting. This is to ensure other fluids or undigested food is not present.</b></p>
<p>8. What University protocols or local procedures should be followed or actioned? (See <a href="#">website for full list</a> or UCA policies or procedures, or reference local COSHH or risk assessments)</p>	

9. How severe is any injury or health effect likely to be?	<p><b>Minor</b> <input type="checkbox"/></p> <p>1</p>	<p><b>Moderate</b></p> <p>2</p>	<p><b>Major/Fatal</b></p> <p><input type="checkbox"/></p> <p>3</p>
10. How likely is the most significant hazard to cause harm?	<p><b>Unlikely</b> <input type="checkbox"/></p> <p>1</p>	<p><b>Likely</b> <input type="checkbox"/></p> <p>2</p>	<p><b>Very Likely</b></p> <p><input type="checkbox"/></p> <p>3</p>
11. Calculate the risk score	<p><b>Low</b> <input type="checkbox"/></p> <p>1–2</p>	<p><b>Medium</b> <input type="checkbox"/></p> <p>3–4</p>	<p><b>High</b> <input type="checkbox"/></p> <p>6–9</p>

12. Risk category identified as:
<p><input type="checkbox"/> <b>HIGH</b> Work must not be started without consultation with the Programme/Course Leader, Lecturer, Resources Team and Health and Safety Advisor. Direct supervision by one of the supervisors should take place.</p> <p><input checked="" type="checkbox"/> <b>MEDIUM</b> Work must not be started without the advice and approval of those named below.</p> <p><input type="checkbox"/> <b>LOW</b> Work may proceed because there are no significant risks and no special supervision is required. Approval required from those below.</p>

13. Signatures:	
<p><b>Work Assessment must be communicated to all students and staff to which this assessment applies.</b></p>	
<b>Programme/Course Leader: Trevor Keeble</b>	<b>Date:</b>
<b>Lecturer: Jean Wainwright</b>	<b>Date:</b>
<b>Student(s): Erin Solomons</b>	<b>Date:</b>
<b>Technician (As appropriate):</b> [REDACTED]	<b>Date:</b>
<b>Resources Co-ordinator/Manager (As appropriate):</b> [REDACTED]	<b>Date:</b>
<b>Estates Services Manager (where routes, building features etc are impacted):</b>	<b>Date:</b>
14. Additional controls measures required by any of the above signatories?	
[REDACTED]	

Figure H24, Risk Assessment for the Wet Plate Collodion and Bio Fluids for the University of the Creative Arts (Solomons 2016h).

**Research Ethics Checklist**

**NAME OF APPLICANT:**

**1. Title of proposed project:**

Experiential boundaries between the American Civil War and Borderline Personality Disorder; How can traumatic emotional intrusions shape a person's humanity through disregard for the body?

**2. Brief outline of the project:**

My research does involve investigation into a mentally vulnerable minority, those who live with Borderline Personality Disorder. In particular, the feelings and reasons behind self-harm are key in my evaluation about the objectification of the body. I will not be conducting interviews, but rather will be drawing from published case studies. However, the use of bodily fluids from someone with this disorder does require attention and sensitivity.

The overall theme of my project looks at the body as a site where past emotional pain is reenacted as physical pain on the body. The act of self-harm can be used to reinforce past punitive messages from parents, such as unlovability, or failure. As a child has these experiences, neural pathways are created to cope with experiential situations (Young, 1993). Therefore, when acts of self-harm inflicted, the same neural pathways and chemistry are activated. It would be a difficult endeavour to find an individual with BPD, who can experience triggered emotions without dramatic repercussions, and who I would have to build a trustful interpersonal relationship. Neither of these is guaranteed, even in a medical setting.

*Please provide a detailed answer to each of the following questions*

**3. Confirm External Grant funding ethical approval (if applicable)**

No External Grant funding

**4. Please provide an ethical self-evaluation of the proposed research.**

The use of these particular fluids from the human body is so vital, because of their history of utilization in morality and pain. The ways in which they are accessed can be tangled in validations of emotional, or collective, pain. By mixings residue from the



body with photographic chemistry, I want to create a tangible and visceral metaphor about how America's incestuous legacy between quantifiable definitions of pain, like science, and morality in nature, have made an implicit cultural narrative that negates the emotional need from which the fluid was accessed. In other words, two ill-equipped ideologies have been, and still are, guiding representation and public reception about the Civil War and BPD. I want to change these criteria to acknowledge and expand on the thin line between emotional needs and the body. If the body and emotions can exist in a quantifiable way combined with sites of historical trauma, then the invisibility of, and eventual degradation, of the images can reflect on how pain can be distorted to fit within dated principles.

**5. State how the participant(s) will be recruited. (Please attach copies of any recruiting materials/information sheet).**

I will be the only participant.

**6. State the manner in which the participant(s) consent will be obtained (if written, please include a copy of the intended consent form).**

Not applicable.

**7. Will the data be confidential?**

No. Some of the data will be used in my dissertation, and the body fluids will be used as a main part of the creation of my artwork.

**8. State what kind of feedback, if any, will be offered to participants.**

Not applicable.

**9. State reason for choice of the applicant for conducting the research proposed.**

I propose using myself as the site to retrieve bodily fluids. I have been [REDACTED] in Schema therapy. As a result, my triggered emotions have deflated to the extent that they can be contained. I have an established self-awareness of my emotional limits. Also, I [REDACTED] have the support of a group and therapist, if any unexpected negative emotional reactions arise.

**10. If data is collected from an external institution has agreement been obtained by the relevant authority.**

In process. In due time, I plan to use my blood in the wet plate process. I am in the process of setting up a professional arrangement at a hospital, for harvesting and testing my blood.

**11. Are there any conflicts of interest regarding the investigation and dissemination of the research?**

The enzymes in my blood will reveal if I have reached a particular emotional state. Therefore, as a person of good health, it would be very difficult to lie about reaching an emotional state, because the enzymes will show which organs have increased or decreased production. For example, if my detachment coping style is triggered, then I can have an increased amount of adrenaline.

**12. Is the research likely to have any negative impact on the academic status or reputation of the University?**

Research into self-harm, and using blood in art, can bring media attention. These two aspects alone can be taken out of context. Even though my research is about breaking down certain taboos, and encouraging empathy in human connection, some writers only need a shock factor for their work, and therefore, they might not adequately invest into learning about my project. Initially, this could seem like a negative impact, but the assertions will not be substantiated. A deeper look into my project will reveal why my particular methods and perspectives are necessary to discuss my selected subject matter.

**13. Are the ethical implications of the proposed research adequately described in this application?**

Yes.

Figure H25, Research Ethics Checklist Wet Plate Collodion and Bio Fluids for the University of the Creative Arts (Solomons 2016h).

**Research Information Sheet**

**Project Title:** **Between Qualitative and Quantitative Trauma;** What can American Civil War soldiers' dehumanizing trauma reveal about contemporary personality disorders?

**Data Controller:** Erin Solomons

**Supervisors:** Jean Wainwright, Steffi Klenz

**Collaborators:** *(if applicable)*

**Nature/ Purpose/ use of Data:**

*(What data are you collecting....  
why are you collecting it....  
and how will it be used).....*

**The Use or potential benefits of the study:**

The use of these particular fluids from the human body is so vital, because of their history of utilization in morality and pain. The ways in which they are accessed can be tangled in validations of emotional, or collective, pain. By mixings residue from the body with photographic chemistry, I want to create a tangible and visceral metaphor about how America's incestuous legacy between quantifiable definitions of pain, like science, and morality in nature, have made an implicit cultural narrative that negates the emotional need from which the fluid was accessed. In other words, two ill-equipped ideologies have been, and still are, guiding representation and public reception about the Civil War and BPD. I want to change these criteria to acknowledge and expand on the thin line between emotional needs and the body. If the body and emotions can exist in a quantifiable way combined with sites of historical trauma, then the invisibility of, and eventual degradation, of the images can reflect on how pain can be distorted to fit within dated principles. The overall theme of my project looks at the body as a site where past emotional pain is re-enacted as physical pain on the body.

**Likely duration of the project and Location:**

Three years.

**Obligations and commitments of the participant during the study:**

Make clear to your participant what will be expected of them and how you will manage the information you have collected.

**The rights of the participants:**

Participants are free to withdraw from the study at any time without needing to justify their decision and without prejudice. In case of withdrawal of consent no further data regarding their participation should be added to the project.

All personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998).

In consideration for the research nature of the study participants shall not receive any reimbursement, payment or rewards.

**Information for further concerns or complaints:**

Any concerns or complaint about any aspects of the way you have been dealt with during the course of the research will be addressed; please contact The Research Office, Main Hall. University for the Creative Arts, Falkner Road, Farnham, Surrey GU9 7DE



Figure H26, A Incomplete Draft of Research Information Sheet for Wet Plate Collodion and Bio Fluids for the University of the Creative Arts (Solomons 2016h). Since I used my body fluids instead of a participant's, this information sheet was no longer required to be finished.

Erin Solomons

June 2016

Dear Erin

**Re: Research Ethics Application**

Thank you for submitting your application for your project: **Between Qualitative and Quantitative Trauma**; *What can American Civil War soldiers' dehumanizing trauma reveal about contemporary personality disorders?* for research ethics approval.

I can now confirm that your application for research ethics approval has been considered and approved except for the use of human blood which is being considered by the UCA Health and Safety.

The Research Ethics Committee members considered your ethical self-evaluation for your proposed project and confirmed that the rationale and informed consent of the participants met the criteria for approval.

Overall attention to the Code of Practice has been carried out with due care and attention and does not, in itself, raise any substantive concerns.

The Committee advises that as your project involves the handling of personal data it is essential that you familiarise yourself with the 8 Principles of the Data Protection Act.


Please study the information at the following link which sets out the key definitions in the Act, and explains what they mean, and shows how they often relate to each other.  
[http://www.ico.gov.uk/for\\_organisations/data\\_protection/the\\_guide/principle\\_1.aspx](http://www.ico.gov.uk/for_organisations/data_protection/the_guide/principle_1.aspx)

You should discuss with your supervisor the logistics of securely generating, storing and processing data both electronically and in hardcopy to ensure there is no breach of the Data Protection Act.

If you require any further information please don't hesitate to contact me.

Yours sincerely

  
Research Development Manager

  
Figure H27, University for the Creative Arts Ethics approval for wet plate process method, and dragging method. What is included in this section is my submission to the Ethics committee as approved on June 2016.

**PROCESS SAFETY INSTRUCTIONS**

This front sheet should be a general summary of the Risk Assessment findings and outcomes (on page 2).  
 It should be followed by staff and students at all times.

<b>ACTIVITY</b>	<i>Wet-plate Collodion process with Pig's Blood and Human Urine</i>	<b>Room Number</b>	██████
		<b>Location</b>	██████
		<b>Equipment Ref Number</b>	N/A
		<b>Overall Risk Rating</b>	<b>Medium</b>
<p><u>General induction and orientation to the area compulsory for all students, including instruction on the safe use of this particular equipment.</u>  <u>Information to be held on training records</u></p>			

Summary of hazards	
	<ul style="list-style-type: none"> <li>• Flammable materials</li> <li>• Cuts etc. from glass plates if broken</li> <li>• Chemical handling.</li> <li>• Chemical Vapour Inhalation.</li> <li>• Slips and Trips</li> <li>• Possible Contamination from blood or urine</li> <li>• Harmful bacteria are the most common cause of foodborne illnesses. Some bacteria may be present on foods when you purchase them. Raw foods are the most common source of foodborne illnesses because they are not sterile; examples include raw meat and poultry that may have become contaminated during slaughter.</li> <li>• A hazard associated with pig's blood is Trichinella - a gastrointestinal illness caused by the intestinal roundworm, Trichinella spiralis. This can be found within infected pork meat or blood products.</li> <li>• In the infective stages, trichinosis causes intestinal ailments, nausea, vomiting, and watery stools. Later symptoms are facial swelling, headache, and delirium. Some people recovering from trichinosis suffer permanent heart or eye damage, and about 5 percent of cases are fatal.</li> <li>• When food is cooked and left out for more than 2 hours at room temperature, bacteria can multiply quickly. Most bacteria grow undetected because they don't produce a bad odour or change the colour or texture of the food. Freezing food slows or stops bacteria's growth but does not destroy the bacteria. The microbes can become reactivated when the food is thawed. Refrigeration also can slow the growth of some bacteria. Thorough cooking is needed to destroy the bacteria.</li> <li>• Cytomegalovirus, or CMV infection, can be spread through human urine. Typical infection through urine happens when infants are going through the birth canal, or people with weak immune systems, who had the infection before, can become infected again with the introduction of a new strand of the virus.</li> <li>• Infection usually entails no symptoms, but occasionally symptoms similar to glandular fever can occur – fever, swollen glands, sore throat, etc. Once infected, one is thought to have it throughout their life.</li> <li>• Anti-viral treatment is only needed for severe cases.</li> <li>• The virus can be spread from 3 – 12 weeks from the time it was contracted.</li> <li>• Prevention can be made by washing hands when in contact with urine, specifically infant's. Exclusion from those infected is not necessary.</li> </ul>

<b>Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Gloves, goggles and aprons, ventilation masks.</li> <li>• Ensure you are aware of hazards and are properly trained in the use of PPE.</li> </ul>
<b>Prior to commencing process</b>	<ul style="list-style-type: none"> <li>• Refer to COSHH information before dealing with chemicals paying particular attention to control measures.</li> <li>• Put on appropriate PPE before beginning task.</li> <li>• Outline/ make users aware of safe working procedure for the area (see area risk assessment).</li> <li>• Blood will be mixed with collodion, off site. It will be transported in a sterile, shatterproof, and tamperproof bottle.</li> <li>• Urine will be collected offsite.</li> <li>• Blood purchased will come with written confirmation about the appropriate source of the blood.</li> <li>• A blood test showing the health of the person, from who the urine was collected, will accompany the urine, and be sent to the appropriate staff.</li> </ul>
<b>During process</b>	<ul style="list-style-type: none"> <li>• Adopt an organised and methodical approach.</li> <li>• Ensure local area ventilation is switched on.</li> <li>• Do not use vacuum press or tacking iron during process.</li> <li>• Report any spillages immediately to a technician. Biowaste will be collected in appropriate waste bags, and disposed of off-site.</li> </ul>
<b>Completion of process</b>	<ul style="list-style-type: none"> <li>• Dispose of used chemicals appropriately</li> <li>• Vacuum away any chalk powder residue.</li> <li>• Wash and remove developing equipment and trays.</li> <li>• Remove and dispose of contaminated PPE (gloves/ aprons).</li> </ul>
<b>General</b>	<ul style="list-style-type: none"> <li>• Read all Process Safety Instruction and Risk Assessment Documents before starting process. Make sure appropriate staff are aware of location of all process documentation.</li> <li>• Tidy up after yourself</li> <li>• Chemicals to be stored off campus by Erin Solomons before and after working. Containers are shatterproof, sterile, and tamperproof.</li> <li>• This is a process that is a key part of my visual research. It will be performed on a semi-regular basis over the next two years (subject to research travel, workshops in the</li> </ul>



	space, etc.).		
<b>Prepared by:</b> Erin Solomons	<b>Date</b>	<b>Revision</b>	<b>Issue</b>
	18/01/16		
<b>Certified and Approved by</b>			
Date.....			

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Pig's Blood and Human Urine</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>			18/01/16					
<b>Author:</b>			Erin Solomons					
<b>Signed off by:</b>								
<u>Task Element</u>	<u>Hazard and harmful effect</u>	<b>Initial risk level</b>			<b>Control measures to reduce likelihood</b>	<b>Controlled risk level</b>		
		Severity	Like- lihood	Risk Level		Severity	Like- lihood	Risk Level

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Pig's Blood and Human Urine</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Purchasing pigs blood	Bacteria in blood leading to ill health	3	2	<b>6H</b>	<ul style="list-style-type: none"> <li>Blood is purchased directly from reputable source i.e. established shop/butchers. Quantity of blood kept on site is restricted to a sensible amount. Blood is brought into premises in sealed and labelled packaging.</li> <li>Urine is collected from a person, who has supplied a healthy blood test.</li> <li>The mixture will be made by pouring the urine into a prepared Fix bath in a tray. Funnel will be cleaned directly afterwards. Position working area which is secluded and provides some isolation. Student must take control of their work area and ensure that this risk assessment is complied with. Signage displayed to advise of nature of work.</li> </ul>	3	1	<b>3L</b>
Collecting the urine	Transfer of disease	1	3	<b>3L</b>		1	1	<b>1</b>
Mixture of Urine in Fix bath	Mixture could be spilled	1	3	<b>3L</b>		1	3	<b>3L</b>
December 2014					314			

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Pig's Blood and Human Urine</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>			18/01/16					
<b>Author:</b>			Erin Solomons					
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Likelihood	Risk Level		Severity	Likelihood	Risk Level
Using Blood outside of refrigerated condition	Thriving bacteria in warm conditions (bacteria will multiply above 40°)	3	2	<b>6H</b>	<ul style="list-style-type: none"> <li>Blood is only kept within the printed 'use by' date, as confirmed by the butcher. Blood is only kept out of the fridge/cooling bag for a maximum of four hours, or is otherwise disposed of in yellow waste 'tiger bags'. Containers and waste bags will be closed, unless in use, and appropriately labelled. Work is removed from area when not in use/or student not in direct vicinity. Disposable gloves and apron to be worn at all times. Thorough washing of hands at frequent intervals, particularly before eating/drinking. Use of antibacterial gel/foam for hands.</li> <li>The mixture will be done offsite. Containers will be placed in a Coleman handled cooler, with lid locking handles, which has gel refrigerant packs. After the cooler is packed, the container will only be opened onsite.</li> <li>After use onsite, a funnel will be used to pour each liquid into a bottle. All funnels, trays, and equipment in contact with blood will belong to Erin Solomons. The bottle will be sealed. Funnel will be cleaned directly afterwards with hydrochloride. Paper towels will be collected and disposed of in an appropriately labelled waste bag.</li> </ul>	3	1	<b>3M</b>
Mixture of Pig's Blood and collodion	Mixture could be spilled	1	4	<b>4</b>		1	2	<b>2</b>
December 2014								

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Pig's Blood and Human Urine</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Transportation of Blood/Collodion mix, and Urine	Spillage of fluids	1	1	1	<ul style="list-style-type: none"> <li>Fluids will be transported in sealed, shatterproof, tamperproof, sterile containers, with adequate padding around bottle.</li> </ul>	1	1	1
General use of blood and urine in open environment	Offence to other persons.	1	2	2	<ul style="list-style-type: none"> <li>Position working area which is secluded and provides some isolation. Student must take control of their work area and ensure that this risk assessment is complied with. Signage displayed to advise of nature of work.</li> </ul>	1	2	2
Preparation of glass plate (collodion).	Cuts from glass plate edges.	2	2	4	<ul style="list-style-type: none"> <li>Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates. Wear safety glasses.</li> </ul>	2	1	2
Pouring of collodion solution.	Skin Irritation	1	2	2	<ul style="list-style-type: none"> <li>Appropriate PPE provided (gloves/ apron/ old clothes). Initial H&amp;S demonstration by technician/ workshop leader. Brief all students on skin irritation issues.</li> </ul>	1	1	1
	Eye Irritation.	4	1	4	<ul style="list-style-type: none"> <li>Appropriate PPE provided (safety glasses and face mask). Initial H&amp;S demonstration by technician/ workshop leader. Make sure eye wash station is fully stocked. Alert students to potential eye hazards</li> </ul>	2	1	2
December 2014					316			

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Pig's Blood and Human Urine</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Likelihood	Risk Level		Severity	Likelihood	Risk Level
Transfer of plates to darkroom.  Application of Silver Nitrate solution to collodion plate.  <b>(Carried out by trained Erin Solomons or technician only)</b>	Respiratory damage.	2	4	8	<ul style="list-style-type: none"> <li>Appropriate PPE provided (mask). Initial H&amp;S demonstration by technician/ workshop leader. Process carried out in fume cupboard with ventilation switched on and set to required levels. Alert students to potential respiratory hazards.</li> <li>Initial H&amp;S demonstration by technician/ workshop leader. No naked flames to be used in the area during process. Make sure fire extinguisher is in place.</li> <li>Initial H&amp;S demonstration by technician. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins. Ensure dustpan + brush and spill kit are in place.</li> <li>Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates.</li> <li>Appropriate PPE provided (gloves/ apron/ old clothes). Initial H&amp;S demonstration by technician.</li> <li>Appropriate PPE (goggles/ face shield) provided. Initial H&amp;S demonstration by</li> </ul>	2	1	2
	Flammable liquids.	2	2	4		2	1	2
	Slips/ Trips/ Falls/ Broken Glass	2	2	4		2	1	2
	Cuts from glass plate edges.	2	2	4		1	2	2
	Skin Irritation	1	2	2		1	1	1
Eye Irritation.	4	1	4	2	1	2		

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Pig's Blood and Human Urine</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
	Respiratory damage.	2	4	8	<ul style="list-style-type: none"> <li>Initial H&amp;S demonstration by technician. Process carried out in darkroom with ventilation switched on and set to required levels.</li> </ul>	2	1	2
Transfer of sensitised plate to enlarger for exposure.	Slips/ Trips/ Falls/ Broken Glass	2	2	4	<ul style="list-style-type: none"> <li>Initial H&amp;S demonstration by technician/ workshop leader. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins.</li> </ul>	2	1	2
Development of glass plate.	Cuts from glass plate edges.	2	2	4	<ul style="list-style-type: none"> <li>Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates.</li> </ul>	1	2	2
	Skin Irritation	1	2	2	<ul style="list-style-type: none"> <li>Appropriate PPE provided (gloves/ apron/ old clothes). Initial H&amp;S demonstration by technician/ workshop leader.</li> </ul>	1	1	1
	Eye Irritation.	4	1	4	<ul style="list-style-type: none"> <li>Appropriate PPE provided. Initial H&amp;S demonstration by technician/ workshop leader.</li> </ul>	2	1	2
December 2014	Respiratory damage.	2	4	8	<ul style="list-style-type: none"> <li>Appropriate PPE provided (mask). Initial H&amp;S demonstration by technician/ workshop leader. Process carried out in darkroom with ventilation switched on and set to required</li> </ul>	2	1	2

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Pig's Blood and Human Urine</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Likelihood	Risk Level		Severity	Likelihood	Risk Level
Washing and decontamination	Slips/ Trips/ Falls/ Broken Glass	2	2	<b>4</b>	<ul style="list-style-type: none"> <li>Initial H&amp;S demonstration by technician/ workshop leader. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins.</li> <li>Thorough washing and decontamination at the end of every day. Use paper towels (or similar alternative), which must be bagged and taken of site for disposal. Gloves must be bagged and disposed of after every use. The communal sinks within the studio must not be used for washing.</li> </ul>	2	1	<b>2</b>
	Cross contamination	3	2	<b>6H</b>		3	1	<b>3M</b>
Disposal of Blood and Collodion mixture	Cross contamination	3	2	<b>6H</b>	<ul style="list-style-type: none"> <li>Blood mixture to be bagged, in 'tiger bags' and taken off site for disposal. Waste bags will not be manually compacted. Bags will be filled no more than ¾ full, and tied, and carried, at the neck.</li> <li>Unused blood and urine will be poured down the sink.</li> </ul>	3	1	<b>3M</b>
Disposal of Urine and Fix mixture	Cross contamination	1	2	<b>2</b>		1	1	<b>1</b>
Storage of Chemicals	Skin Irritation Eye Irritation Respiratory damage	1	2	<b>2</b>	<ul style="list-style-type: none"> <li>Chemicals stored off campus by Erin Solomons when she is not conducting this process in the darkroom.</li> </ul>	1	1	<b>1</b>
		4	1	<b>4</b>		1	1	<b>1</b>
December 2014		2	4	<b>8</b>		1	1	<b>1</b>



Figure H28, UCA Risk Assessment for the wet plate collodion process with human urine and pig's blood.

**PROCESS SAFETY INSTRUCTIONS**

This front sheet should be a general summary of the Risk Assessment findings and outcomes (on page 2).  
 It should be followed by staff and students at all times.

<b>ACTIVITY</b>	<i>Wet-plate Collodion process with Pig's Blood and Human Vomit</i>	<b>Room Number</b>	██████
		<b>Location</b>	██████
		<b>Equipment Ref Number</b>	N/A
		<b>Overall Risk Rating</b>	<b>Medium</b>
<p><u>General induction and orientation to the area compulsory for all students, including instruction on the safe use of this particular equipment.</u>  <u>Information to be held on training records</u></p>			

## Summary of hazards

- Flammable materials
- Cuts etc. from glass plates if broken
- Chemical handling.
- Chemical Vapour Inhalation.
- Slips and Trips
- Possible Contamination from blood or vomit
- Harmful bacteria are the most common cause of foodborne illnesses. Some bacteria may be present on foods when you purchase them. Raw foods are the most common source of foodborne illnesses because they are not sterile; examples include raw meat and poultry that may have become contaminated during slaughter.
- A hazard associated with pig's blood is Trichinella - a gastrointestinal illness caused by the intestinal roundworm, Trichinella spiralis. This can be found within infected pork meat or blood products.
- In the infective stages, trichinosis causes intestinal ailments, nausea, vomiting, and watery stools. Later symptoms are facial swelling, headache, and delirium. Some people recovering from trichinosis suffer permanent heart or eye damage, and about 5 percent of cases are fatal.
- When food is cooked and left out for more than 2 hours at room temperature, bacteria can multiply quickly. Most bacteria grow undetected because they don't produce a bad odour or change the colour or texture of the food. Freezing food slows or stops bacteria's growth but does not destroy the bacteria. The microbes can become reactivated when the food is thawed. Refrigeration also can slow the growth of some bacteria. Thorough cooking is needed to destroy the bacteria.
- HIV, Hepatitis B, Ebola, and the Norovirus can be transferred through human vomit.
- One or two days after the Norovirus is contracted, symptoms that appear include projectile vomiting, watery diarrhoea, slight fever or cramps. It can last for two to three days. A doctor visit isn't needed.
- Ebola is only spread through infected blood or bodily fluids. If a person was infected, then, outside of being physically apparent, it would show up on a GP prescribed blood test. The odds of contracting Ebola in the UK are minimal.
- Symptoms for HIV can arise two to six weeks after the time infected. A flu-like illness will occur, which includes fever, sore throat, joint pain, swollen glands, etc. After the illness has passed, the virus will be active, but without symptoms. Until about ten years later, symptoms will arise such as weight loss, recurrent infections, and life-

	<p>threatening illnesses.</p> <ul style="list-style-type: none"> <li>• Many people with Hepatitis B do not know they have it. They remain healthy and asymptomatic while their body fights off the disease. However, symptoms that can manifest include flu-like symptoms, diarrhoea, jaundice, etc. If infected for more than six months, Hep B is considered chronic. There are not necessarily symptoms for this period. If untreated, chronic Hep B can lead to liver disease and cirrhosis.</li> </ul>
<b>Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Gloves, goggles and aprons, ventilation masks.</li> <li>• Ensure you are aware of hazards and are properly trained in the use of PPE.</li> </ul>
<b>Prior to commencing process</b>	<ul style="list-style-type: none"> <li>• Refer to COSHH information before dealing with chemicals paying particular attention to control measures.</li> <li>• Put on appropriate PPE before beginning task.</li> <li>• Outline/ make users aware of safe working procedure for the area (see area risk assessment).</li> <li>• Blood will be mixed with collodion, off site. It will be transported in a sterile, shatterproof, and tamperproof bottle.</li> <li>• Vomit will be collected offsite. It will be transported in a sterile, shatterproof, and tamperproof bottle.</li> <li>• Blood purchased will come with written confirmation about the appropriate source of the blood.</li> <li>• A blood test showing the health of the person, from who the vomit was collected, will accompany the vomit, and be sent to the appropriate staff.</li> </ul>
<b>During process</b>	<ul style="list-style-type: none"> <li>• Adopt an organised and methodical approach.</li> <li>• Ensure local area ventilation is switched on.</li> <li>• Do not use vacuum press or tacking iron during process.</li> <li>• Report any spillages immediately to a technician. Biowaste will be collected in appropriate waste bags, and disposed of off-site.</li> </ul>
<b>Completion of process</b>	<ul style="list-style-type: none"> <li>• Dispose of used chemicals appropriately</li> <li>• Vacuum away any chalk powder residue.</li> <li>• Wash and remove developing equipment and trays.</li> <li>• Remove and dispose of contaminated PPE (gloves/ aprons).</li> </ul>
<b>General</b>	<ul style="list-style-type: none"> <li>• Read all Process Safety Instruction and Risk Assessment Documents before starting process. Make sure appropriate staff are aware of location of all process documentation.</li> </ul>

	<ul style="list-style-type: none"> <li>• Tidy up after yourself</li> <li>• Chemicals to be stored off campus by Erin Solomons before and after working. Containers are shatterproof, sterile, and tamperproof.</li> <li>• This is a process that is a key part of my visual research. It will be performed on a semi-regular basis over the next two years (subject to research travel, workshops in the space, etc.).</li> </ul>		
<b>Prepared by:</b> Erin Solomons	<b>Date</b>	<b>Revision</b>	<b>Issue</b>
	18/01/16		
<b>Certified and Approved by</b>  <p style="text-align: right;">Date.....</p>			

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Pig's Blood and Human Vomit</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>			18/01/16					
<b>Author:</b>			Erin Solomons					
<b>Signed off by:</b>								
<u>Task Element</u>	<u>Hazard and harmful effect</u>	<b>Initial risk level</b>			<b>Control measures to reduce likelihood</b>	<b>Controlled risk level</b>		
		Severity	Like- lihood	Risk Level		Severity	Like- lihood	Risk Level

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Pig's Blood and Human Vomit</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Purchasing pigs blood	Bacteria in blood leading to ill health	3	2	<b>6H</b>	<ul style="list-style-type: none"> <li>Blood is purchased directly from reputable source i.e. established shop/butchers. Quantity of blood kept on site is restricted to a sensible amount. Blood is brought into premises in sealed and labelled packaging.</li> <li>The person providing the vomit has a blood test for relevant diseases. If the test shows she is healthy, then the vomit will be collected.</li> <li>The mixture will be made by pouring the vomit into a prepared Fix bath in a tray. Funnel will be cleaned directly afterwards. Position working area which is secluded and provides some isolation. Student must take control of their work area and ensure that this risk assessment is complied with. Signage displayed to advise of nature of work.</li> <li>Blood is only kept within the printed 'use by' date. Blood is only kept out of the fridge/cooling bag for a maximum of four hours. All blood is refrigerated or thrown away at the end of each day. Work is removed from area when not in use/or student not in direct vicinity. Disposable gloves and apron to be worn at all times. Thorough washing of hands at frequent intervals, particularly before eating/drinking. Use of antibacterial gel/foam for hands.</li> </ul>	3	1	<b>3L</b>
Collecting the vomit	Transfer of disease	4	2	<b>8H</b>		1	1	<b>1</b>
Mixture of vomit in Fix bath	Vomit or Fix could be spilled	1	3	<b>3L</b>		1	2	<b>2</b>
Using Blood outside of refrigerated condition	Thriving bacteria in warm conditions (bacteria will multiply above 40°)	3	2	<b>6H</b>		3	1	<b>3M</b>
December 2014					326			

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Pig's Blood and Human Vomit</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Likelihood	Risk Level		Severity	Likelihood	Risk Level
Mixture of Pig's Blood and collodion	Mixture could be spilled	1	4	4	<ul style="list-style-type: none"> <li>The mixture will be done offsite. Containers will be placed in a Coleman handled cooler, with lid locking handles, which has gel refrigerant packs. After the cooler is packed, the container will only be opened onsite.</li> <li>After use onsite, a funnel will be used to pour each liquid into a bottle. All funnels, trays, and equipment in contact with blood will belong to Erin Solomons. The bottle will be sealed. Funnel will be cleaned directly afterwards with hydrochloride. Paper towels will be collected and disposed of in an appropriately labelled waste bag.</li> </ul>	1	2	2
						1	1	1
						1	2	2
Transportation of Blood/Collodion mix, and Vomit	Spillage of fluids	1	1	1	<ul style="list-style-type: none"> <li>Fluids will be transported in sealed, shatterproof, tamperproof, sterile containers, with adequate padding around bottle.</li> </ul>	1	1	1
General use of blood and vomit in open environment	Offence to other persons.	1	2	2	<ul style="list-style-type: none"> <li>Position working area which is secluded and provides some isolation. Student must take control of their work area and ensure that this risk assessment is complied with. Signage displayed to advise of nature of work.</li> </ul>	1	2	2
December 2014 Preparation of glass plate (collodion).	Cuts from glass plate edges.	2	2	4	327 Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates. Wear safety glasses.	2	1	2



<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b><i>Wet Plate Collodion process with Pig's Blood and Human Vomit</i></b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>			18/01/16					
<b>Author:</b>			Erin Solomons					
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Likelihood	Risk Level		Severity	Likelihood	Risk Level
Pouring of collodion solution.	Skin Irritation	1	2	<b>2</b>	<ul style="list-style-type: none"> <li>Appropriate PPE provided (gloves/ apron/ old clothes). Initial H&amp;S demonstration by technician/ workshop leader. Brief all students on skin irritation issues.</li> <li>Appropriate PPE provided (safety glasses and face mask). Initial H&amp;S demonstration by technician/ workshop leader. Make sure eye wash station is fully stocked. Alert students to potential eye hazards</li> <li>Appropriate PPE provided (mask). Initial H&amp;S demonstration by technician/ workshop leader. Process carried out in fume cupboard with ventilation switched on and set to required levels. Alert students to potential respiratory hazards.</li> <li>Initial H&amp;S demonstration by technician/ workshop leader. No naked flames to be used in the area during process. Make sure fire extinguisher is in place.</li> <li>Initial H&amp;S demonstration by technician. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins. Ensure dustpan + brush and spill kit are in place.</li> </ul>	1	1	<b>1</b>
	Eye Irritation.	4	1	<b>4</b>		2	1	<b>2</b>
	Respiratory damage.	2	4	<b>8</b>		2	1	<b>2</b>
	Flammable liquids.	2	2	<b>4</b>		2	1	<b>2</b>
Transfer of plates to darkroom. December 2014	Slips/ Trips/ Falls/ Broken Glass	2	2	<b>4</b>		2	1	<b>2</b>

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b>Wet Plate Collodion process with Pig's Blood and Human Vomit</b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Likelihood	Risk Level		Severity	Likelihood	Risk Level
Application of Silver Nitrate solution to collodion plate.  <b>(Carried out by trained Erin Solomons or technician only)</b>	Cuts from glass plate edges.	2	2	4	• Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates.	1	2	2
	Skin Irritation	1	2	2	• Appropriate PPE provided (gloves/ apron/ old clothes). Initial H&S demonstration by technician.	1	1	1
	Eye Irritation.	4	1	4	• Appropriate PPE (goggles/ face shield) provided. Initial H&S demonstration by technician.	2	1	2
	Respiratory damage.	2	4	8	• Initial H&S demonstration by technician. Process carried out in darkroom with ventilation switched on and set to required levels.	2	1	2
Transfer of sensitised plate to enlarger for exposure.	Slips/ Trips/ Falls/ Broken Glass	2	2	4	• Initial H&S demonstration by technician/ workshop leader. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins.	2	1	2
Development of glass plate.	Cuts from glass plate edges.	2	2	4	• Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates.	1	2	2
	Skin Irritation	1	2	2	• Appropriate PPE provided (gloves/ apron/ old clothes). Initial H&S demonstration by technician/ workshop leader.	1	1	1
December 2014	Eye Irritation.	4	1	4	• Appropriate PPE provided. Initial H&S demonstration by technician/ workshop leader.	2	1	2

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Pig's Blood and Human Vomit</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Washing and decontamination	Respiratory damage.	2	4	<b>8</b>	<ul style="list-style-type: none"> <li>Appropriate PPE provided (mask). Initial H&amp;S demonstration by technician/ workshop leader. Process carried out in darkroom with ventilation switched on and set to required levels.</li> <li>Initial H&amp;S demonstration by technician/ workshop leader. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins.</li> <li>Thorough washing and decontamination at the end of every day. Use paper towels (or similar alternative), which must be bagged and taken of site for disposal. Gloves must be bagged and disposed of after every use. The communal sinks within the studio must not be used for washing.</li> <li>Blood mixture to be bagged, in 'tiger bags' and taken off site for disposal. Waste bags will not be manually compacted. Bags will be filled no more than ¾ full, and tied, and carried, at the neck. Unused blood and vomit will be poured down the sink.</li> <li>Chemical stored off campus by Erin Solomons when she is not conducting this process in the darkroom.</li> </ul>	2	1	<b>2</b>
	Slips/ Trips/ Falls/ Broken Glass	2	2	<b>4</b>		2	1	<b>2</b>
	Cross contamination	3	2	<b>6H</b>		3	1	<b>3M</b>
								<b>1</b>
								<b>3M</b>
Disposal of Blood and Collodion mixture	Cross contamination	3	2	<b>6H</b>	3	1	<b>3M</b>	
Disposal of Vomit and Fix mixture	Cross contamination	1	2	<b>2</b>	1	1	<b>1</b>	
Storage of Chemicals	Skin Irritation	1	2	<b>2</b>	330	1	1	<b>1</b>
	Eye Irritation	4	1	<b>4</b>		1	1	<b>1</b>
	Respiratory damage	2	4	<b>8</b>		1	1	<b>1</b>

Figure H29, UCA Risk Assessment for the wet plate collodion process with human vomit and pig's blood.

**PROCESS SAFETY INSTRUCTIONS**

This front sheet should be a general summary of the Risk Assessment findings and outcomes (on page 2).  
 It should be followed by staff and students at all times.

<b>ACTIVITY</b>	<i>Wet-plate Collodion process with Pig's Blood</i>	<b>Room Number</b>	██████
		<b>Location</b>	██████
		<b>Equipment Ref Number</b>	N/A
		<b>Overall Risk Rating</b>	<b>Medium</b>
<p><u>General induction and orientation to the area compulsory for all students, including instruction on the safe use of this particular equipment.</u>  <u>Information to be held on training records</u></p>			

<p><b>Summary of hazards</b></p>	<ul style="list-style-type: none"> <li>• Flammable materials</li> <li>• Cuts etc. from glass plates if broken</li> <li>• Chemical handling.</li> <li>• Chemical Vapour Inhalation.</li> <li>• Slips and Trips</li> <li>• Possible Contamination from blood</li> <li>• Harmful bacteria are the most common cause of foodborne illnesses. Some bacteria may be present on foods when you purchase them. Raw foods are the most common source of foodborne illnesses because they are not sterile; examples include raw meat and poultry that may have become contaminated during slaughter.</li> <li>• A hazard associated with pig's blood is Trichinella - a gastrointestinal illness caused by the intestinal roundworm, Trichinella spiralis. This can be found within infected pork meat or blood products.</li> <li>• In the infective stages, trichinosis causes intestinal ailments, nausea, vomiting, and watery stools. Later symptoms are facial swelling, headache, and delirium. Some people recovering from trichinosis suffer permanent heart or eye damage, and about 5 percent of cases are fatal.</li> <li>• When food is cooked and left out for more than 2 hours at room temperature, bacteria can multiply quickly. Most bacteria grow undetected because they don't produce a bad odour or change the colour or texture of the food. Freezing food slows or stops bacteria's growth but does not destroy the bacteria. The microbes can become reactivated when the food is thawed. Refrigeration also can slow the growth of some bacteria. Thorough cooking is needed to destroy the bacteria.</li> </ul>
<p><b>Personal Protective Equipment (PPE)</b></p>	<ul style="list-style-type: none"> <li>• Gloves, goggles and aprons, ventilation masks.</li> <li>• Ensure you are aware of hazards and are properly trained in the use of PPE.</li> </ul>
<p><b>Prior to commencing process</b></p>	<ul style="list-style-type: none"> <li>• Refer to COSHH information before dealing with chemicals paying particular attention to control measures.</li> <li>• Put on appropriate PPE before beginning task.</li> <li>• Outline/ make users aware of safe working procedure for the area (see area risk assessment).</li> <li>• Blood will be mixed with collodion, off site. It will be transported in a sterile, shatterproof, and tamperproof bottle.</li> <li>• Blood purchased will come with written confirmation about the appropriate source of the blood.</li> </ul>

<b>During process</b>	<ul style="list-style-type: none"> <li>• Adopt an organised and methodical approach.</li> <li>• Ensure local area ventilation is switched on.</li> <li>• Do not use vacuum press or tacking iron during process.</li> <li>• Report any spillages immediately to a technician. Biowaste will be collected in appropriate waste bags, and disposed of off-site.</li> </ul>		
<b>Completion of process</b>	<ul style="list-style-type: none"> <li>• Dispose of used chemicals appropriately</li> <li>• Vacuum away any chalk powder residue.</li> <li>• Wash and remove developing equipment and trays.</li> <li>• Remove and dispose of contaminated PPE (gloves/ aprons).</li> </ul>		
<b>General</b>	<ul style="list-style-type: none"> <li>• Read all Process Safety Instruction and Risk Assessment Documents before starting process. Make sure appropriate staff are aware of location of all process documentation.</li> <li>• Tidy up after yourself</li> <li>• Chemicals to be stored off campus by Erin Solomons before and after working. Containers are shatterproof, sterile, and tamperproof.</li> <li>• This is a process that is a key part of my visual research. It will be performed on a semi-regular basis over the next two years (subject to research travel, workshops in the space, etc.).</li> </ul>		
<b>Prepared by:</b> Erin Solomons	<b>Date</b>	<b>Revision</b>	<b>Issue</b>
	18/01/16		
<b>Certified and Approved by</b>  <p style="text-align: right;">Date.....</p>			

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Pig's Blood</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
<u>Task Element</u>	<u>Hazard and harmful effect</u>	<b>Initial risk level</b>			<b>Control measures to reduce likelihood</b>	<b>Controlled risk level</b>		
		Severity	Like- lihood	Risk Level		Severity	Like- lihood	Risk Level



<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b>Wet Plate Collodion process with Pig's Blood</b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Purchasing pigs blood	Bacteria in blood leading to ill health	3	2	<b>6H</b>	<ul style="list-style-type: none"> <li>Blood is purchased directly from reputable source i.e. established shop/butchers. Quantity of blood kept on site is restricted to a sensible amount. Blood is brought into premises in sealed and labelled packaging.</li> </ul>	3	1	<b>3L</b>
Using Blood outside of refrigerated condition	Thriving bacteria in warm conditions (bacteria will multiply above 40°)	3	2	<b>6H</b>	<ul style="list-style-type: none"> <li>Blood is only kept within the printed 'use by' date. Blood is only kept out of the fridge/cooling bag for a maximum of four hours. All blood is refrigerated or thrown away at the end of each day. Work is removed from area when not in use/or student not in direct vicinity. Disposable gloves and apron to be worn at all times. Thorough washing of hands at frequent intervals, particularly before eating/drinking. Use of antibacterial gel/foam for hands.</li> </ul>	3	1	<b>3M</b>
Mixture of Pig's Blood and collodion	Mixture could be spilled	1	4	<b>4</b>	<ul style="list-style-type: none"> <li>The mixture will be done offsite. Containers will be placed in a Coleman handled cooler, with lid locking handles, which has gel refrigerant packs. After the cooler is packed, the container will only be opened onsite. After use onsite, a funnel will be used to pour each liquid into a bottle. All funnels, trays, and equipment in contact with blood will belong to Erin Solomons. The bottle will be sealed. Funnel will be cleaned directly afterwards with hydrochloride. Paper towels will be collected and disposed of in an appropriately labelled waste bag.</li> </ul>	1	2	<b>2</b>
December 2014					336			

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b>Wet Plate Collodion process with Pig's Blood</b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Likelihood	Risk Level		Severity	Likelihood	Risk Level
Transportation of Blood/Collodion mix, and Urine	Spillage of fluids	1	1	1	<ul style="list-style-type: none"> <li>Fluids will be transported in sealed, shatterproof, tamperproof, sterile containers, with adequate padding around bottle.</li> </ul>	1	1	1
General use of blood and urine in open environment	Offence to other persons.	1	2	2	<ul style="list-style-type: none"> <li>Position working area which is secluded and provides some isolation. Student must take control of their work area and ensure that this risk assessment is complied with. Signage displayed to advise of nature of work.</li> </ul>	1	2	2
Preparation of glass plate (collodion).	Cuts from glass plate edges.	2	2	4	<ul style="list-style-type: none"> <li>Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates. Wear safety glasses.</li> </ul>	2	1	2
Pouring of collodion solution.	Skin Irritation	1	2	2	<ul style="list-style-type: none"> <li>Appropriate PPE provided (gloves/ apron/ old clothes). Initial H&amp;S demonstration by technician/ workshop leader. Brief all students on skin irritation issues.</li> </ul>	1	1	1
	Eye Irritation.	4	1	4	<ul style="list-style-type: none"> <li>Appropriate PPE provided (safety glasses and face mask). Initial H&amp;S demonstration by technician/ workshop leader. Make sure eye wash station is fully stocked. Alert students to potential eye hazards</li> </ul>	2	1	2
	Respiratory damage.	2	4	8	<ul style="list-style-type: none"> <li>Appropriate PPE provided (mask). Initial H&amp;S demonstration by technician/ workshop leader.</li> </ul>	2	1	2
December 2014					337 Process carried out in fume cupboard with ventilation switched on and set to required levels. Alert students to potential respiratory hazards.			

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b>Wet Plate Collodion process with Pig's Blood</b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Transfer of plates to darkroom.	Flammable liquids	2	2	4	<ul style="list-style-type: none"> <li>Initial H&amp;S demonstration by technician/ workshop leader. No naked flames to be used in the area during process. Make sure fire extinguisher is in place.</li> <li>Initial H&amp;S demonstration by technician. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins. Ensure dustpan + brush and spill kit are in place.</li> </ul>	2	1	2
	Slips/ Trips/ Falls/ Broken Glass	2	2	4		<ul style="list-style-type: none"> <li>Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates.</li> </ul>	2	1
Application of Silver Nitrate solution to collodion plate.  <b>(Carried out by trained Erin Solomons or technician only)</b>	Cuts from glass plate edges.	2	2	4	<ul style="list-style-type: none"> <li>Appropriate PPE provided (gloves/ apron/ old clothes). Initial H&amp;S demonstration by technician.</li> <li>Appropriate PPE (goggles/ face shield) provided. Initial H&amp;S demonstration by technician.</li> </ul>	2	1	2
	Skin Irritation	1	2	2		1	1	1
	Eye Irritation.	4	1	4		2	1	2
Transfer of sensitised plate to enlarger for exposure. December 2014	Respiratory damage.	2	4	8	<ul style="list-style-type: none"> <li>Initial H&amp;S demonstration by technician. Process carried out in darkroom with ventilation switched on and set to required levels.</li> <li>Initial H&amp;S demonstration by technician/ workshop leader. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins.</li> </ul>	2	1	2
	Slips/ Trips/ Falls/ Broken Glass	2	2	4		2	1	2

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b>Wet Plate Collodion process with Pig's Blood</b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Development of glass plate.	Cuts from glass plate edges.	2	2	4	• Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates.	1	2	2
	Skin Irritation	1	2	2	• Appropriate PPE provided (gloves/ apron/ old clothes). Initial H&S demonstration by technician/ workshop leader.	1	1	1
	Eye Irritation.	4	1	4	• Appropriate PPE provided. Initial H&S demonstration by technician/ workshop leader.	2	1	2
	Respiratory damage.	2	4	8	• Appropriate PPE provided (mask). Initial H&S demonstration by technician/ workshop leader. Process carried out in darkroom with ventilation switched on and set to required levels.	2	1	2
	Slips/ Trips/ Falls/ Broken Glass	2	2	4	• Initial H&S demonstration by technician/ workshop leader. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins.	2	1	2
Washing and decontamination December 2014	Cross contamination	3	2	6H	• Thorough washing and decontamination at the end of every day. Use paper towels (or similar alternative), which must be bagged and taken of site for disposal. Gloves must be bagged and disposed of after every use. The communal sinks within the studio must not be used for washing.	3	1	3M

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Pig's Blood</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Disposal of Blood and Collodion mixture	Cross contamination	3	2	<b>6H</b>	<ul style="list-style-type: none"> <li>Blood mixture to be bagged, in 'tiger bags' and taken off site for disposal. Waste bags will not be manually compacted. Bags will be filled no more than ¾ full, and tied, and carried, at the neck.</li> </ul>	3	1	<b>3M</b>
Storage of Chemicals	Skin Irritation	1	2	<b>2</b>	<ul style="list-style-type: none"> <li>Chemical stored off campus by Erin Solomons when she is not conducting this process in the darkroom.</li> </ul>	1	1	<b>1</b>
	Eye Irritation	4	1	<b>4</b>		1	1	<b>1</b>
	Respiratory damage	2	4	<b>8</b>		1	1	<b>1</b>

Figure H30, UCA Risk Assessment for the wet plate collodion process with pig's blood.

## PROCESS SAFETY INSTRUCTIONS

**This front sheet should be a general summary of the Risk Assessment findings and outcomes (on page 2).  
It should be followed by staff and students at all times.**

<b>ACTIVITY</b>	<i>Wet-plate Collodion process with Adult Human Urine</i>	<b>Room Number</b>	
		<b>Location</b>	
		<b>Equipment Ref Number</b>	N/A
		<b>Overall Risk Rating</b>	<b>Medium</b>
<i>General induction and orientation to the area compulsory for all students, including instruction on the safe use of this particular equipment. Information to be held on training records</i>			
<b>Summary of hazards</b>	<ul style="list-style-type: none"> <li>• Flammable materials</li> <li>• Cuts etc. from glass plates if broken</li> <li>• Chemical handling.</li> <li>• Chemical Vapour Inhalation.</li> <li>• Slips and Trips</li> <li>• Contamination from human urine</li> <li>• Cytomegalovirus, or CMV infection, can be spread through human urine. Typical infection through urine happens when infants are going through the birth canal, or people with weak immune systems, who had the infection before, can become infected again with the introduction of a new strand of the virus.</li> <li>• Infection usually entails no symptoms, but occasionally symptoms similar to glandular fever can occur – fever, swollen glands, sore throat, etc. Once infected, one is thought to have it throughout their life.</li> <li>• Anti-viral treatment is only needed for severe cases.</li> <li>• The virus can be spread from 3 – 12 weeks from the time it was contracted.</li> <li>• Prevention can be made by washing hands when in contact with urine, specifically infant's. Exclusion from those infected is not necessary.</li> </ul>		
<b>Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Gloves, goggles and aprons, ventilation masks.</li> <li>• Ensure you are aware of hazards and are properly trained in the use of PPE.</li> </ul>		
<b>Prior to commencing process</b>	<ul style="list-style-type: none"> <li>• Refer to COSHH information before dealing with chemicals paying particular attention to control measures.</li> <li>• Put on appropriate PPE before beginning task.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Outline/ make users aware of safe working procedure for the area (see area risk assessment).</li> <li>• The urine will be collected off site.</li> <li>• A blood test showing the health of the person, from who the urine was collected, will accompany the urine, and be sent to the appropriate staff.</li> </ul>		
<b>During process</b>	<ul style="list-style-type: none"> <li>• Adopt an organised and methodical approach.</li> <li>• Ensure local area ventilation is switched on.</li> <li>• Do not use vacuum press or tacking iron during process.</li> <li>• Report any spillages immediately to a technician. Biowaste will be collected in appropriate waste bags, and disposed of off-site.</li> </ul>		
<b>Completion of process</b>	<ul style="list-style-type: none"> <li>• Dispose of used chemicals appropriately</li> <li>• Vacuum away any chalk powder residue.</li> <li>• Wash and remove developing equipment and trays.</li> <li>• Remove and dispose of contaminated PPE (gloves/ aprons).</li> </ul>		
<b>General</b>	<ul style="list-style-type: none"> <li>• Read all Process Safety Instruction and Risk Assessment Documents before starting process. Make sure appropriate staff are aware of location of all process documentation.</li> <li>• Tidy up after yourself</li> <li>• Chemicals to be stored off campus by Erin Solomons before and after working. Containers are shatterproof, sterile, and tamperproof.</li> <li>• This is a process that is a key part of my visual research. It will be performed on a semi-regular basis over the next two years (subject to research travel, workshops in the space, etc.).</li> </ul>		
<b>Prepared by:</b> Erin Solomons	<b>Date</b>	<b>Revision</b>	<b>Issue</b>
	18/01/16		
<b>Certified and Approved by</b>  <p style="text-align: right;">Date.....</p>			

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b><i>Wet Plate Collodion process with Adult Human Urine</i></b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
<u>Task Element</u>	<u>Hazard and harmful effect</u>	<b>Initial risk level</b>			<b>Control measures to reduce likelihood</b>	<b>Controlled risk level</b>		
		Severity	Like- lihood	Risk Level		Severity	Like- lihood	Risk Level



<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b>Wet Plate Collodion process with Adult Human Urine</b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Likelihood	Risk Level		Severity	Likelihood	Risk Level
Collecting the urine	Transfer of disease	1	3	<b>3L</b>	<ul style="list-style-type: none"> <li>Urine is collected from a person, who has supplied a healthy blood test.</li> </ul>	1	1	<b>1</b>
Mixture of Urine in Fix bath	Mixture could be spilled	1	3	<b>3L</b>	<ul style="list-style-type: none"> <li>The mixture will be made by pouring the urine into a prepared Fix bath in a tray. Funnel will be cleaned directly afterwards. Position working area which is secluded and provides some isolation. Student must take control of their work area and ensure that this risk assessment is complied with. Signage displayed to advise of nature of work.</li> </ul>	1	3	<b>3L</b>
Transportation of Urine	Spillage of mix	1	2	<b>2</b>	<ul style="list-style-type: none"> <li>Fluids will be transported in sealed, shatterproof, tamperproof, sterile containers, with adequate padding around bottle.</li> </ul>	1	2	<b>2</b>
General use of urine in open environment	Offence to other persons	1	2	<b>2</b>	<ul style="list-style-type: none"> <li>Position working area which is secluded and provides some isolation. Student must take control of their work area and ensure that this risk assessment is complied with. Signage displayed to advise of nature of work.</li> </ul>	1	2	<b>2</b>
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<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b>Wet Plate Collodion process with Adult Human Urine</b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Preparation of glass plate (collodion).	Cuts from glass plate edges.	2	2	4	Signage displayed to advise of nature of work.  • Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates. Wear safety glasses.	2	1	2
Pouring of collodion solution.	Skin Irritation	1	2	2	• Appropriate PPE provided (gloves/ apron/ old clothes). Initial H&S demonstration by technician/ workshop leader. Brief all students on skin irritation issues.	1	1	1
	Eye Irritation.	4	1	4	• Appropriate PPE provided (safety glasses and face mask). Initial H&S demonstration by technician/ workshop leader. Make sure eye wash station is fully stocked. Alert students to potential eye hazards	2	1	2
	Respiratory damage.	2	4	8	• Appropriate PPE provided (mask). Initial H&S demonstration by technician/ workshop leader. Process carried out in fume cupboard with ventilation switched on and set to required levels. Alert students to potential respiratory hazards.	2	1	2
	Flammable liquids.	2	2	4	• Initial H&S demonstration by technician/ workshop leader. No naked flames to be used in the area during process. Make sure fire extinguisher is in place.	2	1	2
December 2014					345			

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b>Wet Plate Collodion process with Adult Human Urine</b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Likelihood	Risk Level		Severity	Likelihood	Risk Level
Transfer of plates to darkroom.	Slips/ Trips/ Falls/ Broken Glass	2	2	4	Initial H&S demonstration by technician. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins. Ensure dustpan + brush and spill kit are in place.	2	1	2
Application of Silver Nitrate solution to collodion plate.	Cuts from glass plate edges.	2	2	4	<ul style="list-style-type: none"> <li>Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates.</li> </ul>	1	2	2
<b>(Carried out by trained Erin Solomons or technician only)</b>	Skin Irritation	1	2	2	<ul style="list-style-type: none"> <li>Appropriate PPE provided (gloves/ apron/ old clothes). Initial H&amp;S demonstration by technician.</li> </ul>	1	1	1
	Eye Irritation.	4	1	4	<ul style="list-style-type: none"> <li>Appropriate PPE (goggles/ face shield) provided. Initial H&amp;S demonstration by technician.</li> </ul>	2	1	2
	Respiratory damage.	2	4	8	<ul style="list-style-type: none"> <li>Initial H&amp;S demonstration by technician. Process carried out in darkroom with ventilation switched on and set to required levels.</li> </ul>	2	1	2
Transfer of sensitised plate to enlarger for exposure.	Slips/ Trips/ Falls/ Broken Glass	2	2	4	<ul style="list-style-type: none"> <li>Initial H&amp;S demonstration by technician/ workshop leader. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins.</li> </ul>	2	1	2



<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b>Wet Plate Collodion process with Adult Human Urine</b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Disposal of Urine and Fix mixture	Cross contamination	1	2	2	<ul style="list-style-type: none"> <li>Unused blood and urine will be poured down the sink.</li> <li>The mixture will be collected and disposed off site.</li> <li>Chemical stored off campus by Erin Solomons when she is not conducting this process in the darkroom.</li> </ul>	1	2	2
Storage of Chemicals	Skin Irritation	1	2	2		1	1	1
	Eye Irritation	4	1	4		1	1	1
	Respiratory damage	2	4	8		1	1	1

Figure H31, UCA Risk Assessment for the wet plate collodion process with human urine.

**PROCESS SAFETY INSTRUCTIONS**

This front sheet should be a general summary of the Risk Assessment findings and outcomes (on page 2).  
 It should be followed by staff and students at all times.

<b>ACTIVITY</b>	<i>Wet-plate Collodion process with Human Vomit</i>	<b>Room Number</b>	██████
		<b>Location</b>	██████
		<b>Equipment Ref Number</b>	N/A
		<b>Overall Risk Rating</b>	<b>Medium</b>
<u>General induction and orientation to the area compulsory for all students, including instruction on the safe use of this particular equipment.</u> <u>Information to be held on training records</u>			

<p><b>Summary of hazards</b></p>	<ul style="list-style-type: none"> <li>• Flammable materials</li> <li>• Cuts etc. from glass plates if broken</li> <li>• Chemical handling.</li> <li>• Chemical Vapour Inhalation.</li> <li>• Slips and Trips</li> <li>• Contamination from vomit.</li> <li>• HIV, Hepatitis B, Ebola, and the Norovirus can be transferred through human vomit.</li> <li>• One or two days after the Norovirus is contracted, symptoms that appear include projectile vomiting, watery diarrhoea, slight fever or cramps. It can last for two to three days. A doctor visit isn't needed.</li> <li>• Ebola is only spread through infected blood or bodily fluids. If a person was infected, then, outside of being physically apparent, it would show up on a GP prescribed blood test. The odds of contracting Ebola in the UK are minimal.</li> <li>• Symptoms for HIV can arise two to six weeks after the time infected. A flu-like illness will occur, which includes fever, sore throat, joint pain, swollen glands, etc. After the illness has passed, the virus will be active, but without symptoms. Until about ten years later, symptoms will arise such as weight loss, recurrent infections, and life-threatening illnesses.</li> <li>• Many people with Hepatitis B do not know they have it. They remain healthy and asymptomatic until their body fights off the disease. However, symptoms that can manifest include flu-like symptoms, diarrhoea, jaundice, etc. If infected for more than six months, Hep B is considered chronic. There are not necessarily symptoms for this period. If untreated, chronic Hep B can lead to liver disease and cirrhosis.</li> </ul>
<p><b>Personal Protective Equipment (PPE)</b></p>	<ul style="list-style-type: none"> <li>• Gloves, goggles and aprons, ventilation masks.</li> <li>• Ensure you are aware of hazards and are properly trained in the use of PPE.</li> </ul>
<p><b>Prior to commencing process</b></p>	<ul style="list-style-type: none"> <li>• Refer to COSHH information before dealing with chemicals paying particular attention to control measures.</li> <li>• Put on appropriate PPE before beginning task.</li> <li>• Outline/ make users aware of safe working procedure for the area (see area risk assessment).</li> <li>• Vomit will be collected off-site.</li> <li>• A blood test showing the health of the person, from who the vomit was collected, will accompany the vomit, and be sent to the appropriate staff.</li> </ul>
<p><b>During process</b></p>	<ul style="list-style-type: none"> <li>• Adopt an organised and methodical approach.</li> <li>• Ensure local area ventilation is switched on.</li> </ul>

	<ul style="list-style-type: none"> <li>• Do not use vacuum press or tacking iron during process.</li> <li>• Report any spillages immediately to a technician. Biowaste will be collected in appropriate waste bags, and disposed of off-site.</li> </ul>		
<b>Completion of process</b>	<ul style="list-style-type: none"> <li>• Dispose of used chemicals appropriately</li> <li>• Vacuum away any chalk powder residue.</li> <li>• Wash and return developing equipment.</li> <li>• Remove and dispose of contaminated PPE (gloves/ aprons).</li> </ul>		
<b>General</b>	<ul style="list-style-type: none"> <li>• Read all Process Safety Instruction and Risk Assessment Documents before starting process. Make sure appropriate staff are aware of location of all process documentation.</li> <li>• Tidy up after yourself</li> <li>• Chemicals to be stored off campus by Erin Solomons before and after workshop. Containers are shatterproof, sterile, and tamperproof.</li> <li>• This is a process that is a key part of my visual research. It will be performed on a semi-regular basis over the next two years (subject to research travel, workshops in the space, etc.).</li> </ul>		
<b>Prepared by:</b> Erin Solomons	<b>Date</b>	<b>Revision</b>	<b>Issue</b>
	18/01/16		
<b>Certified and Approved by</b>  <p style="text-align: right;"><b>Date</b>.....</p>			





<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <i>Wet Plate Collodion process with Human Vomit</i> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Collecting vomit	Transfer of disease	4	2	<b>8H</b>	<ul style="list-style-type: none"> <li>The person providing the vomit has a blood test for relevant diseases. If the test shows she is healthy, then the vomit will be collected.</li> </ul>	1	1	<b>1</b>
Mixture of Vomit and Fix	Vomit or Fix could be spilled	1	3	<b>3L</b>	<ul style="list-style-type: none"> <li>The mixture will be made by pouring the vomit into a prepared Fix bath in a tray. Funnel will be cleaned directly afterwards. Position working area which is secluded and provides some isolation. Student must take control of their work area and ensure that this risk assessment is complied with. Signage displayed to advise of nature of work.</li> </ul>	1	2	<b>2</b>
Transportation of Vomit	Spillage of fluid	1	1	<b>1</b>	<ul style="list-style-type: none"> <li>Fluids will be transported in sealed, shatterproof, tamperproof, sterile containers, with adequate padding around bottle.</li> </ul>	1	1	<b>1</b>
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<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b>Wet Plate Collodion process with Human Vomit</b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Preparation of glass plate (collodion).	Cuts from glass plate edges.	2	2	4	<ul style="list-style-type: none"> <li>Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates. Wear safety glasses.</li> </ul>	2	1	2
Pouring of collodion solution.	Skin Irritation	1	2	2	<ul style="list-style-type: none"> <li>Appropriate PPE provided (safety glasses and face mask). Initial H&amp;S demonstration by technician/ workshop leader. Make sure eye wash station is fully stocked. Alert students to potential eye hazards.</li> </ul>	1	1	1
	Eye Irritation.	4	1	4	<ul style="list-style-type: none"> <li>Appropriate PPE provided (mask). Initial H&amp;S demonstration by technician/ workshop leader. Process carried out in fume cupboard with ventilation switched on and set to required levels. Alert students to potential respiratory hazards.</li> </ul>	2	1	2
	Respiratory damage.	2	4	8	<ul style="list-style-type: none"> <li>Appropriate PPE provided (mask). Initial H&amp;S demonstration by technician/ workshop leader. Process carried out in fume cupboard with ventilation switched on and set to required levels. Alert students to potential respiratory hazards.</li> </ul>	2	1	2
	Flammable liquids.	2	2	4	<ul style="list-style-type: none"> <li>Initial H&amp;S demonstration by technician/ workshop leader. No naked flames to be used in the area during process. Make sure fire extinguisher is in place.</li> </ul>	2	1	2
Transfer of plates to darkroom. December 2014	Slips/ Trips/ Falls/ Broken Glass	2	2	4	<ul style="list-style-type: none"> <li>Initial H&amp;S demonstration by technician. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins. Ensure dustpan + brush and spill kit are in place.</li> </ul>	2	1	2

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b>Wet Plate Collodion process with Human Vomit</b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Application of Silver Nitrate solution to collodion plate.  <b>(Carried out by trained Erin Solomons or technician only)</b>	Cuts from glass plate edges.	2	2	4	• Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates.	1	2	2
	Skin Irritation	1	2	2	• Appropriate PPE provided (gloves/ apron/ old clothes). Initial H&S demonstration by technician/ workshop leader.	1	1	1
	Eye Irritation.	4	1	4	• Appropriate PPE provided. Initial H&S demonstration by technician/ workshop leader.	2	1	2
	Respiratory damage.	2	4	8	• Initial H&S demonstration by technician. Process carried out in darkroom with ventilation switched on and set to required levels.	2	1	2
Transfer of sensitised plate to enlarger for exposure.	Slips/ Trips/ Falls/ Broken Glass	2	2	4	• Initial H&S demonstration by technician/ workshop leader. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins.	2	1	2
Development of glass plate.	Cuts from glass plate edges.	2	2	4	• Prepare glass plate edges by polishing to a smooth finish and provision of gloves to handle plates.	1	2	2
	Skin Irritation	1	2	2	• Appropriate PPE provided (gloves/ apron/ old clothes). Initial H&S demonstration by technician/ workshop leader.	1	1	1
	Eye Irritation.	4	1	4	• Appropriate PPE provided. Initial H&S demonstration by technician/ workshop leader.	2	1	2
December 2014					355 leader.			

<b>RISK ASSESSMENT</b>								
This risk assessment is applicable to <b>Wet Plate Collodion process with Human Vomit</b> . The overall risk is assessed as: <b>Medium</b>								
<b>Date risk assessment completed:</b>		18/01/16						
<b>Author:</b>		Erin Solomons						
<b>Signed off by:</b>								
Task Element	Hazard and harmful effect	Initial risk level			Control measures to reduce likelihood	Controlled risk level		
		Severity	Like-lihood	Risk Level		Severity	Like-lihood	Risk Level
Washing and decontamination	Respiratory damage.	2	4	<b>8</b>	<ul style="list-style-type: none"> <li>Appropriate PPE provided (mask). Initial H&amp;S demonstration by technician/ workshop leader. Process carried out in darkroom with ventilation switched on and set to required levels.</li> <li>Initial H&amp;S demonstration by technician/ workshop leader. Plates transferred in a tray. Route taken to be checked and approved as clear before process begins.</li> <li>Thorough washing and decontamination at the end of every day. Use paper towels (or similar alternative), which must be bagged and taken of site for disposal. Gloves must be bagged and disposed of after every use. The communal sinks within the studio must not be used for washing.</li> </ul>	2	1	<b>2</b>
	Slips/ Trips/ Falls/ Broken Glass	2	2	<b>4</b>		2	1	<b>2</b>
	Cross contamination	3	2	<b>6H</b>		3	1	<b>3M</b>
Disposal of Vomit and Fix	Cross contamination	1	2	<b>2</b>	<ul style="list-style-type: none"> <li>Unused vomit will be poured down the sink.</li> </ul>	1	1	<b>1</b>
Storage of Chemicals	Skin Irritation	1	2	<b>2</b>	<ul style="list-style-type: none"> <li>Chemicals stored off campus by Erin Solomons when she is not conducting this process in the darkroom.</li> </ul>	1	1	<b>1</b>
	Eye Irritation. Respiratory damage.	4 2	1 4	<b>4 8</b>		1 1	1 1	<b>1 1</b>
December 2014					356			

Figure H32, UCA Risk Assessment for the wet plate collodion process with human vomit.



## SAFETY DATA SHEET SUPER THIN BLEACH 5L

According to Regulation (EC) No 1907/2006, Annex II, as amended by Regulation (EU) No 453/2010

### SECTION 1: Identification of the substance/mixture and of the company/undertaking

#### 1.1. Product identifier

Product name SUPER THIN BLEACH 5L  
Product number 800-106-0034

#### 1.2. Relevant identified uses of the substance or mixture and uses advised against

Identified uses Disinfecting and cleaning.

#### 1.3. Details of the supplier of the safety data sheet

Supplier COVENTRY CHEMICALS LTD  
WOODHAMS RD  
SISKIN DRIVE  
COVENTRY  
CV3 4FX

Tel: +44 (0) 02476639739  
Fax: +44 (0) 02476639717  
Email: sales@coventrychemicals.com

Contact person For content of safety data sheet: sds@coventrychemicals.com

#### 1.4. Emergency telephone number

Emergency telephone +44 (0) 1865407333 (Strictly for emergencies only: incidents involving damage to human health and/or the environment)

### SECTION 2: Hazards identification

#### 2.1. Classification of the substance or mixture

##### Classification

Physical hazards Not Classified  
Health hazards Skin Irrit. 2 - H315 Eye Dam. 1 - H318  
Environmental hazards Not Classified

Classification (67/548/EEC or 1999/45/EC) R31.

#### 2.2. Label elements

##### Pictogram



Danger

**SUPER THIN BLEACH 5L**

<b>Hazard statements</b>	H315 Causes skin irritation. H318 Causes serious eye damage.
<b>Precautionary statements</b>	P280 Wear protective gloves/protective clothing/eye protection/face protection. P302+P352 IF ON SKIN: Wash with plenty of water. P305+P351+P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. P310 Immediately call a POISON CENTER/doctor. P102 Keep out of reach of children. P301+P330+P331 IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
<b>Contains</b>	SODIUM HYPOCHLORITE SOLUTION, ... % CI ACTIVE
<b>Detergent labelling</b>	< 5% chlorine-based bleaching agents
<b>Supplementary precautionary statements</b>	P264 Wash contaminated skin thoroughly after handling. P321 Specific treatment (see medical advice on this label). P362+P364 Take off contaminated clothing and wash it before reuse.

**2.3. Other hazards**

This product does not contain any substances classified as PBT or vPvB.

**SECTION 3: Composition/information on ingredients****3.2. Mixtures**

SODIUM HYPOCHLORITE SOLUTION, ... % CI ACTIVE		<b>1-5%</b>
CAS number: 7681-52-9	EC number: 231-668-3	REACH registration number: 01-2119488154-34-XXXX
M factor (Acute) = 10		
<b>Classification</b>	<b>Classification (67/548/EEC or 1999/45/EC)</b>	
Met. Corr. 1 - H290	C;R34 R31 N;R50	
Skin Corr. 1B - H314		
Eye Dam. 1 - H318		
Aquatic Acute 1 - H400		

The Full Text for all R-Phrases and Hazard Statements are Displayed in Section 16.

**SECTION 4: First aid measures****4.1. Description of first aid measures**

<b>Inhalation</b>	Move affected person to fresh air at once. Rinse nose and mouth with water. Get medical attention if any discomfort continues.
<b>Ingestion</b>	Do not induce vomiting. Rinse mouth thoroughly with water. Give plenty of water to drink. Keep affected person under observation. Get medical attention if any discomfort continues. Show this Safety Data Sheet to the medical personnel.
<b>Skin contact</b>	Rinse immediately with plenty of water. Remove contaminated clothing. Get medical attention if irritation persists after washing.
<b>Eye contact</b>	Rinse immediately with plenty of water. Remove any contact lenses and open eyelids wide apart. Continue to rinse for at least 15 minutes. Get medical attention if irritation persists after washing. Show this Safety Data Sheet to the medical personnel.

**4.2. Most important symptoms and effects, both acute and delayed**

<b>Inhalation</b>	May cause respiratory system irritation.
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## SUPER THIN BLEACH 5L

<b>Ingestion</b>	Ingestion may cause severe irritation of the mouth, the oesophagus and the gastrointestinal tract. May cause stomach pain or vomiting.
<b>Skin contact</b>	Prolonged or repeated contact with skin may cause irritation, redness and dermatitis.
<b>Eye contact</b>	Irritating to eyes. Symptoms following overexposure may include the following: Redness. Pain.

### 4.3. Indication of any immediate medical attention and special treatment needed

<b>Notes for the doctor</b>	No specific recommendations.
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## SECTION 5: Firefighting measures

### 5.1. Extinguishing media

<b>Suitable extinguishing media</b>	The product is not flammable. Use fire-extinguishing media suitable for the surrounding fire. Foam, carbon dioxide or dry powder.
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### 5.2. Special hazards arising from the substance or mixture

<b>Hazardous combustion products</b>	Fire or high temperatures create: Chlorine. Oxides of: Chlorine. Hydrogen chloride (HCl).
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### 5.3. Advice for firefighters

<b>Protective actions during firefighting</b>	Control run-off water by containing and keeping it out of sewers and watercourses.
<b>Special protective equipment for firefighters</b>	Wear positive-pressure self-contained breathing apparatus (SCBA) and appropriate protective clothing.

## SECTION 6: Accidental release measures

### 6.1. Personal precautions, protective equipment and emergency procedures

<b>Personal precautions</b>	For personal protection, see Section 8.
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### 6.2. Environmental precautions

<b>Environmental precautions</b>	Collect and dispose of spillage as indicated in Section 13. Do not discharge into drains or watercourses or onto the ground.
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### 6.3. Methods and material for containment and cleaning up

<b>Methods for cleaning up</b>	Stop leak if possible without risk. Flush away spillage with plenty of water. Absorb spillage with non-combustible, absorbent material. Do not discharge into drains or watercourses or onto the ground. Absorb in vermiculite, dry sand or earth and place into containers. Do not use paper or sawdust. Provide adequate ventilation. Flush contaminated area with plenty of water. Avoid the spillage or runoff entering drains, sewers or watercourses.
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### 6.4. Reference to other sections

<b>Reference to other sections</b>	For personal protection, see Section 8. See Section 11 for additional information on health hazards. For waste disposal, see Section 13.
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## SECTION 7: Handling and storage

### 7.1. Precautions for safe handling

<b>Usage precautions</b>	Wear protective clothing as described in Section 8 of this safety data sheet. Provide adequate ventilation. Avoid contact with skin and eyes. Avoid inhalation of vapours and spray/mists. Observe any occupational exposure limits for the product or ingredients. Avoid contact with acids and other cleaning agents.
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## SUPER THIN BLEACH 5L

### Advice on general occupational hygiene

Good personal hygiene procedures should be implemented. Do not eat, drink or smoke when using this product. Provide eyewash station. Wash promptly with soap and water if skin becomes contaminated. Wash contaminated clothing before reuse. Use appropriate skin cream to prevent drying of skin.

### 7.2. Conditions for safe storage, including any incompatibilities

#### Storage precautions

Store in tightly-closed, original container in a dry, cool and well-ventilated place. Protect from light. Store away from the following materials: Acids.

### 7.3. Specific end use(s)

#### Specific end use(s)

The identified uses for this product are detailed in Section 1.2.

## SECTION 8: Exposure Controls/personal protection

### 8.1. Control parameters

#### Ingredient comments

No exposure limits known for ingredient(s). In case of Chlorine emission, the WEL for Chlorine should be observed: Short Term Exposure Limit (STEL) 1 ppm / 2.9 mg/m<sup>3</sup>. Long Term Exposure Limit (LTEL) 0.5 ppm / 1.5 mg/m<sup>3</sup>. WEL = Workplace Exposure Limits

### SODIUM HYPOCHLORITE SOLUTION, ... % Cl ACTIVE (CAS: 7681-52-9)

#### DNEL

Industry - Inhalation; Long term local effects: 1.55 mg/m<sup>3</sup>  
 Industry - Inhalation; Long term systemic effects: 1.55 mg/m<sup>3</sup>  
 Industry - Inhalation; Short term local effects: 3.1 mg/m<sup>3</sup>  
 Industry - Inhalation; Short term systemic effects: 3.1 mg/m<sup>3</sup>  
 Consumer - Inhalation; Long term local effects: 1.55 mg/m<sup>3</sup>  
 Consumer - Inhalation; Long term systemic effects: 1.55 mg/m<sup>3</sup>  
 Consumer - Inhalation; Short term local effects: 3.1 mg/m<sup>3</sup>  
 Consumer - Inhalation; Short term systemic effects: 3.1 mg/m<sup>3</sup>  
 Consumer - Oral; Long term systemic effects: 0.26 mg/kg/day

#### PNEC

- Fresh water; 0.00021 mg/l  
 - Marine water; 0.000042 mg/l  
 - Intermittent release; 0.00026 mg/l  
 - STP; 0.03 mg/l

### 8.2. Exposure controls

#### Protective equipment



#### Appropriate engineering controls

Provide adequate ventilation.

#### Eye/face protection

Eyewear complying with an approved standard should be worn if a risk assessment indicates eye contact is possible. Unless the assessment indicates a higher degree of protection is required, the following protection should be worn: Tight-fitting safety glasses. EN 166

#### Hand protection

Chemical-resistant, impervious gloves complying with an approved standard should be worn if a risk assessment indicates skin contact is possible. It is recommended that gloves are made of the following material: Polyvinyl chloride (PVC). Rubber (natural, latex). EN 374

#### Other skin and body protection

Use barrier creams to prevent skin contact. Wear appropriate clothing to prevent repeated or prolonged skin contact.

## SUPER THIN BLEACH 5L

<b>Hygiene measures</b>	When using do not eat, drink or smoke. Good personal hygiene procedures should be implemented. Wash hands and any other contaminated areas of the body with soap and water before leaving the work site. Use appropriate skin cream to prevent drying of skin.
<b>Respiratory protection</b>	Respiratory protection not required.
<b>Environmental exposure controls</b>	Avoid release to the environment.

### SECTION 9: Physical and Chemical Properties

#### 9.1. Information on basic physical and chemical properties

<b>Appearance</b>	Liquid.
<b>Colour</b>	Colourless to pale yellow.
<b>Odour</b>	Chlorine.
<b>Odour threshold</b>	Not applicable.
<b>pH</b>	pH (concentrated solution): 11.5
<b>Melting point</b>	Not applicable.
<b>Initial boiling point and range</b>	Not applicable.
<b>Flash point</b>	Not applicable.
<b>Evaporation rate</b>	Not determined.
<b>Evaporation factor</b>	Not applicable.
<b>Vapour pressure</b>	Not determined.
<b>Vapour density</b>	Not determined.
<b>Relative density</b>	1.05 @ 20°C
<b>Bulk density</b>	Not applicable.
<b>Solubility(ies)</b>	Soluble in water.
<b>Auto-ignition temperature</b>	Not applicable.
<b>Decomposition Temperature</b>	Not applicable.
<b>Viscosity</b>	Not determined.
<b>Explosive properties</b>	Not relevant.
<b>Explosive under the influence of a flame</b>	Not considered to be explosive.
<b>Oxidising properties</b>	Not applicable.
<b>Comments</b>	Information given is applicable to the product as supplied.

#### 9.2. Other information

<b>Other information</b>	Not relevant.
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### SECTION 10: Stability and reactivity

#### 10.1. Reactivity

<b>Reactivity</b>	Reacts with many inorganic and organic compounds
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#### 10.2. Chemical stability

## SUPER THIN BLEACH 5L

**Stability** Decomposes over time. Factors that increase the rate of decomposition: increase in temperature, certain metallic impurities, high initial concentration, fall in pH below 11 and exposure to light.

### 10.3. Possibility of hazardous reactions

**Possibility of hazardous reactions** Contact with acids liberates toxic gas. Chlorine.

### 10.4. Conditions to avoid

**Conditions to avoid** Avoid exposure to high temperatures or direct sunlight.

### 10.5. Incompatible materials

**Materials to avoid** Acids. Ammonium compounds. Organic materials. Metals, particularly copper, nickel and iron.

### 10.6. Hazardous decomposition products

**Hazardous decomposition products** Chlorine. Hydrogen chloride (HCl). Oxides of the following substances: Chlorine.

## SECTION 11: Toxicological information

### 11.1. Information on toxicological effects

**Toxicological effects** Data for sodium hypochlorite solution 15% shows low acute oral toxicity: LC50(rat, oral) 1100 mg/kg (as available chlorine). Low acute inhalation toxicity. LC50 (rat, 1hr) >10500mg/m<sup>3</sup> (as available chlorine). Very low acute dermal toxicity. LC50 (rat, dermal) >2000 mg/kg (as available chlorine).

**Other health effects** Does not contain any substances known to be carcinogenic.

### Skin sensitisation

**Skin sensitisation** Not sensitising.

**General information** This product has low toxicity.

**Ingestion** May cause irritation. Symptoms following overexposure may include the following: Stomach pain. Nausea, vomiting. Diarrhoea.

**Skin contact** Skin irritation should not occur when used as recommended. Repeated exposure may cause skin dryness or cracking.

**Eye contact** May cause temporary eye irritation.

## SECTION 12: Ecological Information

**Ecotoxicity** Not regarded as dangerous for the environment. The product is classified using the test data for the AISE model bleach product. Ref: International Association for Soaps, Detergents and Maintenance Products publication "Environmental classification of sodium hypochlorite containing bleach products". The product may affect the acidity (pH) of water which may have hazardous effects on aquatic organisms.

### 12.1. Toxicity

**Toxicity** Not considered toxic to fish.

### Acute toxicity - aquatic invertebrates

Reference: AISE report "Environmental classification of sodium hypochlorite containing bleach products.", 9 September 2009.  
EC<sub>50</sub>, 48 hours: > 1 mg/l mg/l, Daphnia magna

### 12.2. Persistence and degradability

## SUPER THIN BLEACH 5L

**Persistence and degradability** This product contains inorganic compounds which are not biodegradable. Reacts with organic substances in soil and sediments and degrades rapidly to chloride salts. Substantially removed in biological treatment processes. The surfactant(s) contained in this product complies(comply) with the biodegradability criteria as laid down in Regulation (EC) No. 648/2004 on detergents. Data to support this assertion are held at the disposal of the competent authorities of the Member States and will be made available to them at their direct request, or at the request of a detergent manufacturer.

### 12.3. Bioaccumulative potential

**Bioaccumulative potential** No data available on bioaccumulation. Low potential for bioaccumulation.

### 12.4. Mobility in soil

**Mobility** The product is water-soluble and may spread in water systems.

### 12.5. Results of PBT and vPvB assessment

**Results of PBT and vPvB assessment** This product does not contain any substances classified as PBT or vPvB.

### 12.6. Other adverse effects

**Other adverse effects** There is evidence that sodium hypochlorite inhibits the aerobic treatment process at a concentration of 0.05 mg/l.

## SECTION 13: Disposal considerations

### 13.1. Waste treatment methods

**General information** Do not discharge into drains or watercourses or onto the ground.

**Disposal methods** Dispose of waste to licensed waste disposal site in accordance with the requirements of the local Waste Disposal Authority. Packaging is recyclable. Wash out containers with water before disposal.

## SECTION 14: Transport information

**Road transport notes** Not classified.

**Rail transport notes** Not classified.

**Sea transport notes** Not classified.

**Air transport notes** Not classified.

### 14.1. UN number

Not applicable.

### 14.2. UN proper shipping name

Not applicable.

### 14.3. Transport hazard class(es)

Not applicable.

### 14.4. Packing group

Not applicable.

### 14.5. Environmental hazards

### 14.6. Special precautions for user

Not applicable.

## SUPER THIN BLEACH 5L

### 14.7. Transport in bulk according to Annex II of MARPOL73/78 and the IBC Code

Transport in bulk according to Annex II of MARPOL 73/78 and the IBC Code Not applicable.

### SECTION 15: Regulatory information

#### 15.1. Safety, health and environmental regulations/legislation specific for the substance or mixture

<b>National regulations</b>	The Control of Substances Hazardous to Health Regulations 2002 (SI 2002 No. 2677) (as amended). The Chemicals (Hazard Information and Packaging for Supply) Regulations 2009 (SI 2009 No. 716). EH40/2005 Workplace exposure limits.
<b>EU legislation</b>	Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) (as amended). Regulation (EU) No 453/2010 of 20 May 2010 amending Regulation (EC) 1907/2006, Regulation (EC) No 1272/2008 of the European Parliament and of the Council of 16 December 2008 on classification, labelling and packaging of substances and mixtures (as amended). Commission Decision 2000/532/EC as amended by Decision 2001/118/EC establishing a list of wastes and hazardous waste pursuant to Council Directive 75/442/EEC on waste and Directive 91/689/EEC on hazardous waste with amendments.
<b>Guidance</b>	COSHH Essentials. ECHA Guidance on the Application of the CLP Criteria. ECHA Guidance on the compilation of safety data sheets.

#### 15.2. Chemical safety assessment

A Chemical Safety Assessment (CSA) has been completed for Sodium hypochlorite. and Sodium hydroxide.

### SECTION 16: Other information

<b>Abbreviations and acronyms used in the safety data sheet</b>	DNEL Derived No Effect Level PNEC Predicted No Effect Concentration STP Sewage Treatment Plant vPvB very Persistent, very Bio-accumulative
<b>Revision comments</b>	NOTE: Lines within the margin indicate significant changes from the previous revision.
<b>Revision date</b>	14/05/2015
<b>Revision</b>	1
<b>SDS number</b>	20601
<b>Risk phrases in full</b>	R31 Contact with acids liberates toxic gas. R34 Causes burns. R50 Very toxic to aquatic organisms.
<b>Hazard statements in full</b>	H290 May be corrosive to metals. H314 Causes severe skin burns and eye damage. H315 Causes skin irritation. H318 Causes serious eye damage. H400 Very toxic to aquatic life.

## SUPER THIN BLEACH 5L

Figure H33, MSDS data sheet of thin bleach as a part of the wet plate process risk assessments.

This information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process. Such information is, to the best of the company's knowledge and belief, accurate and reliable as of the date indicated. However, no warranty, guarantee or representation is made to its accuracy, reliability or completeness. It is the user's responsibility to satisfy himself as to the suitability of such information for his own particular use.

# MATERIAL SAFETY DATA SHEET

according to Regulation (EC) No. 1907/2006 (REACH)

## AEROSPRAY films (varnishes), mineral spirit containing

Article No.		Issue date:	23.03.15
Version	5 ( 20.03.15 )	Page	1 / 12

### SECTION 1: Identification of the substance/mixture and of the company/undertaking

#### 1.1 Product identifier

Trade name art.no.: 50 408 - AEROSPRAY mat film (varnish)  
art.no.: 50 410 - AEROSPRAY neutral film (varnish)  
art.no.: 50 412 - AEROSPRAY gloss film (varnish)

#### 1.2 Relevant identified uses of the substance or mixture and uses advised against

General use  
Products for creation of art.

Uses advised against

#### 1.3 Details of the supplier of the safety data sheet

H. Schmincke & Co. GmbH & Co. KG  
Otto-Hahn-Str. 2  
D - 40699 Erkrath  
Tel. +49 (0) 211-2509-0  
Fax. +49 (0) 211-2509-497  
info@schmincke.de  
www.schmincke.de  
Schmincke-Labor:  
Mo-Do 8.00-16.30, Fr 8.00-13.30  
Tel. +49 (0) 211-2509-474  
labor@schmincke.de

#### 1.4 Emergency telephone number

**Emergency  
Information  
Phone #**

**Emergencycall Berlin  
(24h - counseling in german and english)  
+49 (0) 30-30686790**

### SECTION 2: Hazards identification

#### 2.1 Classification of the substance or mixture

##### Classification according to EC regulation 1272/2008 (CLP)

Aquatic Chronic 2; H411 Toxic to aquatic life with long lasting effects.  
Eye Irrit. 2; H319 Causes serious eye irritation.  
Flam. Aerosol 1; H222 Extremely flammable aerosol.  
H229 Pressurised container: May burst if heated.  
STOT RE 1; H372 Causes damage to organs through prolonged or repeated exposure.  
STOT SE 3; H336 May cause drowsiness or dizziness.

##### Classification according to Directive 67/548/EEC or 1999/45/EC

F+ extremely flammable  
N dangerous for the  
environment  
R12 Extremely flammable.  
R51/53 Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic  
environment.  
R66 Repeated exposure may cause skin dryness or cracking.  
R67 Vapours may cause drowsiness and dizziness.



# MATERIAL SAFETY DATA SHEET

according to Regulation (EC) No. 1907/2006 (REACH)

## AEROSPRAY films (varnishes), mineral spirit containing

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### 2.2 Label elements

#### Labelling (CLP)



#### Signal word

Danger

#### Hazard statements

H222 Extremely flammable aerosol.  
H229 Pressurised container: May burst if heated.  
H319 Causes serious eye irritation.  
H336 May cause drowsiness or dizziness.  
H372 Causes damage to organs through prolonged or repeated exposure.  
H411 Toxic to aquatic life with long lasting effects.

#### Safety precautions

P102 Keep out of reach of children.  
P210 Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.  
P211 Do not spray on an open flame or other ignition source.  
P251 Do not pierce or burn, even after use.  
P260 Do not breathe spray.  
P271 Use only outdoors or in a well-ventilated area.  
P305+P351+P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.  
P303+P361+P353 IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.  
P410+P412 Protect from sunlight. Do not expose to temperatures exceeding 50°C/122°F.  
In case of insufficient ventilation and/or through use, explosive/highly flammable mixtures may develop.

#### Labelling (67/548/EEC or 1999/45)

#### Nature of Hazard

F+ extremely flammable  
N dangerous for the environment



#### R phrase(s)

# MATERIAL SAFETY DATA SHEET

according to Regulation (EC) No. 1907/2006 (REACH)

## AEROSPRAY films (varnishes), mineral spirit containing

<b>Article No.</b>		<b>Issue date:</b>	<b>23.03.15</b>
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R12 Extremely flammable.  
R51/53 Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.  
R66 Repeated exposure may cause skin dryness or cracking.  
R67 Vapours may cause drowsiness and dizziness.

### S phrase(s)

S2 Keep out of the reach of children.  
S23 Do not breathe gas/fumes/vapour/spray.  
S24 Avoid contact with skin.  
S51 Use only in well-ventilated areas.  
S61 Avoid release to the environment. Refer to special instructions/Safety data sheets.

### 2.3 Other hazards

## SECTION 3: Composition / information on ingredients

### 3.1 Substances

#### **Chemical characterization**

acrylic resin white spirit Alcohols

CAS-Number  
EINECS / ELINCS / NLP  
EU index number  
Customs tariff number  
REACH registration No.  
RTECS-no.  
Hazchem-Code  
CI-Number

### 3.2 Mixtures

#### **Substance 1**

Naphtha (petroleum), hydrodesulfurized heavy: CAS-Number: 64742-82-1  
EU index number: 919-446-0  
EINECS / ELINCS / NLP: 649-330-00-2  
REACH registration No.: 01-2119458049-33-xxxx  
Classification according to Directive 67/548/EEC or 1999/45/EC:  
Nature of Hazard: N - Xn / R phrase(s): 10 - 51/53 - 65 - 66 - 67  
Classification according to EC regulation 1272/2008 (CLP):  
Aquatic Chronic 2; H411 / Asp. Tox. 1; H304 / not required; EUH066 / Flam. Liq. 3; H226 / STOT RE 1; H372 / STOT SE 3; H336

#### **Substance 3**

ethanol: CAS-Number: 64-17-5  
EU index number: 200-578-6  
Classification according to Directive 67/548/EEC or 1999/45/EC:  
Nature of Hazard: F / R phrase(s): 11  
Classification according to EC regulation 1272/2008 (CLP):  
Flam. Liq. 2; H225

#### **Substance 5**

Reaction mass of Bis(1,2,2,6,6-pentamethyl-4-piperidyl) sebacate and Methyl 1,2,2,6,6-pentamethyl-4-piperidyl sebacate: EU index number: 915-687-0  
REACH registration No.: 01-2119491304-40

#### **Substance 2**

n-butanol: CAS-Number: 71-36-3  
EU index number: 003-004-00-6  
EINECS / ELINCS / NLP: 200-751-6  
REACH registration No.: 01-2119484630-38-xxxx  
Classification according to Directive 67/548/EEC or 1999/45/EC:  
Nature of Hazard: Xn / R phrase(s): 10 - 22 - 37/38 - 41 - 67  
Classification according to EC regulation 1272/2008 (CLP):  
Acute Tox. 4; H302 / Eye Dam. 1; H318 / Flam. Liq. 3; H226 / STOT SE 3; H335 / STOT SE 3; H336 / Skin Irrit. 2; H315

#### **Substance 4**

Benzotriazole derivat: CAS-Number: 104810-47-1  
EU index number: 400-830-7  
EINECS / ELINCS / NLP: 607-176-00-3  
Classification according to Directive 67/548/EEC or 1999/45/EC:  
Nature of Hazard: N - Xi / R phrase(s): 43 - 51/53  
Classification according to EC regulation 1272/2008 (CLP):  
Aquatic Chronic 2; H411 / Skin Sens. 1; H317

#### **Substance 6**

propane / butane: CAS-Number: 74-98-6 / 106-97-8  
REACH registration No.: 01-2119471330-49 / 01-2119474691-32  
Classification according to Directive 67/548/EEC or 1999/45/EC:

# MATERIAL SAFETY DATA SHEET

according to Regulation (EC) No. 1907/2006 (REACH)

## AEROSPRAY films (varnishes), mineral spirit containing

<b>Article No.</b>		<b>Issue date:</b>	<b>23.03.15</b>
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Classification according to Directive 67/548/EEC or 1999/45/EC:  
Nature of Hazard: N - Xi / R phrase(s): 43 - 50/53  
Classification according to EC regulation 1272/2008 (CLP):  
Aquatic Acute 1; H400 / Aquatic Chronic 1; H410 / Skin Sens. 1; H317

Nature of Hazard: F+ / R phrase(s): 12  
Classification according to EC regulation 1272/2008 (CLP):  
Compr. Gas; H280 / Flam. Gas 1; H220

### Additional information

## SECTION 4: First aid measures

### 4.1 Description of first aid measures

#### General information

#### In case of inhalation

Move victim to fresh air, put at rest and loosen restrictive clothing. Seek medical attention if problems persist.

#### In case of skin contact

Thoroughly wash skin with soap and water. Seek medical attention if irritation persists.

#### After eye contact

In case of contact with eyes, rinse immediately with plenty of flowing water for 10 to 15 minutes holding eyelids apart.

Subsequently consult an ophthalmologist.

#### After swallowing

Call a POISON CENTER/doctor if you feel unwell.

### 4.2 Most important symptoms and effects, both acute and delayed

### 4.3 Indication of any immediate medical attention and special treatment needed

## SECTION 5: Firefighting measures

### 5.1 Extinguishing media

#### Suitable extinguishing media

extinguishing powder carbon dioxide Water fog

#### Extinguishing media which must not be used for safety reasons

### 5.2 Special hazards arising from the substance or mixture

In case of fire may be liberated: Carbon monoxide and carbon dioxide

### 5.3 Advice for firefighters

#### Special protective equipment for firefighters

Use appropriate respiratory protection.

#### Additional information

## SECTION 6: Accidental release measures

### 6.1 Personal precautions, protective equipment and emergency procedures

refer to section 8

### 6.2 environmental precautions

Do not allow to enter into surface water or drains.

### 6.3 Methods and material for containment and cleaning up

#### Methods for cleaning up

Absorb leftover product with non-flammable liquid-binding material (e.g. earth, sand, vermiculite or ground sand stone) and place in closed containers for disposal.

#### Additional information

### 6.4 Reference to other sections

# MATERIAL SAFETY DATA SHEET

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### SECTION 7: Handling and storage

#### 7.1 Precautions for safe handling

##### Advices on safe handling

Provide good ventilation and/or an exhaust system in the work area. In case of insufficient ventilation and/or through use, explosive/highly flammable mixtures may develop.

##### Precautions against fire and explosion

#### 7.2 Conditions for safe storage, including any incompatibilities

##### Requirements for storerooms and containers

Store in a well-ventilated place. Keep container tightly closed. Keep away from sources of ignition and heat. Protect from direct sunlight.

##### Hints on joint storage

Storage class  
Further details

#### 7.3 Specific end use(s)

### SECTION 8: Exposure controls/personal protection

#### 8.1 Control parameters

64742-82-1 Naphtha (petroleum), hydrodesulfurized heavy

DEU	WEL	300,000	mg/kg	-
-----	-----	---------	-------	---

71-36-3 n-butanol

DEU	WEL	100,000	mL/m <sup>3</sup>	1(I); DFG, Y
DEU	WEL	310,000	mg/m <sup>3</sup>	1(I); DFG, Y

64-17-5 ethanol

DEU	WEL	500,000	mL/m <sup>3</sup>	-
DEU	WEL	960,000	mg/m <sup>3</sup>	2(II); DGF; Y
USA	PEL (US)	1.000,000	ppm	8h (long term)
USA	PEL (US)	1.900,000	mg/m <sup>3</sup>	8h (long term)

74-98-6 / 106-9 propane / butane

DEU	WEL	1.000,000	mL/m <sup>3</sup>	-
DEU	WEL	1.800,000	mg/m <sup>3</sup>	4(II); DFG

#### 8.2 Exposure controls

##### Occupational exposure controls

###### Respiratory protection

Respiratory protection must be worn whenever the WEL levels have been exceeded. Use filter type A (= against vapours of organic substances)

###### Hand protection

Avoid contact with skin.

###### Eye protection

Avoid contact with eyes.

###### Body protection

Wash contaminated clothing prior to re-use.

###### General protection and hygiene measures

Handle in accordance with good industrial hygiene and safety practice.

### SECTION 9: Physical and chemical properties

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### 9.1 information on basic physical and chemical properties

Physical state	Aerosol		
Colour	colourless		
Odour	white spirit		
	min	max	
Initial boiling point and boiling range			
Melting point/freezing point			
Flash point/flash point range	-60 °C	-60 °C	
Flammability			
Ignition temperature			
Auto-ignition temperature			
Explosion limits			
Refraction index			
Partition coefficient: n-octanol/water			
Explosive properties			
Vapour pressure	300 kPa		
Density	0,6 -		
	0,7 g/ml		
PH value			
Viscosity dynamic of			
Viscosity dynamic up to			
Viscosity kinematic of			
Viscosity kinematic up to			

### 9.2 Other information

## SECTION 10: Stability and reactivity

### 10.1 Reactivity

### 10.2 Chemical stability

### 10.3 Possibility of hazardous reactions

### 10.4 Conditions to avoid

Protect from heat and direct sunlight.

### 10.5 Incompatible materials

Oxidising agent

### 10.6 Hazardous decomposition products

## SECTION 11: Toxicological information

### 11.1 Information on toxicological effects

#### Acute toxicity

LD50 oral( Rat): > 5000 mg/kg

Data apply to the technically active substance.

#### In case of inhalation

#### After swallowing

#### In case of skin contact

#### After eye contact

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### Practical experience

### General remarks

### Toxicological tests

64742-82-1 Naphtha (petroleum), hydrodesulfurized heavy

oral	LD50	Rat		2000,000	mg/kg	-
dermal	LD50	Rat		2000,000	mg/kg	-

### Toxicological tests

71-36-3 n-butanol

oral	LD50	Rat		790,000	mg/kg	-
inhalative	LC50	Rat		8000,000	mg/L	(4h)
dermal	LD50	Rabbit		3400,000	mg/kg	-

### Toxicological tests

64-17-5 ethanol

oral	LD50	Rat		5000,000	mg/kg	-
inhalative	LC50	Rat		1800,000	mg/L	4h
dermal	LD50	Rabbit		10000,000	mg/kg	-

## SECTION 12: Ecological information

### 12.1 Toxicity

#### Aquatic toxicity

Water Hazard Class 1

WGK catalog number

General information

### 12.2 Persistence and degradability

#### Further details

Water Hazard Class: slightly hazardous to water

Oxygen demand

### 12.3 Bioaccumulative potential

Bioconcentration factor (BCF)

Partition coefficient: n-octanol/water

### 12.4 Mobility in soil

No data available

### 12.5 Results of PBT and vPvB assessment

No data available

### 12.6 Other adverse effects

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### General information

#### Ecotoxicological effects

64742-82-1 Naphtha (petroleum), hydrodesulfurized heavy

not required	LC50	fish		10,000	mg/L	-
not required	EC50	Algae		10,000	mg/L	-
<b>Ecotoxicological effects</b>						
71-36-3	n-butanol					
not required	EC50	Daphnia magna (Big water		1983,000	mg/L	(48h)
not required	IC50:	Algae		500,000	mg/L	(72h)
<b>Ecotoxicological effects</b>						
64-17-5	ethanol					
not required	LC50	fish		8150,000	mg/L	48h
not required	EC50	Daphnia magna		14221,000	mg/L	48h

## SECTION 13: Disposal considerations

### 13.1 Waste treatment methods

#### Product

Waste key number

Recommendation

080111\* waste paint and varnish containing organic solvents or other dangerous substances

#### Contaminated packaging

Waste key number

Recommendation

Completely emptied packages can be recycled.

#### Additional information

## SECTION 14: Transport information

### 14.1 UN number

1950

### 14.2 UN proper shipping name

ADR, ADN AEROSOLS, flammable

IMDG, IATA AEROSOLS, flammable

### 14.3 Transport hazard class(es)

ADR, ADN 2

IMDG 2.1

IATA 2.1

### 14.4 Packing group

-

### 14.5 Environmental hazards

Marine Pollutant - IMDG

Yes

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Marine Pollutant - ADN -

### 14.6 Special precautions for user

#### Land transport

Code: ADR/RID	5F
Kemmler-number	-
Hazard label ADR	2.1
Limited quantities	1L
Contaminated packaging: Instructions	P207 - LP02
Contaminated packaging: Special provisions	PP87 - RR6 - L2
Special provisions for packing together	MP9
Portable tanks: Instructions	-
Portable tanks: Special provisions	-
Tank coding	-
Tunnel restriction	D
Remarks	
EQ	E0
Special provisions	190 - 327 - 344 - 625

#### Inland waterway craft

Hazard label  
Limited quantities  
Transport permitted  
Equipment necessary  
Ventilation  
Remarks  
EQ  
Special provisions

#### Sea transport

EmS	F-D, S-U
Special provisions	63 - 190 - 277 - 327 - 344 - 959
Limited quantities	1L
Contaminated packaging: Instructions	P207 - LP02
Contaminated packaging: Special provisions	PP87 - L2
IBC: Instructions	-
IBC: Provisions	-
Tank instructions IMO	-
Tank instructions UN	-
Tank instructions Special provisions	-
Stowage and segregation	SW1 - SW22 SG69
Properties and observations	
Remarks	
EQ	E0

#### Air transport

Hazard	-
Passenger	203 (75 kg)
Passenger LQ	Y203 (30 kg G)
Cargo	203 (150 kg)
ERG	10L
Remarks	
EQ	
Special Provisioning	A145 - A167 - A802



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### 14.7 Transport in bulk according to Annex II of MARPOL 73/78 and the IBC Code

No data available

## SECTION 15: Regulatory information

### Bezeichner in aktueller Sprache fehlt!

#### National regulations

##### Europe

Contents of VOC [%] 0  
Contents of VOC  
[g/L]  
Further regulations, limitations and legal requirements

##### Germany

Storage class  
Water Hazard Class 1  
WGK catalog number  
Incident regulation  
Information on working limitations  
Further regulations, limitations and legal requirements

##### Denmark

Further regulations, limitations and legal requirements

##### Hungary

Further regulations, limitations and legal requirements

##### Great Britain

Further regulations, limitations and legal requirements

##### Switzerland

Contents of VOC [%]  
ca. 60 %  
Further regulations, limitations and legal requirements

##### USA

Further regulations, limitations and legal requirements

##### **Federal Regulations**

##### **State Regulations**

##### **Signal Word**

DANGER !

##### **Principal Hazards**

Extremely Flammable. Harmful or fatal if swallowed. Contents under pressure.

##### **Hazardous Ingredients**

Contains petroleum distillates and hydrocarbon propellants.

##### **Hazard Statement**

Vapor harmful. May affect the brain or nervous system causing dizziness, headache or nausea. Intentional misuse by deliberately concentrating and inhaling contents may be harmful or fatal. Causes eye, skin, nose and throat irritation.

##### **Precaution Statement**

Keep away from heat sparks and flame. Prevent build-up of vapors by opening all windows and doors to achieve cross ventilation. Use only with adequate ventilation. Do not breathe vapors or spray mist. Ensure fresh air entry during application and drying. If you experience eye watering, headache or dizziness wear an appropriate, properly fitted respirator (NIOSH approved) during and after application. Avoid contact with eyes, skin and clothing. Wash thoroughly after handling. Pregnant women should avoid exposure to solvents.

# MATERIAL SAFETY DATA SHEET

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### First aid Statements

If swallowed, do not induce vomiting. Get medical attention immediately. If you experience difficulty in breathing, leave the area to obtain fresh air. If continued difficulty is experienced, get medical attention immediately. In case of eye contact, immediately flush eyes with plenty of water for 15 minutes and get medical attention immediately. For skin, wash thoroughly with soap and water.

### Children's Statement

Keep out of reach of children.

### Required Statements

Conforms to ASTM D-4236. For additional health information call the Poison Control Center 1-800-222-1222.

### Japan

Further regulations, limitations and legal requirements

### Canada

Further regulations, limitations and legal requirements

## 15.2 Chemical Safety Assessment

### SECTION 16: Other information

#### Further information

**R phrase(s)**

- R10 Flammable.
- R11 Highly flammable.
- R12 Extremely flammable.
- R22 Harmful if swallowed.
- R37/38 Irritating to respiratory system and skin.
- R41 Risk of serious damage to eyes.
- R43 May cause sensitisation by skin contact.
- R50/53 Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
- R51/53 Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
- R65 Harmful: may cause lung damage if swallowed.
- R66 Repeated exposure may cause skin dryness or cracking.
- R67 Vapours may cause drowsiness and dizziness.

**Hazard statements (CLP)**

- H220 Extremely flammable gas.
- H222 Extremely flammable aerosol.
- H225 Highly flammable liquid and vapour.
- H226 Flammable liquid and vapour.
- H229 Pressurised container: May burst if heated.
- H280 Contains gas under pressure; may explode if heated.
- H302 Harmful if swallowed.
- H304 May be fatal if swallowed and enters airways.
- H315 Causes skin irritation.
- H317 May cause an allergic skin reaction.
- H318 Causes serious eye damage.
- H319 Causes serious eye irritation.
- H335 May cause respiratory irritation.
- H336 May cause drowsiness or dizziness.
- H372 Causes damage to organs through prolonged or repeated exposure.
- H400 Very toxic to aquatic life.
- H410 Very toxic to aquatic life with long lasting effects.
- H411 Toxic to aquatic life with long lasting effects.

Further information

# MATERIAL SAFETY DATA SHEET

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This information is based on our current state of knowledge and describes the security standards applicable to our product for the purpose provided. The information provided here does not constitute a legally binding warranty of specific characteristics or of suitability for a specific application use of the product is thus to be adapted to the user's special conditions and checked by preliminary tests. We are thus unable to guarantee product characteristics or accept an liability for damage arising in connection with the use of our products.

### Literature

For abbreviations and acronyms, see: ECHA Guidance on information requirements and chemical safety assessment, chapter R.20 (Table of terms and abbreviations).

### Reason of change

### Additional information

Figure H34, Varnish spray data sheet as a part of the wet plate process risk assessments.

The information in this data sheet has been established to our best knowledge and was up-to-date at time of revision. It does not represent a guarantee for the properties of the product described in terms of the legal warranty regulations.

# OCE23

## Offshore COSHH essentials



This information will help offshore dutyholders (owners, operators and contractors) to comply with the Control of Substances Hazardous to Health Regulations 2002 (COSHH), as amended, to protect workers' health.

This guidance consolidates good control practice and reinforces existing knowledge with additional information.

It will help you carry out COSHH assessments, review existing assessments, deliver training and in supervising activities involving substances hazardous to health.

It is aimed at staff whose responsibilities include the management of substances hazardous to health on offshore installations (eg occupational health specialists, COSHH assessors, supervisors etc). It is also useful for trade union and employee safety representatives.

Following this guidance is not compulsory and you are free to take other action. But if you do follow this guidance, you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance as illustrating good practice.

Also see essential information on the back of the sheet.

# Cleaning up body fluids

## Control approach 1 General ventilation

### What this sheet covers

This sheet describes good practice for clearing up body fluids – vomit, faeces, blood etc. It covers the key points you need to follow to help reduce exposure to an acceptable level, as part of your COSHH assessment.

### Hazards

- ✓ Body fluids are a source of infectious micro-organisms (bacteria, viruses and fungi).
- ✓ The main risk is infection following hand to mouth/nose/eye contact.
- ✓ There is also a risk of infection via broken skin (cuts or scratches).
- ✓ Cleaning products may contain hazardous substances such as biocides and surfactants.
- ✓ Health effects from cleaning products include irritation, dermatitis and breathing problems.

### Access

- ✓ Erect barriers and notices.

### Storage

- ✓ Store cleaning products and materials in a designated area.

### Equipment and procedures

#### Control equipment

- ✓ Provide dedicated cleaning equipment.
- ✓ Chlorine-releasing disinfectant is suitable, eg hypochlorite solution.
- ✓ Provide closeable containers and bags, labelled 'Clinical waste'.
- ✓ Provide buckets with disinfectant and long-handled brushes for personal decontamination at the exit point.

#### Control procedures

- ✓ Ensure a good standard of general ventilation.
- ✓ Scrape up residues into the closeable container, for safe disposal.
- ✓ Bag up contaminated material that needs laundry or disposal, eg bedding, clothing.
- ✓ Wash surfaces clean with detergent before disinfecting.
- ✓ Heavily fouled soft furnishings may need bagging for disposal as clinical waste.

### *First aid*

- ✓ Provide sterile wipes and clean water to cleanse wounds.
- ✓ Keep a supply of sterile adhesive waterproof dressings nearby.

### *Personal protective equipment (PPE) – see OCM3*

- ✓ Respiratory protective equipment (RPE) is not needed.

### *Other protective equipment*

- ✓ Provide eye protection – a full-face visor.
- ✓ Provide disposable coveralls with a hood.
- ✓ Provide a disposable plastic apron.
- ✓ Provide wellingtons or waterproof disposable overshoes.
- ✓ Provide waterproof, abrasion-resistant gloves, eg nitrile.
- ✓ Ensure that all cuts and abrasions are covered with a waterproof dressing before work begins.

## **Cleaning and housekeeping**

### *Decontamination*

- ✓ Assume that everything that might be contacted by body fluids is contaminated.
- ✓ Clean and disinfect the area after the task.
- ✓ Use the 'buddy' system to decontaminate PPE and work clothing – minimise the spread of contamination.
- ✓ Change out of work clothing before exiting the area.
- ✓ Provide bags labelled 'Clinical waste – Biohazard' for all contaminated PPE.
- ✓ Disinfect or sterilise reusable work equipment.
- ✓ Ensure that waste from the cleaning of body fluids is disposed of safely according to local rules and regulations.

**Caution:** If soiled, bag up work clothes for laundry as a separate load.

### *Personal decontamination and skin care*

- ✓ Wash before eating or drinking, and after touching any surface or object that might be contaminated.
- ✓ Provide warm water, mild skin cleansers, nailbrushes, and soft paper, fabric towels or hot air for drying. Avoid abrasive cleansers.
- ✓ Instruct workers in how to clean their skin effectively.
- ✓ Provide pre-work skin creams, which will make it easier to wash dirt from the skin, and after-work creams to replace skin oils.

**Caution:** 'Barrier creams' or 'liquid gloves' do not provide a full barrier.

### **Health surveillance**

- ✓ Conduct skin checks for dermatitis.
- ✓ Keep good records of gastric upsets – monitor that personal hygiene is adequate.
- ✓ Where appropriate, make available effective vaccines for those workers at risk of repeated exposure to body fluids.

### Training and supervision

- ✓ Provide supervision – ensure that safe work procedures are followed.
- ✓ Tell workers, including maintenance workers, what the hazards and risks are.
- ✓ Explain the early signs of dermatitis.
- ✓ Training includes toolbox talks on:
  - how to use the right safe working procedures;
  - checking for damage;
  - personal hygiene;
  - how to decontaminate effectively; and
  - what to do if something goes wrong.
- ✓ Involve managers and supervisors in health and safety training.

### Essential information

OCE0 *Advice for managers*

OCM3 *Personal protective equipment (PPE)*

OCE22 *Cleaning accommodation and facilities*

### Employee checklist

- Are you clear about the procedures for doing the job?
- Clean up leaks and spills immediately.
- Look for signs of wear and damage to equipment.
- If you find any problem, get it fixed. Don't just carry on working.
- Report all illnesses to your supervisor.
- Use, look after and store your PPE in accordance with instructions.
- Wash hands before eating, drinking or using the lavatory.

### Further information

*Working with sewage: The health hazards – A guide for employees* Pocket card INDG197 HSE Books 1995  
[www.hse.gov.uk/pubns/indg197.pdf](http://www.hse.gov.uk/pubns/indg197.pdf)

You can find the full Offshore COSHH essentials series at  
[www.hse.gov.uk/coshh/index.htm](http://www.hse.gov.uk/coshh/index.htm)

Figure H35, COSHH for bodily fluids as a part of the wet plate risk assessments.

**This guidance was developed by representatives from the UK offshore oil and gas industry and trade unions, with HSE.**

## H.6 Information About ACW Legacy and Re-enactor Questionnaires



Ethics Committee

### Research Information Sheet

**Project Title: *Between Quantitative and Qualitative Trauma:*** How can the American Civil War, and behavioural science, inform the reconstruction of human attachment?

**Data Controller: Erin Solomons**

**Supervisors: Jean Wainwright, Steffi Klenz**

#### **Nature/ Purpose/ use of Data:**

Through the use of a questionnaire, I am conducting research with individuals who have familial legacies from the Battle of the Wilderness.

The questions are being used to see the range of ways veterans from this battle are remembered within their families. The purpose is to investigate what aspects of the veterans lives and experiences are passed down, and how language is used to preserve their memory. The goal of my project is to reveal how language and empathy have the potential to heal experiential trauma. Names will be converted to pseudonyms, and the answers will be available in the appendices of my published research.

This data collection includes additional familial history; only to the extent that the participant gives consent to.

#### **The Use or potential benefits of the study:**

The aim of my project is to create greater empathetic understandings in two diverse areas of trauma. Even though I concentrate on two unlinked case studies, which are the American Civil War and Borderline Personality Disorder, my objective is to show how affects from ranges of trauma are a healthy reaction to the transpired events. Rather than concentrate on labels, I emphasize the occurred actions and the language use to preserve the memory of the experience. The potential benefit of this study is to create an approach that establishes greater emotional understanding, and an empathetic link, towards intense, dehumanizing trauma.

Even though my method can be applied to other western countries, America was chosen as a means to frame my study. Within my visual research, raw photographic chemistry and bodily fluids are used to investigate how a culture deems particular representations of suffering as permissible, and others not. The Battle of the Wilderness, from the American Civil War, is selected as a case study because people were reliant on writings to understand the emotional impact of the combat, instead of images. In my other case study, Borderline Personality Disorder was chosen because of its prominent link to behavioural trauma in early childhood.

These two case studies are not linked, which is why I have selected them. Through their differences and similarities, I am critically assessing how language and interpersonal connection has the possibility to help process experiences of profound pain.

**Likely duration of the project and Location:**

Three years. London, UK, and Wilderness, Virginia, USA.

**Obligations and commitments of the participant during the study:**

Make clear to your participant what will be expected of them and how you will manage the information you have collected.

**The rights of the participants:**

Participants are free to withdraw from the study at any time without needing to justify their decision and without prejudice. In case of withdrawal of consent no further data regarding their participation should be added to the project.

All personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998).

All interviews will be saved as one hard copy, and one digital copy. The hard copy will be sorted in a locked cabinet with very limited access, and the digital copy will be stored on a password protected external drive. If the interview is conducted for qualitative research, the pseudonyms will be assigned, and the key will be encrypted.

In consideration for the research nature of the study participants shall not receive any reimbursement, payment or rewards.

**Information for further concerns or complaints:**

Any concerns or complaint about any aspects of the way you have been dealt with during the course of the research will be addressed; please contact The Research Office, Main Hall. University for the Creative Arts, Falkner Road, Farnham, Surrey GU9 7DE

Figure H36, Research Information Sheet for the questionnaire about the Battle of the Wilderness for individuals who have a familial legacy linked to this battle.



## Research Information Sheet

**Project Title: Organic attachment:** How can the combination of photographs from the American Civil War, and human biological fluids, inform the reconstruction of human attachment?

**Data Controller: Erin Solomons**

**Supervisors: Jean Wainwright, Steffi Klenz**

### **Nature/ Purpose/ use of Data:**

Through the use of a questionnaire, I am conducting research with individuals who have re-enacted the Battle of the Wilderness.

The questions are being used to see the range of ways the trauma from this battle is expressed and remembered. The purpose is to investigate possible research before the re-enactment, collect perceptions about relevant information and actions, and gather experiences from different individuals who chose to participate in the Wilderness re-enactment. The goal of my project is to reveal how language and empathy have the potential to heal experiential trauma. Names will be converted to pseudonyms, and the answers of the questionnaire will be available in the appendices of my published research.

### **The Use or potential benefits of the study:**

The aim of my project is to create greater empathetic understandings in two diverse areas of trauma. Even though I concentrate on two unlinked case studies, which are the American Civil War and Borderline Personality Disorder, my objective is to show how affects from ranges of trauma are a healthy reaction to the transpired events. Rather than concentrate on labels, I emphasize the occurred actions and the language use to preserve the memory of the experience. The potential benefit of this study is to create an approach that establishes greater emotional understanding, and an empathetic link, towards intense, dehumanizing trauma.

Even though my method can be applied to other western countries, America was chosen as a means to frame my study. Within my visual research, raw photographic chemistry and bodily fluids are used to investigate how a culture deems particular representations of suffering as permissible, and others not. The Battle of the Wilderness, from the American Civil War, is selected as a case study because people were reliant on writings to understand the emotional impact of the combat, instead of images. In my other case study, Borderline Personality Disorder was chosen because of its prominent link to behavioural trauma in early childhood.

These two case studies are not linked, which is why I have selected them. Through their differences and similarities, I am critically assessing how language and interpersonal connection has the possibility to help process experiences of profound pain.

**Likely duration of the project and Location:**

Three years. London, UK, and Wilderness, Virginia, USA.

**Obligations and commitments of the participant during the study:**

Make clear to your participant what will be expected of them and how you will manage the information you have collected.

**The rights of the participants:**

Participants are free to withdraw from the study at any time without needing to justify their decision and without prejudice. In case of withdrawal of consent no further data regarding their participation should be added to the project.

All personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998).

All interviews will be saved as one hard copy, and one digital copy. The hard copy will be sorted in a locked cabinet with very limited access, and the digital copy will be stored on a password protected external drive. If the interview is conducted for qualitative research, the pseudonyms will be assigned, and the key will be encrypted.

In consideration for the research nature of the study participants shall not receive any reimbursement, payment or rewards.

**Information for further concerns or complaints:**

Any concerns or complaint about any aspects of the way you have been dealt with during the course of the research will be addressed; please contact The Research Office, Main Hall. University for the Creative Arts, Falkner Road, Farnham, Surrey GU9 7DE

Figure H37, Research Information Sheet for the questionnaire about the Battle of the Wilderness for individuals who have re-enacted this battle.

## Confidentiality Agreement

It is understood and agreed to that the below identified discloser of confidential information may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary under patent and/or trade secret laws, it is agreed that

1. The Confidential Information to be disclosed can be described as and includes:

Invention description(s), technical and business information relating to proprietary ideas and inventions, ideas, patentable ideas, trade secrets, methods, photographs, artwork, drawings and/or illustrations, patent searches, existing and/or contemplated products and services, research and development, production, costs, profit and margin information, finances and financial projections, customers, clients, marketing, and current or future business plans and models, regardless of whether such information is designated as "Confidential Information" at the time of its disclosure.

2. The Recipient agrees not to disclose the confidential information obtained from the discloser to anyone unless required to do so by law.

3. This Agreement states the entire agreement between the parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by the parties.

4. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

**WHEREFORE**, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Recipient of Confidential Information:

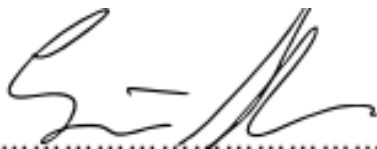
Name (Print \_\_\_\_\_ or Type): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Discloser of Confidential Information:

Name (Print or Type): Erin Solomons

Signature:  .....

Date: 27/6/2016

Figure H38, Privacy Agreement given to questionnaire participants.



MOVED IN RELIGION FRONT CALLED [REDACTED]  
 CAMP FROM TEXAS MOVED [REDACTED] UNDER A FASLE MINISTER CALLED  
 [REDACTED] THAN, DIED A DOCTOR, THEY CAME INTO OUR BORDERS  
 AGGRESSIVE WE LIVING NORTH [REDACTED] ABOUT [REDACTED] THEY JUST  
 TOOK OVER OUR LAND THEIR, PLOWED OUT ITS BORDERS, LINE MARKERS,  
 MOVED IN WITH DRILLING OIL GAS FRACKING EQUIPMENT, SHAFTING US  
 ROYAL SIR SORRY TO BE SO CRUDE RUDE IN WRITING BUT YES MY

[REDACTED]  
 OR SOMETHING SOUNDED LIKE THAT MARRIED THEIR TO A [REDACTED]  
 LAND LADY NAMED [REDACTED] OWNED [REDACTED]  
 FAMILY (MOTHER FATHER) HAD, [REDACTED] WAS [REDACTED] LATER MY  
 [REDACTED] BROUGHT FAMILY ALL TO AMERICA, WERE RECEIVED OUR  
 [REDACTED] FROM MOTHERS SIDE (OUR MOTHER SIDE [REDACTED]  
 [REDACTED] OTHERS BACK, SETTLED EARLY 1700 DOWN: WE ARE PROUD SIR  
 DESCENDANTS OF FIRST AMERICA, COMING HEREE WHAT WAS NOT ALREADY  
 HERE (NATIVES) EARLY 1600 LEAVING LANDS IT NOW HAS BECOME. AMEN

SOME IN OUR GENERATIONS DOWN FOUGHT IN EVERY WAR THIS LAND.  
 NOW I HAVE SAID ENOUGH TO MUCH IN FACT BUT NOW TO YOUR REQUEST:

SIR I DONOT KNOW YOU, YOUR PAST LIFE INTEREST DO NOT CARE, BUT  
 SAYING THAT I WILL NOT SIGN NO CONTRACT TO INVOLVED ME IN WHAT  
 YOUR TRUE INTEREST IS IN. ONLY SAYING IN MY LETTERS TO YOU  
 AS A STRANGER MET, I WILL OK MY INTEREST TOO IN YOUR WILDERNESS  
 CIVIL WAR INTEREST, GIVE YOU MY OK [REDACTED]

*Sep 23/march/2017 Thursday*

[REDACTED] TITLED (ALPHA BOOKS)  
 "THE COMPLETE IDIOT'S GUIDE TO THE CIVIL WAR : YOUR PAGES  
 ON THE WILDERNESS IS 256--257 ON. FIND ENJOY I DID. AMEN.

now ; WITH ALL THAT WRITTEN, SIR, I WILL FORNOW END THIS,  
 SAYING GOD BLESS, LOVE YOUR CORRESPONDENCE, HOPE THESAME  
 WITH MINE. GOD BLESS, MAY YOUR GOALS BE ARRIVED AT IN GODS GOALS.  
 YOUR GOVERNMENT NATION WILDERNESS AND WILDLIFE, I ONCE LOVED  
 OURS ALL OF IT AGED SEEING IT NOW DESTROYED DUE GREED. AMEN

KNOW OF IT TREATED THE SAME IN OTHER LANDS. SADDISGUSTING  
 SHAME TOO. THE GOOD OF THEM LIKE SHEEP CATTLE HORSES DEER,  
 LIFE NOT PREDATORS, OR USED TO KILL, RULE, DESTROY MOVE ON, RAID  
 RAPE, TAKEOVER DESTROY MOVE ON LIKE THE PEOPLE OF GOD GODS SO NAMED  
 THEM THEIR WAYS HERENOW ABOUT TO ENDEDEN, WE ARE SEEING NOW  
 HERE THE LATTER DAYS, IN THE REST OF WORLD TOO SIR, NOT SO FAR  
 AWAY, I AM TYPING THIS LOOKING OUT MY BACK ROOM WINDOW AT  
 SUN COMING UP COLD 27\* FROST ON YARB ROBIN LANDED IN BLACK  
 SQUREL JUMPING UNDER FEED BOXES FOR FIRDS, WIND WAVING MY  
 SMALL AMERICAN FLAGS [REDACTED]

Figure H39, Consent form Fbur for Legacy questionnaire.

SO SIR I SAY RESPECTFULLY YOH YOURS, SINCERLY TIME TO STOP.  
 FOR NOW, DAILY CHORES, TIME TO COME MORE ALIVE, [REDACTED]

[REDACTED] SOME WORDS I HEAR DO NOT SAY.



*Yello run quit near outta paper - you know what  
 that means: [REDACTED] - God Bless*



Ethics Committee

Consent Form

Project title: Between Quantitative and Qualitative Trauma: How can the American Civil War, and behavioural science, inform the reconstruction of human attachment?

Data Controller: Erin Solomons, MPhil/PhD Researcher, University for the Creative Arts

Supervisors: Jean Wainwright, Steffi Klenz

Participant Name: [Redacted]

Participant Location: Online

- I the undersigned voluntarily agree to take part in the study on (Title of the Research) a practice-based research project.
I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.
I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators.
I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.
I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice and all records of my participation will be destroyed.
I acknowledge that in consideration for completing the study I shall not receive any reimbursement, payment or rewards.
I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS) [Redacted]

Signed [Redacted]

Date November 15, 2016

Name of witness (BLOCK CAPITALS) (online submission)

Signed

Date .....

Name of researcher/person taking consent ....ERIN SOLOMONS.....



(BLOCK CAPITALS)

Signed .....

Date .....11/9/2016.....

Figure H40, Consent form One for Legacy questionnaire.

**Consent Form**

**Project title: Between Quantitative and Qualitative Trauma; What can the American Civil War reveal about contemporary mental illness?**

**Data Controller:** Erin Solomons , MPhil/PHD Researcher, University for the Creative Arts

Supervisors: Jean Wainwright, Steffi Kienz

Collaborators: (if applicable)

**Participant Name:** [REDACTED]

**Participant Location:** Online

- I the undersigned voluntarily agree to take part in the study on (Title of the Research) a practice-based research project.
- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.
- I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators.
- I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.
- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice and all records of my participation will be destroyed.
- I acknowledge that in consideration for completing the study I shall not receive any reimbursement, payment or rewards.
- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer  
(BLOCK CAPITALS)

[REDACTED]

Signed

[REDACTED]

Date

07/09/2016

Name of witness  
(BLOCK CAPITALS)

.....(online submission).....

Signed

.....



Date .....09/07/16.....

Name of researcher/person taking consent ....ERIN SOLOMONS.....



(BLOCK CAPITALS)

Signed .....

Date .....9/07/2016.....

Figure H41, Consent form Two for Legacy questionnaire.

Ethics Committee

**Consent Form**

**Project title: Between Quantitative and Qualitative Trauma; What can the American Civil War reveal about contemporary mental illness?**

**Data Controller:** Erin Solomons , MPhil/PhD Researcher, University for the Creative Arts

Supervisors: Jean Wainwright, Steffi Klenz

**Participant Name:** [REDACTED]

**Participant Location:** Online

I the undersigned voluntarily agree to take part in the study on (Title of the Research) a practice-based research project.

I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.

I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators.

I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.

I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice and all records of my participation will be destroyed.

I acknowledge that in consideration for completing the study I shall not receive any reimbursement, payment or rewards.

I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS) ..... [REDACTED] .....

Signed ..... [REDACTED] .....

Date ..... August 22, 2016 .....

Name of witness (BLOCK CAPITALS) .....(online submission) .....

Signed .....

Date .....09/07/16.....

Name of researcher/person taking consent .....ERIN SOLOMONS.....  
(BLOCK CAPITALS)

Signed  .....

Date .....01/08/2016.....

Figure H42, Consent form Three for Legacy and Re-enactor questionnaires.



Ethics Committee

**Consent Form**

**Project title:** Bodily Fluids, Behavior, and Legacy: How can dehumanizing interactions impede empathy?

**Data Controller:** Erin Solomons , MPhil/PhD Researcher, University for the Creative Arts

Supervisors: Jean Wainwright, Steffi Klenz

**Participant Name:** [REDACTED]

**Participant Location:** Fredericksburg, VA, USA

- I the undersigned voluntarily agree to take part in the study on (Title of the Research) a practice- based research project.
- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.
- I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators.
- I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.
- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice and all records of my participation will be destroyed.
- I acknowledge that in consideration for completing the study I shall not receive any reimbursement, payment or rewards.
- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer [REDACTED] .....



(BLOCK CAPITALS)

Signed .....

Date .....7/12/2017.....

Name of witness .....(online submission) .....

(BLOCK CAPITALS)

Signed .....

Date .....

Name of researcher/person taking consent ....ERIN SOLOMONS.....

(BLOCK CAPITALS)

Signed .....

Date .....07/2/2017.....

Figure H43, Assistant Two consent form for the questionnaire before the Wilderness dragging sessions.

9 questions  
before  
shoot



Ethics Committee

**Consent Form**

**Project title:** Bodily Fluids, Behavior, and Legacy: How can dehumanizing interactions impede empathy?

**Data Controller:** Erin Solomons , MPhil/PhD Researcher, University for the Creative Arts

Supervisors: Jean Wainwright, Steffi Klenz

**Participant Name:** [REDACTED]

**Participant Location:** *Fredericksburg, VA, USA*

- I the undersigned voluntarily agree to take part in the study on (Title of the Research) a practice- based research project.
- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.
- I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators.
- I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.
- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice and all records of my participation will be destroyed.
- I acknowledge that in consideration for completing the study I shall not receive any reimbursement, payment or rewards.
- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS) [REDACTED]

Signed [REDACTED]

Date ..... *2/9/17* .....

Name of witness (BLOCK CAPITALS) .....(online submission) .....

Signed .....

Date .....

Name of researcher/person taking consent ....ERIN SOLOMONS.....



(BLOCK CAPITALS)

Signed .....

Date .....07/2/2017.....

Figure H44, Assistant One consent form for questionnaire before the Wilderness dragging sessions.

photo shoot



Ethics Committee

**Consent Form**

**Project title:** Bodily Fluids, Behavior, and Legacy: How can dehumanizing interactions impede empathy?

**Data Controller:** Erin Solomons , MPhil/PhD Researcher, University for the Creative Arts

**Supervisors:** Jean Wainwright, Steffi Klenz

**Participant Name:** [Redacted]

**Participant Location:** Fredericksburg, VA, USA

- I the undersigned voluntarily agree to take part in the study on (Title of the Research) a practice- based research project.
- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.
- I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators.
- I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.
- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice and all records of my participation will be destroyed.
- I acknowledge that in consideration for completing the study I shall not receive any reimbursement, payment or rewards.
- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

**Name of volunteer (BLOCK CAPITALS)** ..... [Redacted]

**Signed** ..... [Redacted]

**Date** ..... 2/14/17

**Name of witness (BLOCK CAPITALS)** .....(online submission) .....

**Signed** .....



Date .....

Name of researcher/person taking consent ....ERIN SOLOMONS.....



(BLOCK CAPITALS)

Signed .....

Date .....07/2/2017.....

Figure H45, Assistant One consent form to assist in the Wilderness dragging sessions.

photo shoot



Ethics Committee

**Consent Form**

**Project title:** Bodily Fluids, Behavior, and Legacy: How can dehumanizing interactions impede empathy?

**Data Controller:** Erin Solomons , MPhil/PhD Researcher, University for the Creative Arts

Supervisors: Jean Wainwright, Steffi Klenz

**Participant Name:** [Redacted]

**Participant Location:** *Fredericksburg, VA, USA*

- I the undersigned voluntarily agree to take part in the study on (Title of the Research) a practice- based research project.
- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.
- I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators.
- I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.
- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice and all records of my participation will be destroyed.
- I acknowledge that in consideration for completing the study I shall not receive any reimbursement, payment or rewards.
- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS) [Redacted]

Signed [Redacted]  
Date 2-14-2017

Name of witness (BLOCK CAPITALS) .....(online submission) .....

Signed .....

Date .....

Name of researcher/person taking consent ....ERIN SOLOMONS.....



(BLOCK CAPITALS)

Signed .....

Date .....07/2/2017.....

Figure H46, Assistant Two consent form to assist in the Wilderness dragging sessions.

question  
after  
shoot



Ethics Committee

**Consent Form**

**Project title:** Bodily Fluids, Behavior, and Legacy: How can dehumanizing interactions impede empathy?

**Data Controller:** Erin Solomons , MPhil/PhD Researcher, University for the Creative Arts

Supervisors: Jean Wainwright, Steffi Klenz

**Participant Name:** [REDACTED]

**Participant Location:** *Fredericksburg, VA, USA*

- I the undersigned voluntarily agree to take part in the study on (Title of the Research) a practice- based research project.
- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.
- I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators.
- I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.
- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice and all records of my participation will be destroyed.
- I acknowledge that in consideration for completing the study I shall not receive any reimbursement, payment or rewards.
- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study

Name of volunteer (BLOCK CAPITALS) [REDACTED]  
 Signed [REDACTED]  
 Date *2-14-2017*

Name of witness (BLOCK CAPITALS) .....(online submission) .....  
 Signed .....

Date .....

Name of researcher/person taking consent ....ERIN SOLOMONS.....



(BLOCK CAPITALS)

Signed .....

Date .....07/2/2017.....

Figure H47, Assistant Two consent form for the questionnaire after the Wilderness dragging sessions.

questions  
please  
shoot



Ethics Committee

**Consent Form**

**Project title:** Bodily Fluids, Behavior, and Legacy: How can dehumanizing interactions impede empathy?

**Data Controller:** Erin Solomons , MPhil/PhD Researcher, University for the Creative Arts

Supervisors: Jean Wainwright, Steffi Klenz

**Participant Name:** [REDACTED]

**Participant Location:** Fredericksburg, VA, USA

- I the undersigned voluntarily agree to take part in the study on (Title of the Research) a practice- based research project.
- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.
- I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators.
- I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.
- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice and all records of my participation will be destroyed.
- I acknowledge that in consideration for completing the study I shall not receive any reimbursement, payment or rewards.
- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS) ..... [REDACTED]  
Signed ..... [REDACTED]

Date ..... 2/14/17

Name of witness (BLOCK CAPITALS) .....(online submission) .....  
Signed .....

Date .....

Name of researcher/person taking consent ....ERIN SOLOMONS.....



(BLOCK CAPITALS)

Signed .....

Date .....07/2/2017.....

Figure H48, Assistant One consent form for the questionnaire after the Wilderness dragging sessions.

## **Practical Research**



**Appendix I**  
**Examples of Butchery Documentation,**  
**Cutting Animal Fat and Pulling Skin**

As a smaller aspect of this research subsection, I recorded myself cutting off the skin from cuts of pigs' meat from butcheries. I chose pig's skin because it is the animal skin most similar to human skin. I also made 10-minute video recordings of myself kneading my skin like dough. This decision to cut the pig's skin during the same time period as I was pulling my skin is a methodology designed to compare and contrast two similar materials that are alive and dead. The sessions with the pig's skin, and my skin, were performed back to back<sup>98</sup>.



Figure I1, Selected photographs from butchery documentation (Solomons 2017-2018a).

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<sup>98</sup> Some images are intentionally rotated to emphasise alternative perspectives of the image.



Figure I2, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I3, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I4, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I5, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I6, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I7, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I8, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I9, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I10, Selected photographs from butchery documentation (Solomons 2017-2018a).

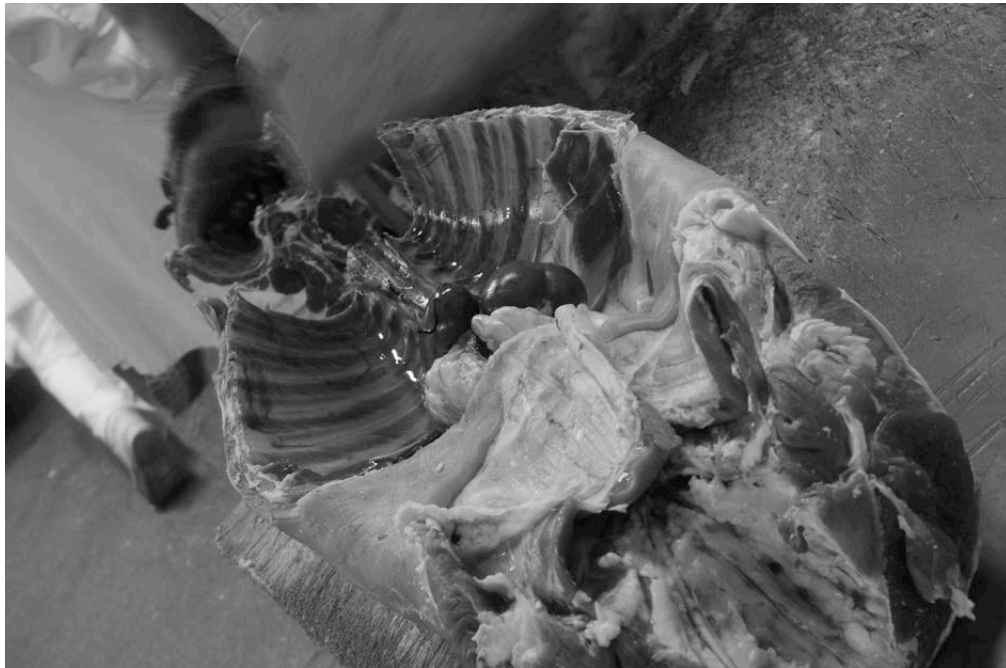


Figure I11, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I12, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I13, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I14, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I15, Selected photographs from butchery documentation (Solomons 2017-2018a).





Figure I16, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I17, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I18, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I19, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I20, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I21, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I22, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I23, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I24, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I25, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I26, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I27, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I28, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I29, Selected photographs from butchery documentation (Solomons 2017-2018a).





Figure I30, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I31, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I32, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I33, Selected photographs from butchery documentation (Solomons 2017-2018a).

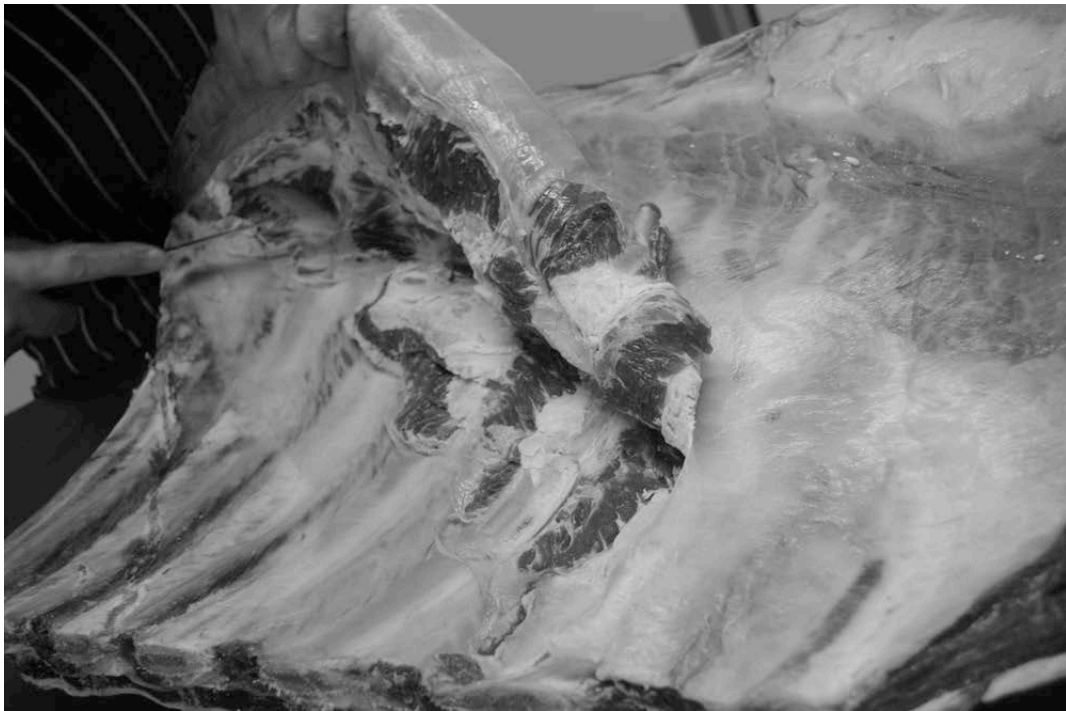


Figure I34, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I35, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I36, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I37, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I38, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I39, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I40, Selected photographs from butchery documentation (Solomons 2017-2018a).





Figure I41, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I42, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I43, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I44, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I45, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I46, Selected photographs from butchery documentation (Solomons 2017-2018a).

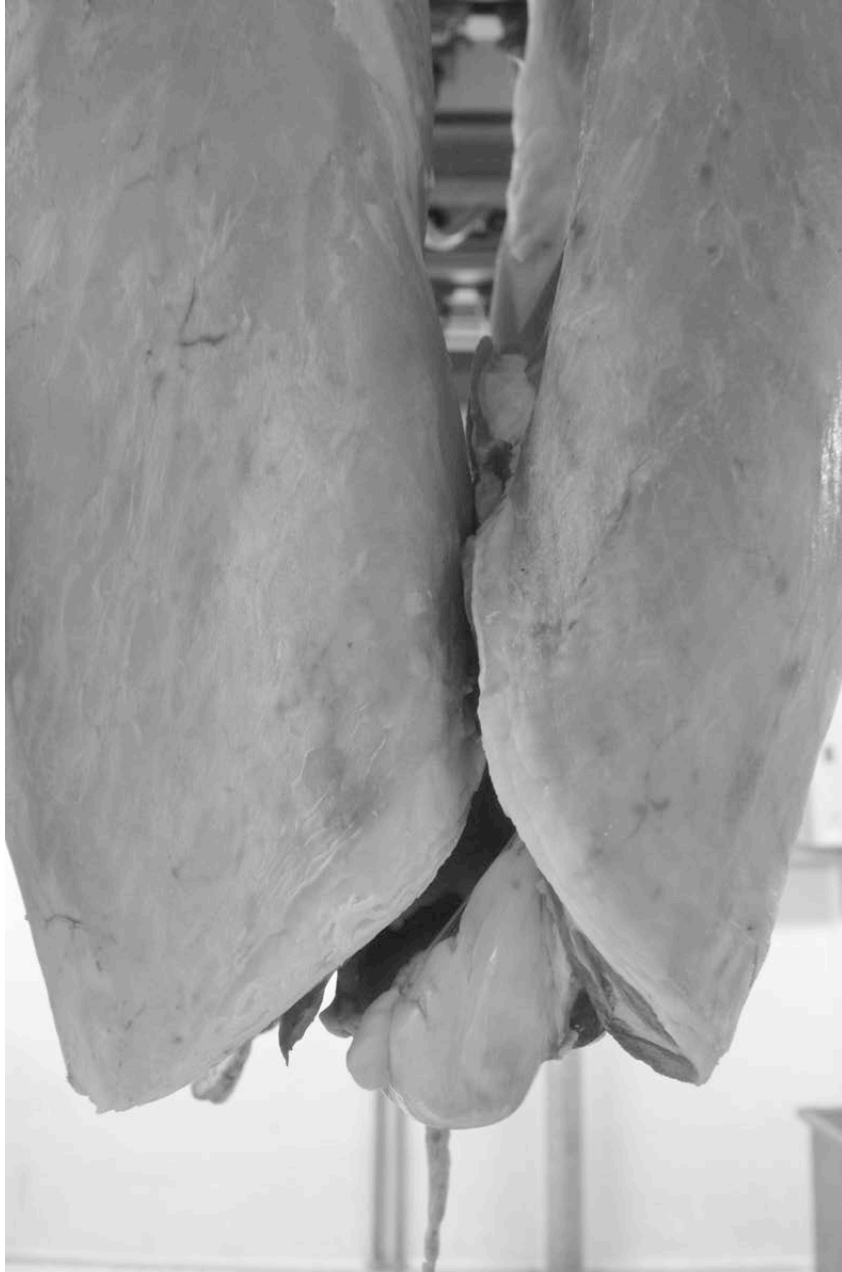


Figure I47, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I48, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I49, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I50, Selected photographs from butchery documentation (Solomons 2017-2018a).





Figure I51, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I52, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I53, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I54, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I55, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I56, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I57, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I58, Selected photographs from butchery documentation (Solomons 2017-2018a).

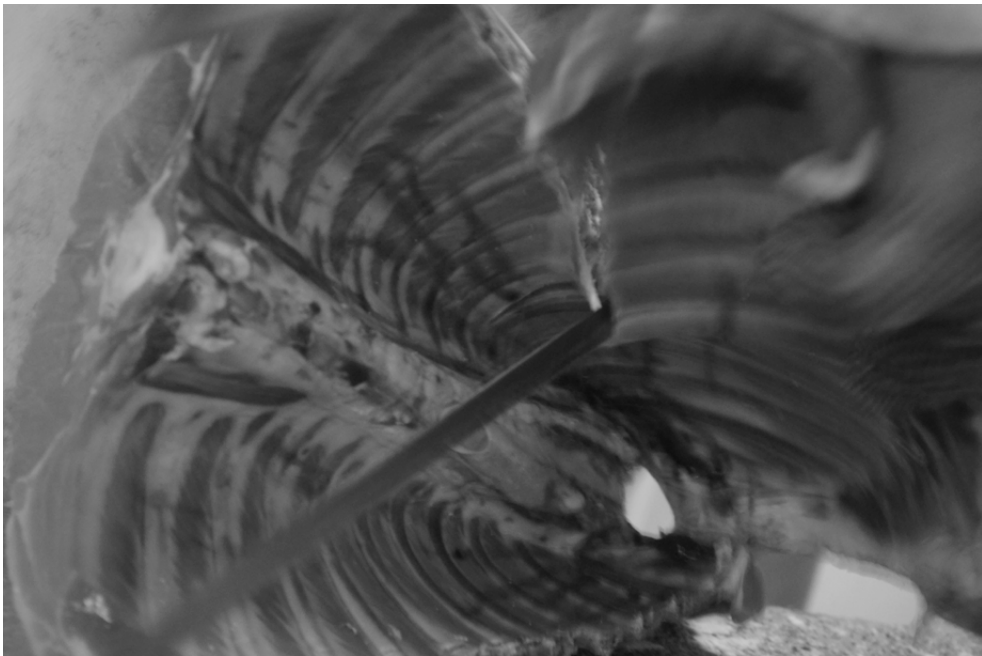


Figure I59, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I60, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I61, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I62, Selected photographs from butchery documentation (Solomons 2017-2018a).





Figure I63, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I64, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I65, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I66, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I67, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I68, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I69, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I70, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I71, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I72, Selected photographs from butchery documentation (Solomons 2017-2018a).





Figure I73, Selected photographs from butchery documentation (Solomons 2017-2018a).



Figure I74, Selected photographs from butchery documentation (Solomons 2017-2018a).

## Screenshots of Pig's Skin Tests and Pulling My Skin



Figure I75, Screenshot of me separating pig's meat from skin with a box cutter (Solomons 2017-2018a).



Figure I76, Screenshot of me separating pig's meat from skin with a box cutter (Solomons 2017-2018a).



Figure I77, Screenshot of me separating pig's meat from skin with a box cutter (Solomons 2017-2018a).



Figure I78, Screenshot of me separating pig's meat from skin with a box cutter (Solomons 2017-2018a).



Figure I79, Screenshot of me separating pig's meat from skin with a box cutter (Solomons 2017-2018a).



Figure I80, Screenshot of me pulling my skin and manipulating it like dough (Solomons 2017-2018a).



Figure I81, Screenshot of me pulling my skin and manipulating it like dough (Solomons 2017-2018a).



Figure I82, Screenshot of me pulling my skin and manipulating it like dough (Solomons 2017-2018a).



Figure I83, Screenshot of me pulling my skin and manipulating it like dough (Solomons 2017-2018a).

**Please refer to external digital folder for video material**

## Appendix J

### Selected Images From the Collodion Process Experiments

Over the course of gathering and intimately working with my fluids, I became increasingly emotionally detached and vulnerable. Particularly, being in the photographic darkroom for long periods of time triggered my modes and schemas from my past trauma. Lowen explained that,

"If you are your body and your body is you then it expresses who you are. It is your way of being in the world. The more alive your body is, the more you are in the world. When your body loses some of its aliveness, as when you are exhausted, for example, you tend to withdraw." (Lowen 1988:54)

I realised that my long exposure to darkness and being alone had an emotional impact on me. Throughout the making of the glass plates, and other recent works, I had to consistently analyse why the concealment of my endurance of **discomfort** was imperative. While reflecting on *Rhythm 0*, I realised that my collodion plate series is about re-instilling a distorted sense of self worth, and attempts at coping with being physically or emotionally violated by another person<sup>99</sup>.

Please refer to CD for further audio and visual sketchbook materials.

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<sup>99</sup> Some images are intentionally rotated to emphasise alternative perspectives of the image.



## Images From the Experiments with the Collodion Process



Figure J1, First attempts of destabilising the collodion process without bodily fluids (Solomons 2016h).

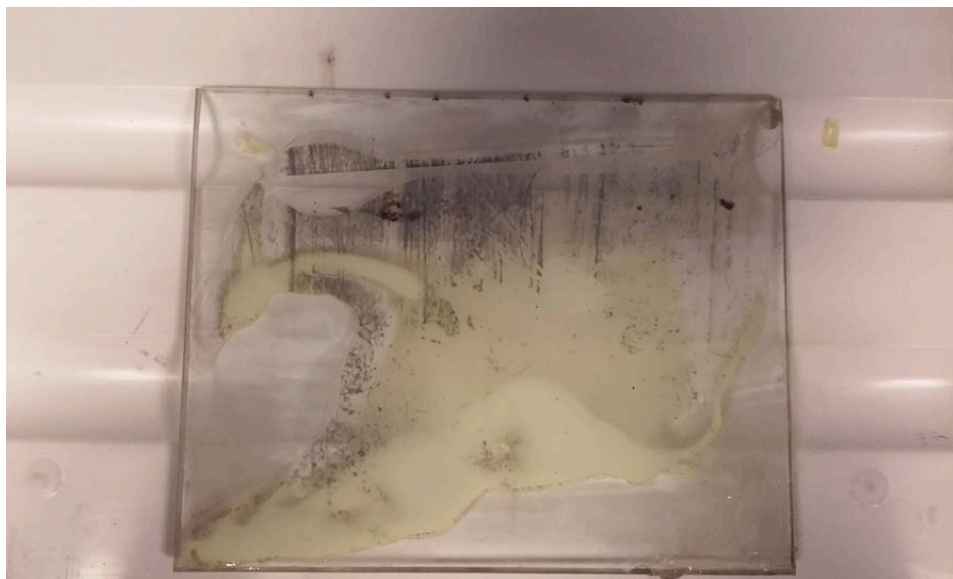


Figure J2, First attempts of destabilising the collodion process without bodily fluids (Solomons 2016h).

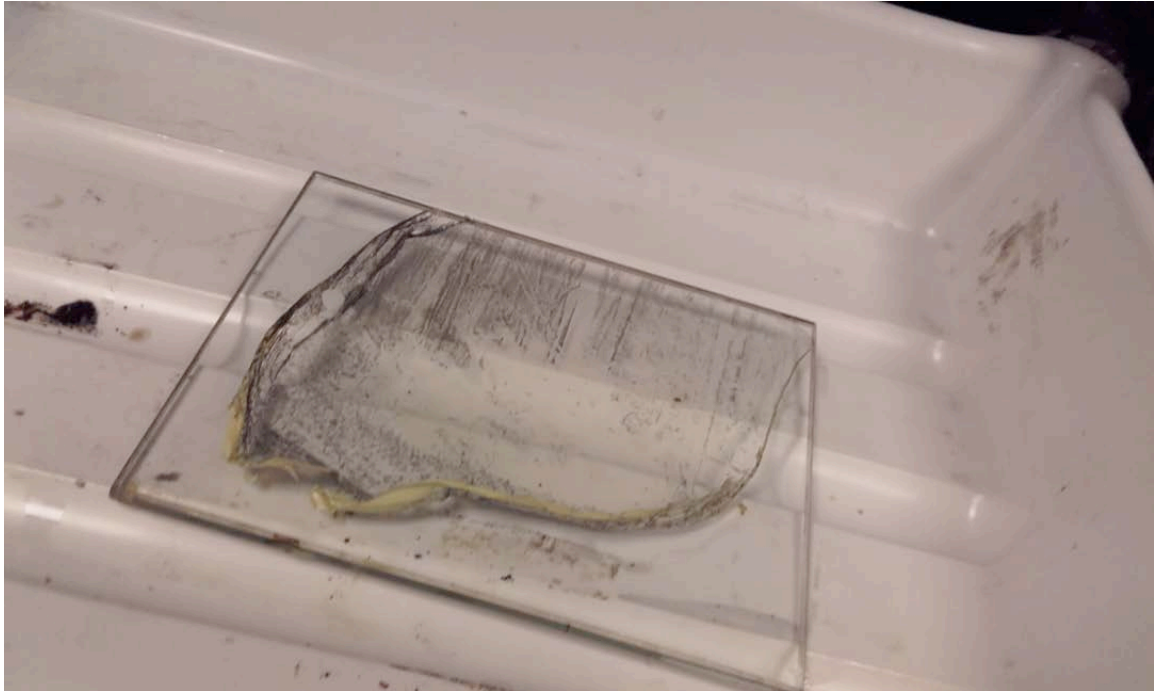


Figure J3, First attempts of destabilising the collodion process without bodily fluids (Solomons 2016h).



Figure J4, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J5, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J6, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J7, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J8, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J9, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J10, The collodion process with human stomach acid and human urine (Solomons 2016h).

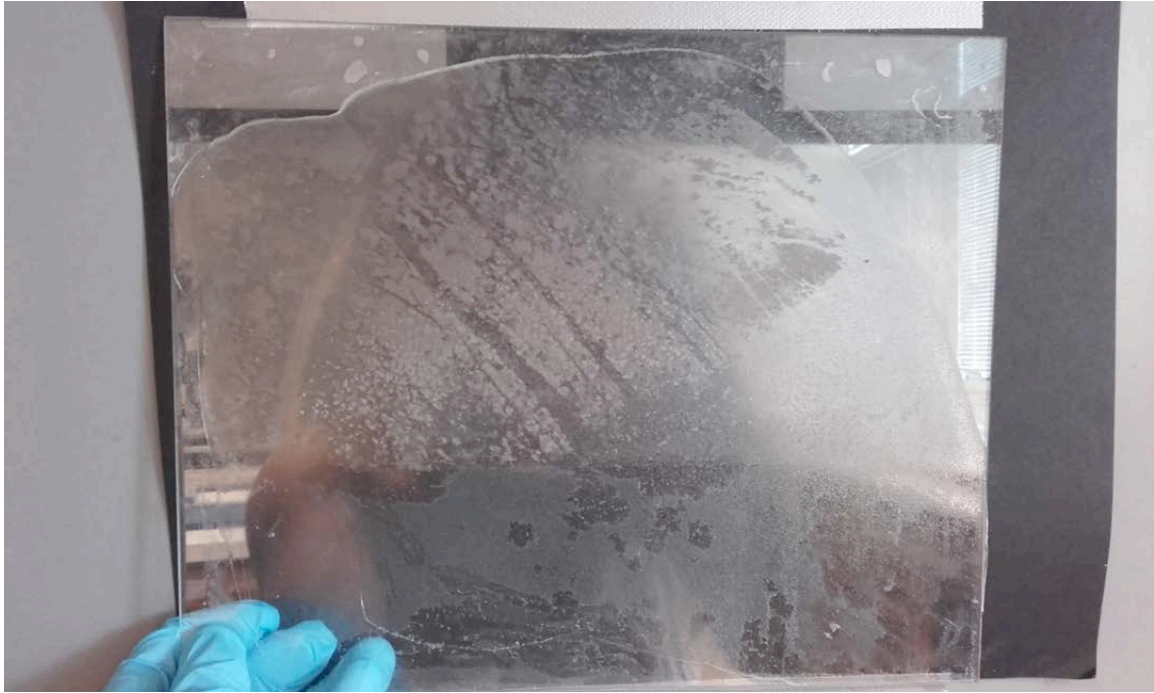


Figure J11, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J12, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J13, The collodion process with human stomach acid and human urine (Solomons 2016h).

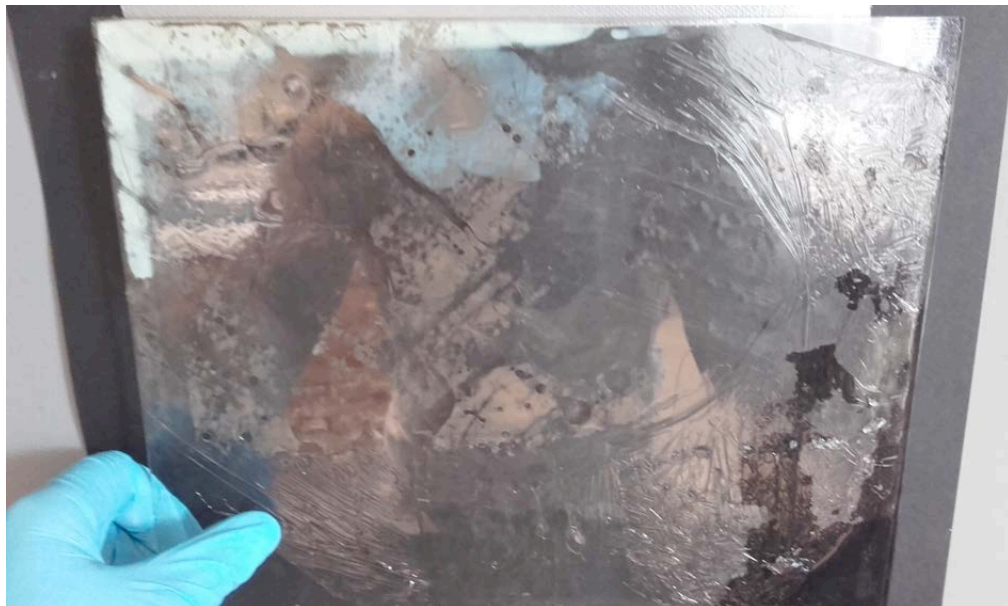


Figure J14, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J15, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J16, The collodion process with human stomach acid and human urine (Solomons 2016h).





Figure J17, The collodion process with human stomach acid and human urine (Solomons 2016h).

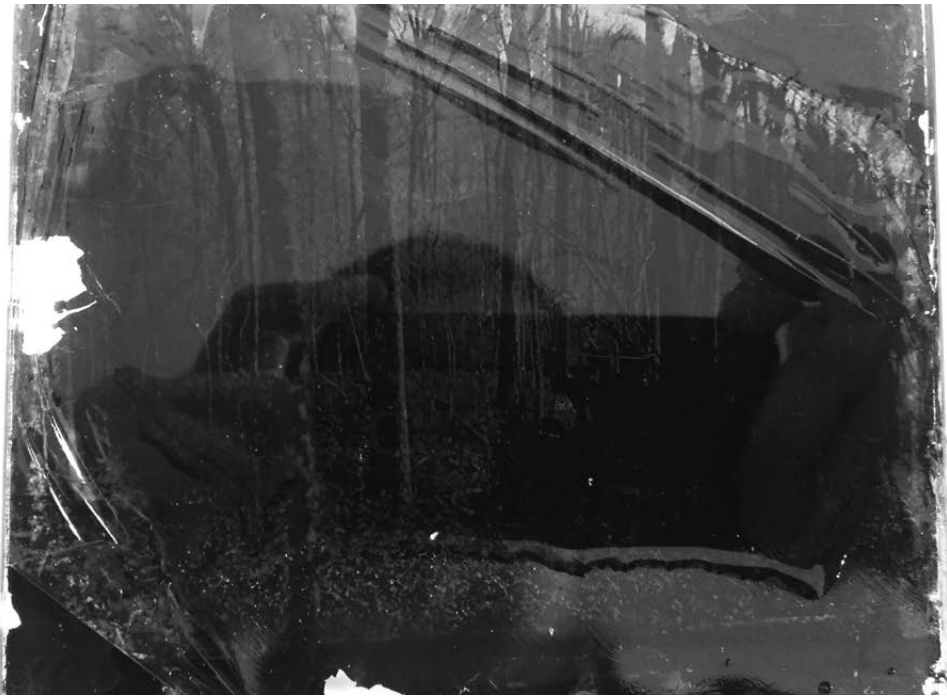


Figure J18, The collodion process without bodily fluids, trying to manipulate skin of the collodion (Solomons 2016h).



Figure J19, The collodion process with human stomach acid and human urine (Solomons 2016h).

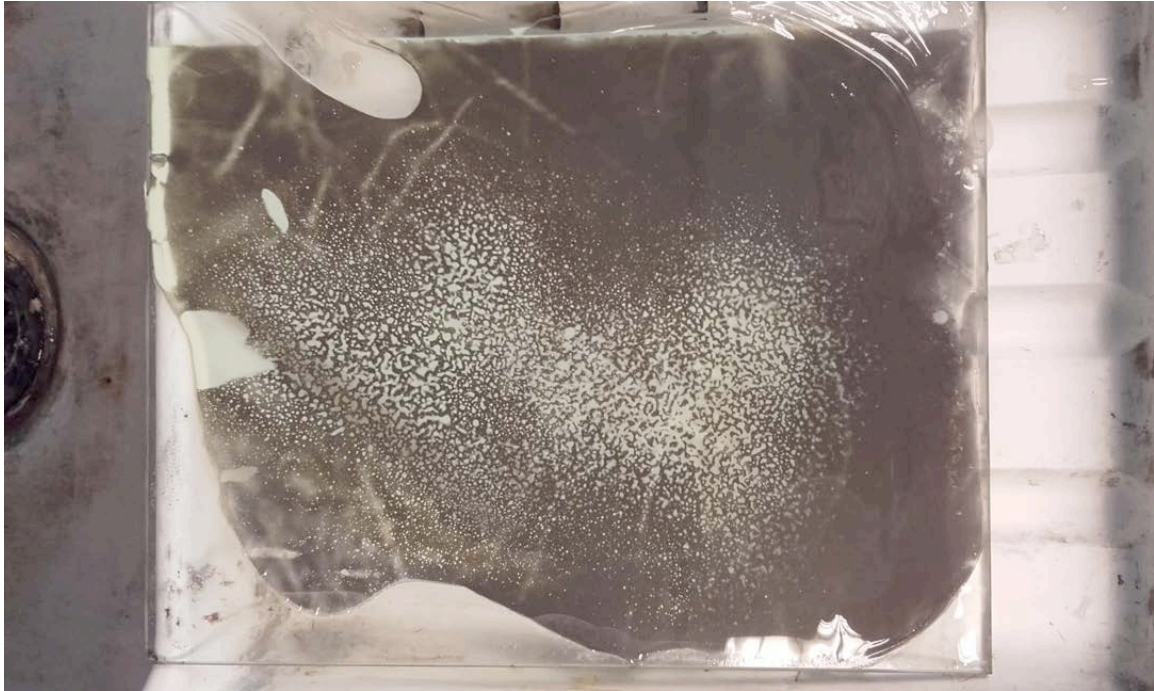


Figure J20, The collodion process with human stomach acid and human urine (Solomons 2016h).

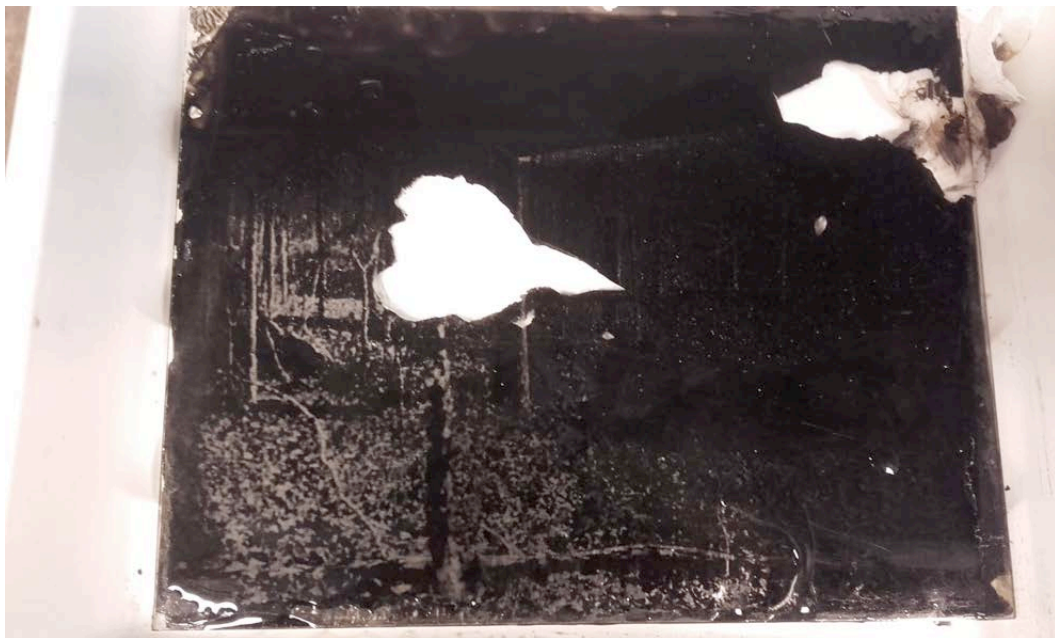


Figure J21, The collodion process without bodily fluids, trying to destabilise the collodion skin (Solomons 2016h).

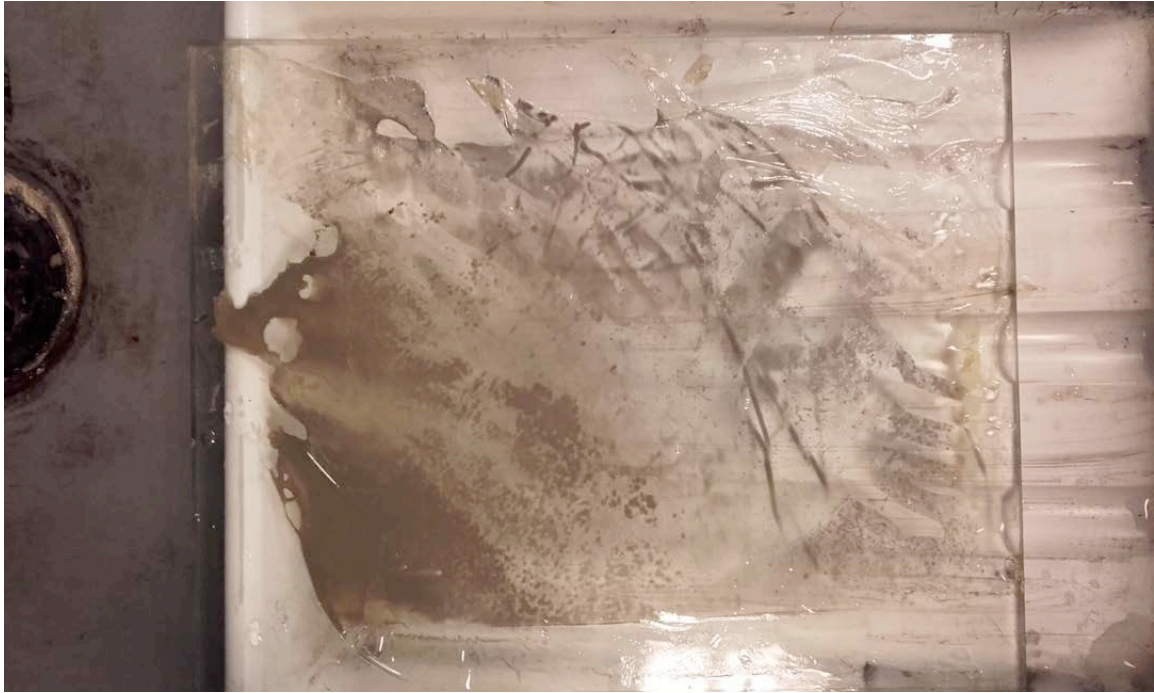


Figure J22, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J23, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J24, The collodion process with human stomach acid and human urine (Solomons 2016h).

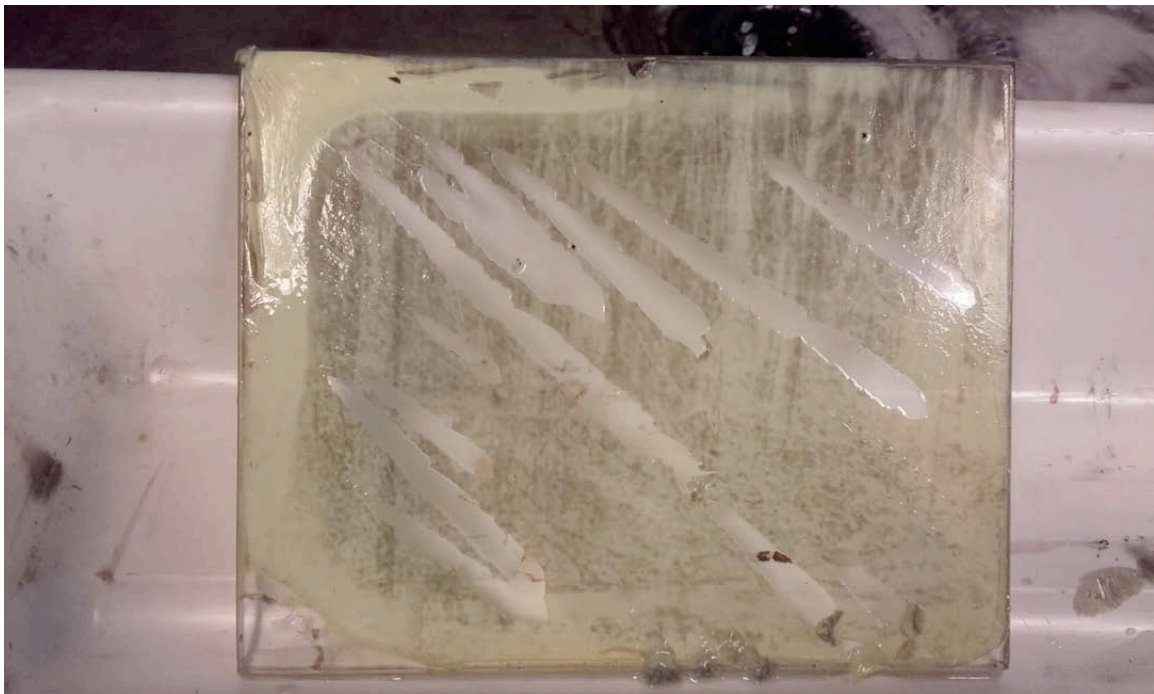


Figure J25, The collodion process with human stomach acid and human urine, and scratch marks made from fingernails (Solomons 2016h).



Figure J26, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J27, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J28, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J29, The collodion process with human stomach acid and human urine (Solomons 2016h).

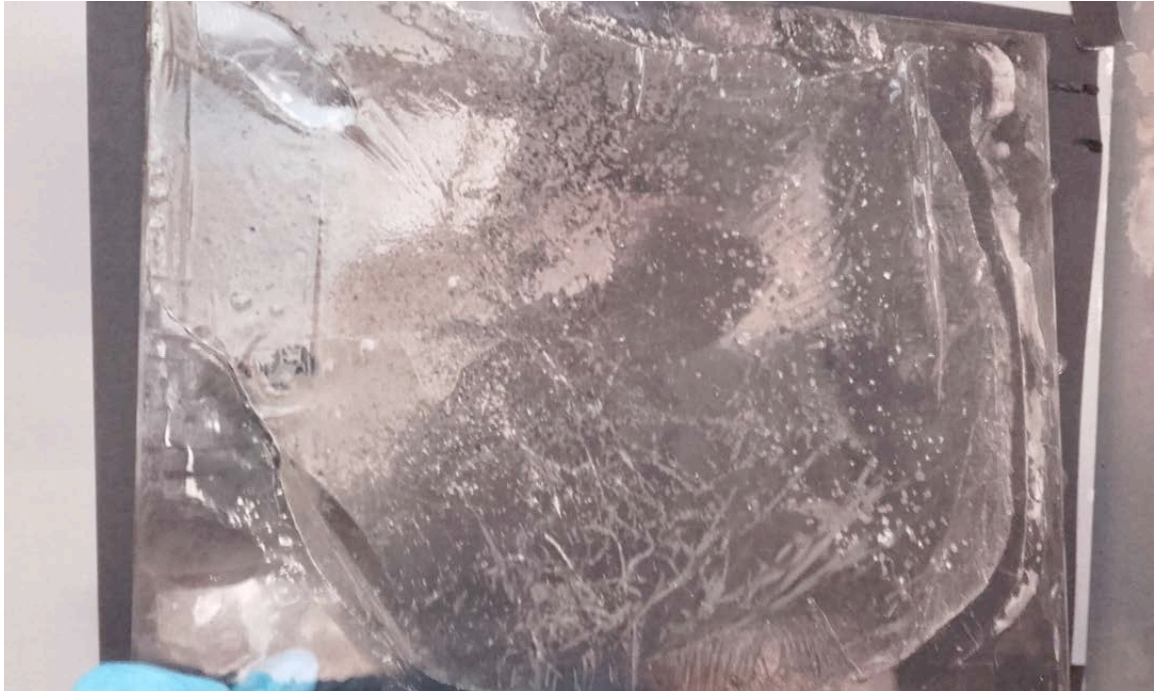


Figure J30, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J31, The collodion process with human stomach acid and human urine (Solomons 2016h).



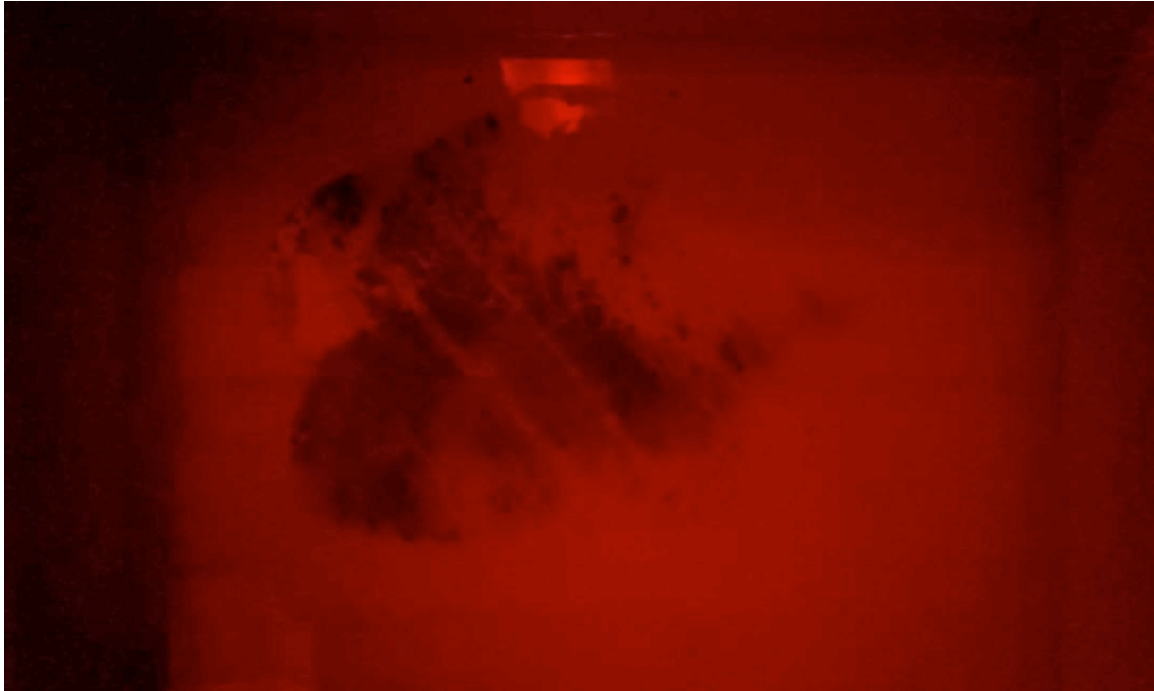


Figure J32, The collodion process with human stomach acid and human urine, in fix tray in darkroom (Solomons 2016h).



Figure J33, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J34, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J35, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J36, The collodion process with human stomach acid and human urine (Solomons 2016h).



Figure J37, The collodion process without bodily fluids, using collodion skin to be more like a constructed object while attached to glass plate (Solomons 2016h).



Figure J38, The collodion process with human stomach acid and human urine (Solomons 2016h).

## Final Results with a Black Background

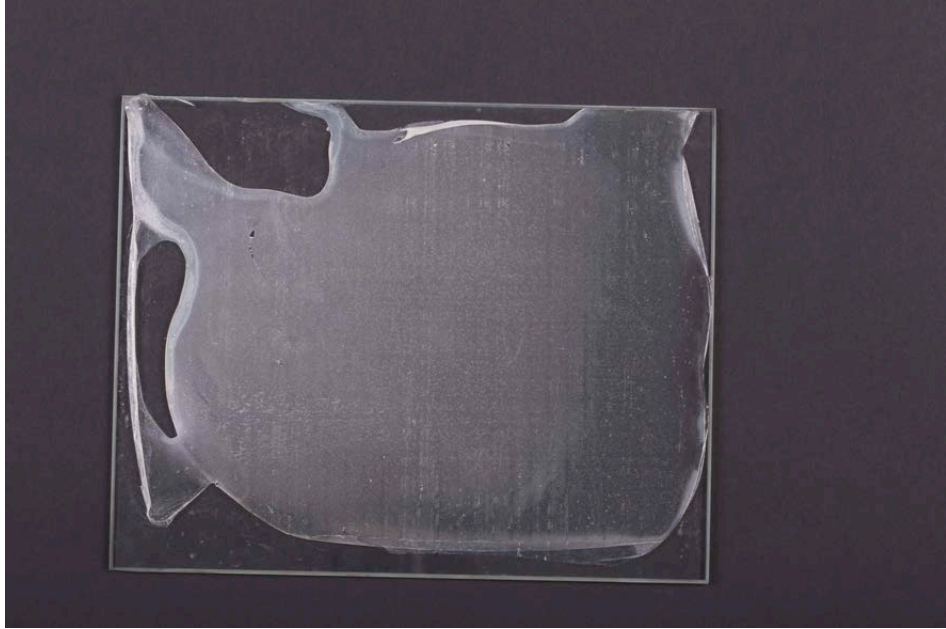


Figure J39, Final result of collodion process with bodily fluids, fixed with matt varnish (Solomons 2016h).



Figure J40, Final result of collodion process with bodily fluids, fixed with matt varnish (Solomons 2016h).



Figure J41, Final result of collodion process with bodily fluids, fixed with matt varnish (Solomons 2016h).



Figure J42, Final result of collodion process with bodily fluids, fixed with matt varnish (Solomons 2016h).



Figure J43, Final result of collodion process with bodily fluids, fixed with matt varnish (Solomons 2016h).

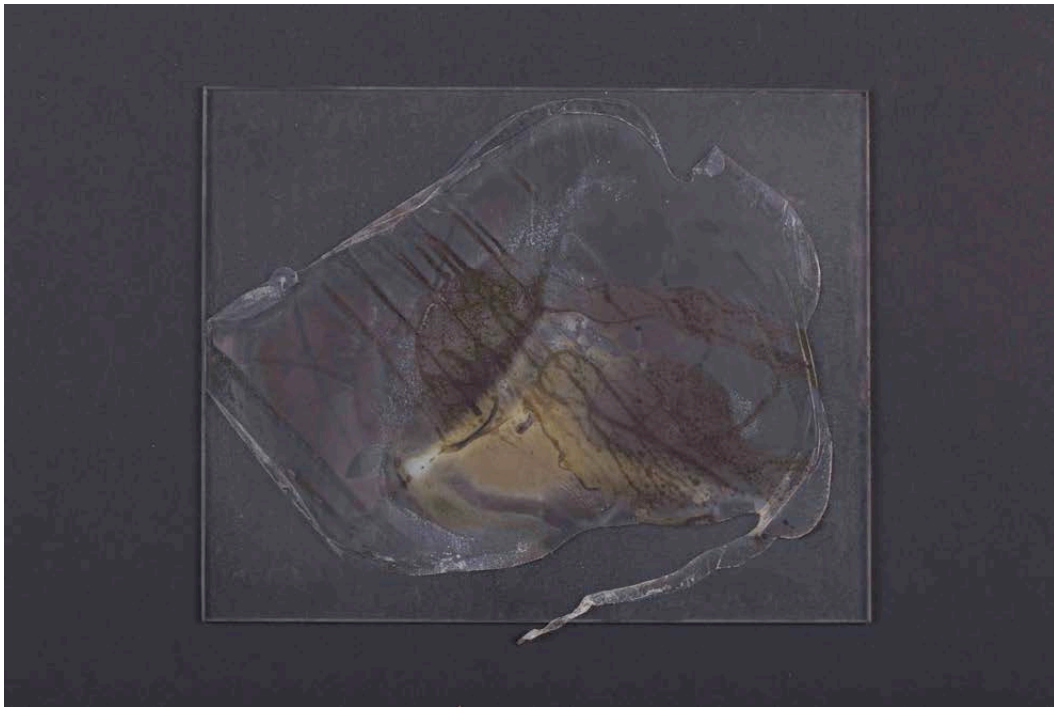


Figure J44, Final result of collodion process with bodily fluids, fixed with matt varnish (Solomons 2016h).



Figure J45, Final result of collodion process with bodily fluids, fixed with matt varnish (Solomons 2016h).

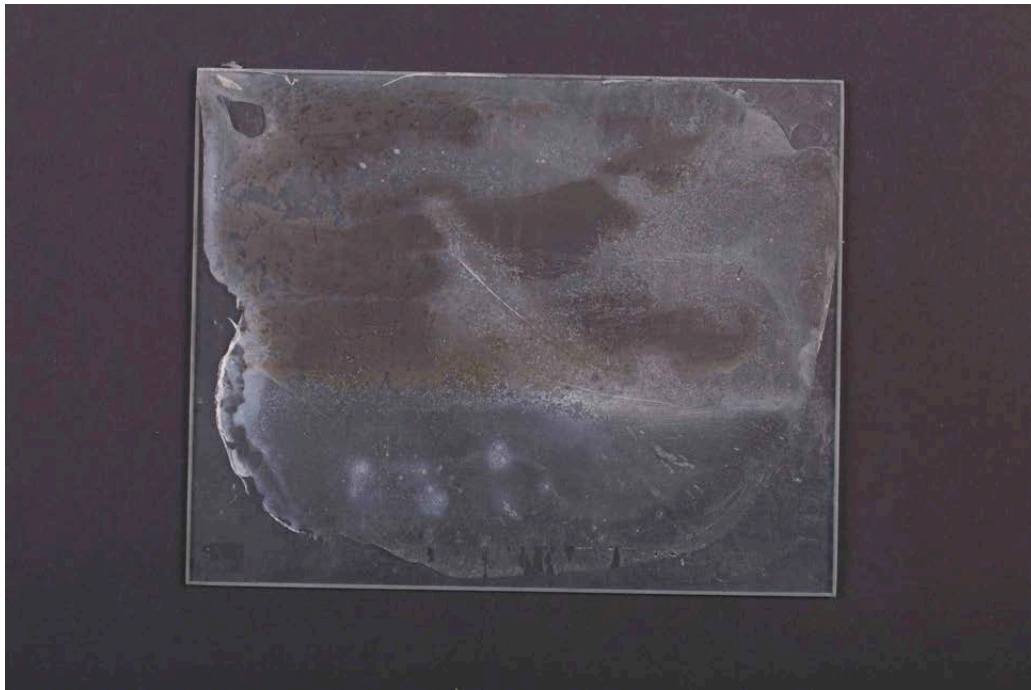


Figure J46, Final result of collodion process with bodily fluids, fixed with matt varnish (Solomons 2016h).





Figure J47, Final result of collodion process with bodily fluids, fixed with matt varnish (Solomons 2016h).



Figure J48, Final result of collodion process with bodily fluids, fixed with matt varnish (Solomons 2016h).



Figure J49, Final result of collodion process with bodily fluids, fixed with matt varnish (Solomons 2016h).



Figure J50, Final result of collodion process with bodily fluids, fixed with matt varnish (Solomons 2016h).

## Final Results On a Lightbox

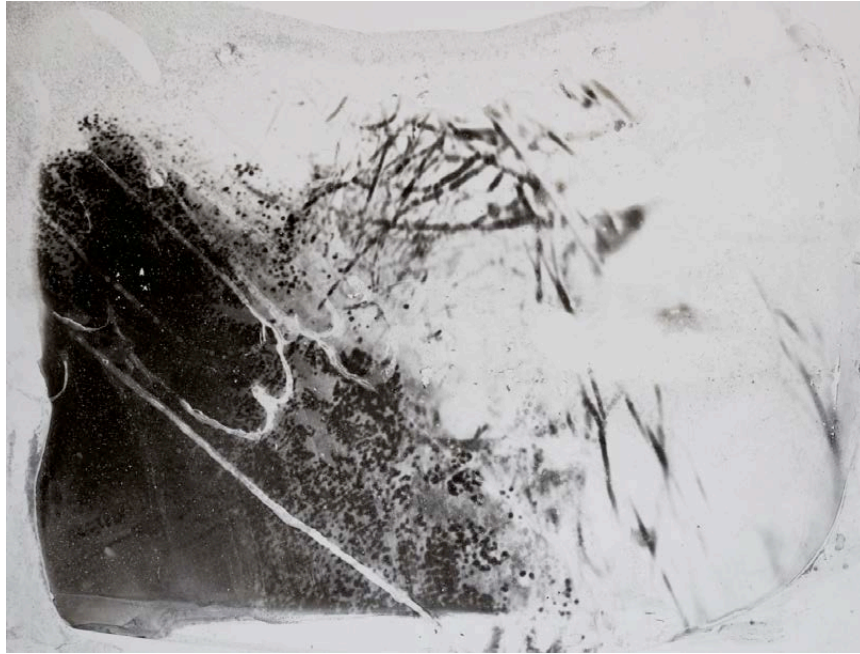


Figure J51, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).



Figure J52, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).



Figure J53, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).



Figure J54, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).

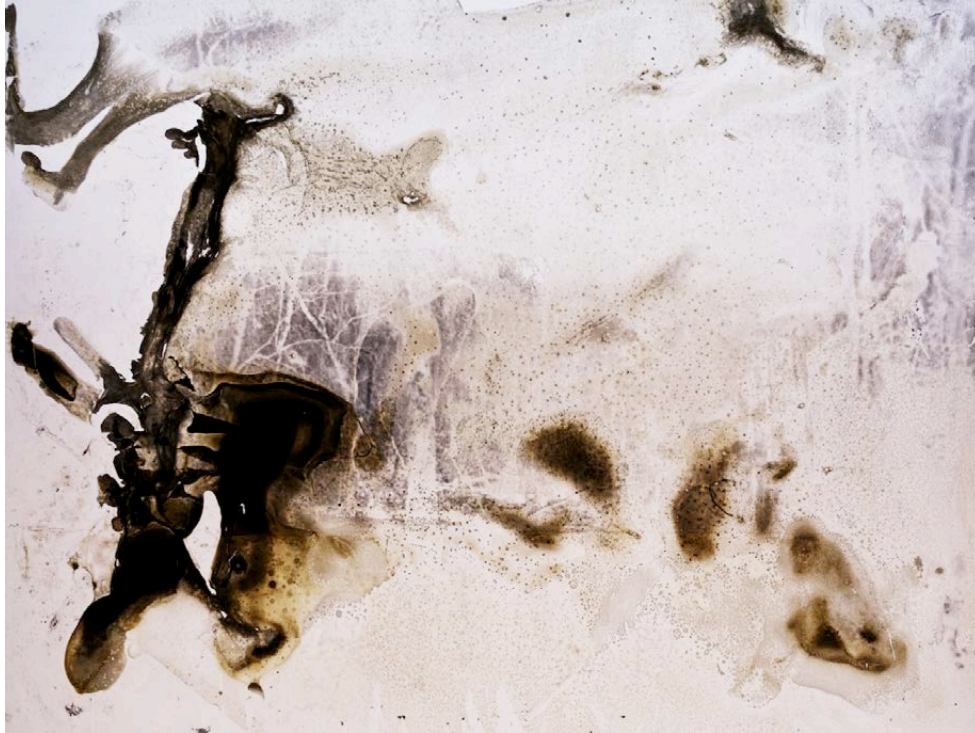


Figure J55, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).

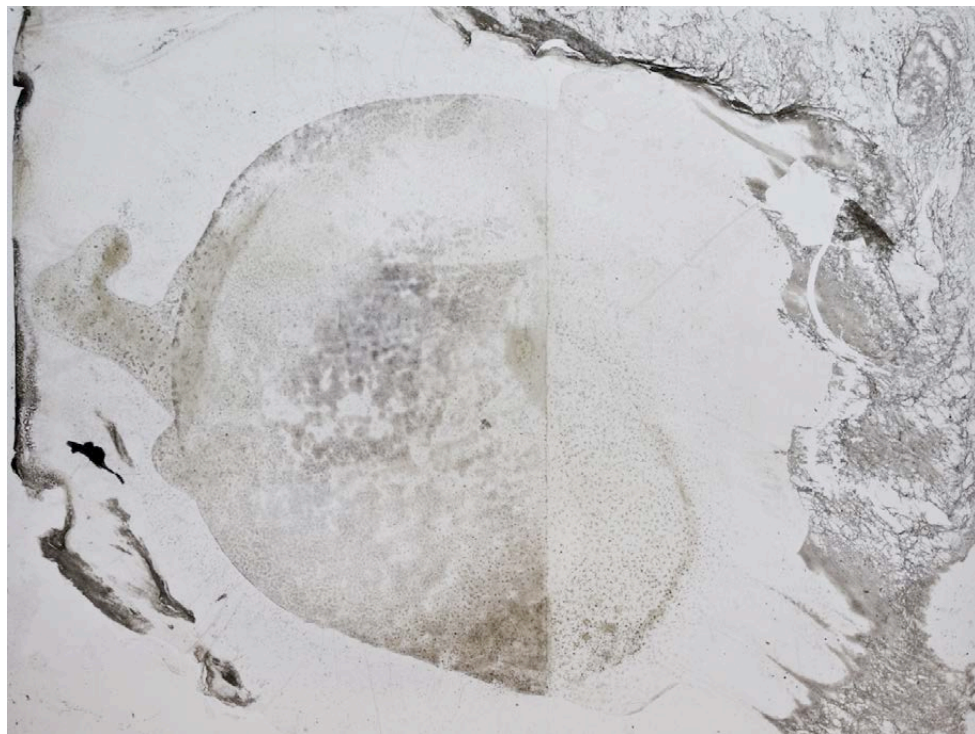


Figure J56, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).



Figure J57, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).



Figure J58, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).

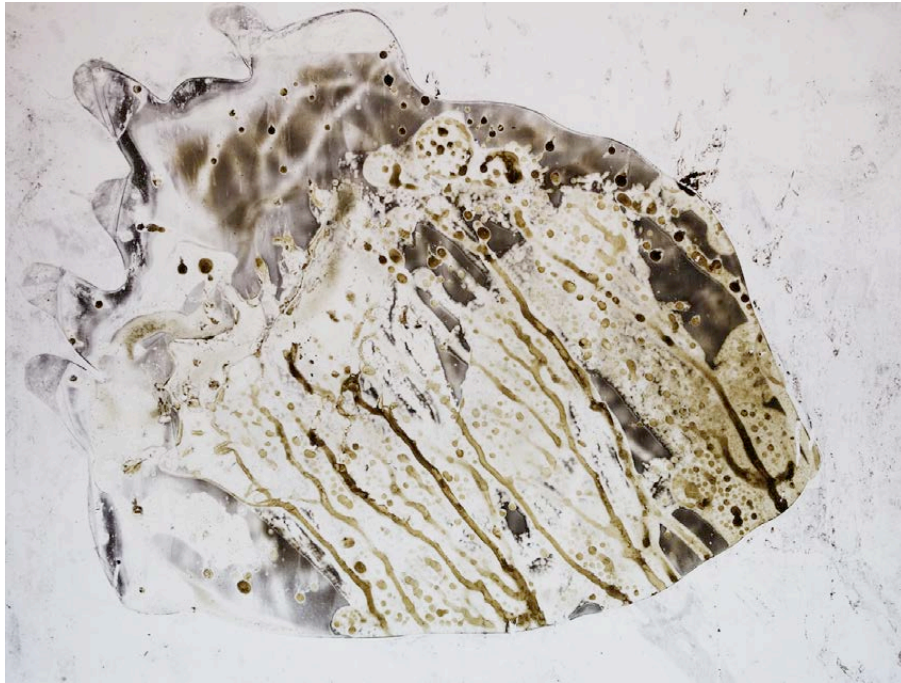


Figure J59, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).



Figure J60, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).



Figure J61, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).

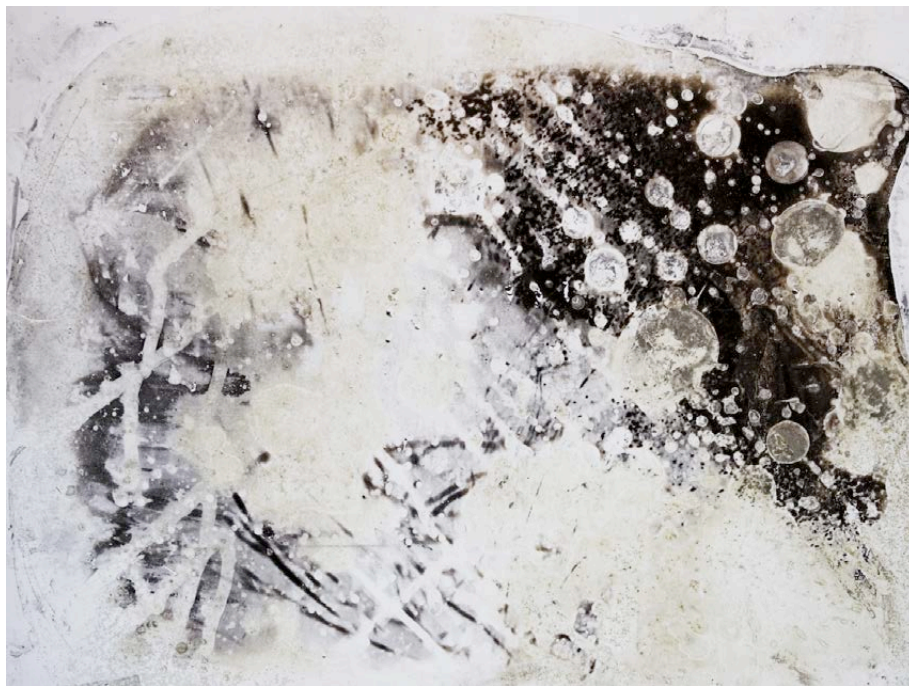


Figure J62, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).



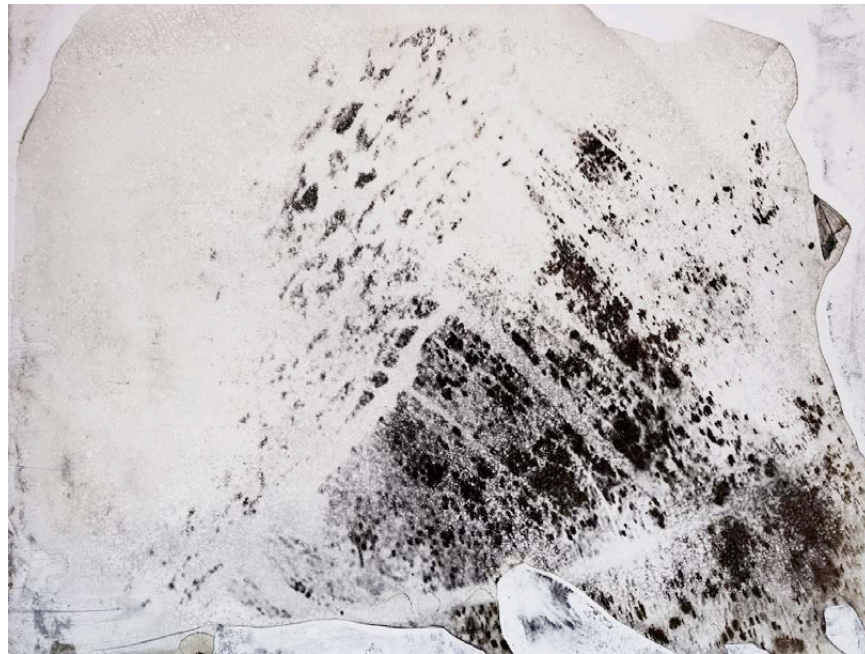


Figure J63, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).



Figure J64, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).



Figure J65, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).



Figure J66, Final result of collodion process with bodily fluids on a lightbox (Solomons 2016h).

## Appendix K

### Selected Logbook Entries About Practice-Based Research Sessions

Below is a selection of entries from my logbook. These entries I have created throughout the process and exploration of my practical research.

Tasks	Start	End	Duration	Notes
Schema Therapy group session	10/7/15	10/7/15	1h 0m	Okay session
Schema Therapy group session	10/14/15	10/14/15	1h 0m	became aware that lack of energy can be depression
Visit Intaglio Printmakers	10/19/15	10/19/15	0h 14m	Copper plate in Ferric Chloride Acid; Aluminum plate in Copper Sulphate Acid; Solar Plate made with a layer of polymer; Prepared Photo-emulsion plates no longer available; Can cut plates to size
Processed film, printed contact sheets, UCA Rochester	10/21/15	10/21/15	4h 48m	Concentrate on oily visceral feel of swamp; use contact sheet box for photo-etch
Schema Therapy group session	10/21/15	10/21/15	1h 0m	More optimistic about emotional understanding of empathic connection
Fiber-based prints made for fluid tests	10/27/15	10/27/15	3h 12m	5 Fiber-based, glossy prints
Schema Therapy group session	11/4/15	11/4/15	1h 0m	Vulnerable child - fragility

Visited UCA Farnham to discuss COSHH for collodion	11/5/15	11/5/15	0h 14m	Fill out form, schedule workshop, health certificate, source pig's blood
Salt Printing workshop	11/6/15	11/6/15	4h 48m	4 salt prints made, possible medium, SALT as a metaphor
Schema Therapy group session	11/11/15	11/11/15	1h 0m	Depression, more frequent after extended time in darkroom?
Health and Safety Forms	11/15/15	11/15/15	0h 38m	Forms for pig's blood and wet-plate process (with my chemicals)
Schema Therapy group session	11/18/15	11/18/15	1h 0m	Anxiety about going to the States and visiting battlefields for the first time
Health and Safety Forms (correct forms)	11/20/15	11/20/15	6h 24m	source pig's blood, fill out form for pigs blood, setup form for human blood
Schema Therapy group session	11/25/15	11/25/15	1h 0m	Guilt and shame about possibly needing people to help with photo shoots
Schema Therapy group session	12/2/15	12/2/15	1h 0m	Stress and anxiety over uni paperwork - deep sense of failure
Blood Test w/ medical professional	12/8/15	12/8/15	0h 30m	Blood taken to test for Hep B, HIV, liver functions, glucose level, etc.
Schema Therapy group session	12/9/15	12/9/15	1h 0m	Feeling like a lost child, fear of feeling numb
Schema Therapy group session	12/16/15	12/16/15	1h 0m	More talkative in group, aware of my need of permission to speak
Health and Safety Forms	12/17/15	12/17/15	4h 48m	Forms for urine in fix bath, and vomit in fix bath
Health and Safety Forms	12/18/15	12/18/15	4h 48m	Forms for pig's blood in collodion and urine in fix, pig's blood in collodion and vomit in fix

Andersonville, GA, USA Shoot	12/26/15	12/26/15	13h 0m	Dense fog. Shoot foggy then sunny. No evidence of dead survivors in woods
Travel to Fredricksburg, VA, USA	12/27/15	12/27/15	11h 0m	Drive to Fredricksburg, sort out weather, film, etc. for shoots
Shoot at Gordon's Flank Attack (left entrance)	12/28/15	12/28/15	5h 0m	Overcast weather. Stopped shooting because of rain.
Shoot at Gordon's Flank (right enter)	12/29/15	12/29/15	6h 0m	Sunny spells w/intermittent rain. Stopped shooting b/c lost sun, and ran out of film
Shoot at Gordon's Flank (right enter)	12/30/15	12/30/15	4h 0m	Fog, very wet, between rain and drizzle whole time. Stopped shooting b/c of showers
Travel back to Savannah, GA, USA	12/30/15	12/30/15	8h 0m	Intense rain
Organising film negatives	1/4/16	1/4/16	2h 0m	Cutting negs and putting them in sleeves
Finish developing film, contact sheets	1/5/16	1/5/16	7h 0m	HP5 film, 59 rolls shot overall, contact sheets done
Finished contacts, scan negs	1/11/16	1/11/16	6h 0m	Scanned 60 negs to print for tutorial
Editing and ordering test prints	1/12/16	1/12/16	3h 0m	edit of 62 8x12 prints, edited to jpegs and ordered from snapfish.co.uk
Schema Therapy group session	1/13/16	1/13/16	1h 0m	aware of fear of isolation in groups
Wet-plate walk through at UCA Farnham	1/15/16	1/15/16	6h 0m	1st Wet-Plate process at UCA Farnham, supervised, around 3 min exposure time
Health and Safety Forms	1/18/16	1/18/16	3h 30m	Finished H&S forms. Need forms for bleach/hydrochloride and human blood.
Test shoot Epping Forest/Loughton	1/22/16	1/22/16	4h 30m	Try shooting at dusk/sunrise. CLIMB TREES! Waited for 93% rain, never happened.

First solo collodion plate tests	1/25/16	1/25/16	7h 0m	Collodion setup went perfect. Developed test film, no exposures, camera must be broken. Cleaned up space, no tests done. Dropped off OM1 to find fault.
Schema Therapy group session	1/27/16	1/27/16	1h 0m	aware of high and low emotions linked to defectiveness - not sure what the PhD standards are, so I reactively set them high for myself, just in case
Collodion tests, UCA Farnham	1/29/16	1/29/16	6h 0m	pump being replaced (not allowed to work), tests cancelled, met with PhD student, met with technician about glass and blood
Collodion tests, UCA Farnham	2/1/16	2/1/16	4h 0m	Successful tests, exposure around 2 minutes, image still negative (slide film or neg collodion)
Digital image to slide film	2/5/16	2/5/16	1h 0m	Image on slide film for positive image in wet-plate; order negative collodion after positive is finished
Schema Therapy group session	2/10/16	2/10/16	1h 0m	Stil aware of feelings of isolation when in a group
Digital images to slide film, Bleach for Health and Safety	2/17/16	2/17/16	2h 0m	Two positive images on film for Immaterial show, bought/refunded bleach (waiting for Travis Perkins COSHH info for bleach)
5x4 collodion plates, positive image	2/18/16	2/18/16	5h 0m	80mm lens, slide film, F2.8, 115 sec exposure, silver sensitivity unstable towards end - check PH levels, pouring technique better, edges still sometimes lifting

Epping forest shoot, Ethics forms	2/19/16	2/19/16	5h 30m	Sunny, close-ups; shoot digital and transfer to slide film? Filling out part of the Ethics forms,
Wet Plate Process Notes	2/19/16	2/19/16		480ml distilled water per 60ml silver nitrate. Exp: 90 sec x6, nitrate 2 min, fresh dev 30 sec.
Climber - rope tests for trees	2/19/16	2/19/16	2h 0m	Alpine kit needed. Meeting with certified tree climber about rope technique. Youtube videos available.
Checklist for biohazard process, Ethics	2/21/16	2/21/16	4h 0m	Ethics checklist, consent form, information sheet; Safe scheme or work form.
Edit Epping Forest, London, UK and wet plate photos	2/23/16	2/23/16	2h 0m	Edit and adjust photos for tutorial, COSSH for bleach
Schema Therapy group session	2/24/16	2/24/16	1h 0m	Feeling vulnerability helps to de-escalate anger
Tree climbing demonstration - climber	2/25/16	2/25/16	1h 0m	Rope technique, gear to buy, youtube videos to watch, knots to learn
Varnish, Night shoot Epping Forest	2/26/16	2/26/16	3h 0m	MSDS for spray varnish, night shoot - work towards being in the dark longer, photos - Lynchian
Edit Epping photos, finish Ethics forms	2/29/16	2/29/16	3h 0m	Use flash to flatten landscape, Ethics forms finished - sample questions to do
Schema Therapy group session	3/2/16	10/20/08	1h 0m	When used to detachment, how to learn empathic connection if a person is used to feeling isolated?
Epping forest shoot, edit, ethics ?s	3/3/16	3/3/16	8h 0m	Sunny daylight, image edit, sample ethic questions for all interviews

Wet plate Process 8x10s UCA Farnham	3/8/16	3/8/16	5h 0m	first tests with 8x10 plates, mixed add 60g nitrate, exp: 90sec +60 sec (for 3x finals)
Schema Therapy group session	3/9/16	3/9/16	1h 0m	how to connect loss of a intimate connection to present empathic connection?
Wet plate Process 8x10s UCA Farnham	3/11/16	3/11/16	7h 0m	Timing difference once silver settles - new exp: 90x6 (2ish plates finished)
Schema Therapy group session	3/16/16	3/16/16	1h 0m	Anxiety about confidence - trusting in decisions
Wet plate 8x10s Farnham	3/16/16	3/16/16	4h 0m	Best session yet - 2 plates - exp 90sec x6, 2 min nitrate, dev. 30 sec.
Schema Therapy group session	3/23/16	3/23/16	1h 0m	anger can be triggered by fears of mistrust
Nightshoot - Epping Forest, London, UK	4/11/16	4/11/16	3h 0m	Flatten landscape with flash (medium and very long distance), headtorch helped a lot at navigation
Schema Therapy group session	4/13/16	4/13/16	1h 0m	sharing experiences can lead to greater possibility for empathic connection
Schema Therapy group session	4/20/16	4/20/16	1h 0m	How easy is it to emotionally carry someone who doesn't participate in a group?
Drive to Fredericksburg, VA, USA	4/25/16	4/25/16	8h 0m	Straight drive, sunny weather, until Fredericksburg.
Civil War Museum of Medicine, Frederick, MD, USA	4/29/16	4/29/16	6h 0m	Same photo chemicals used in medicine - Bookshop for add ref if needed



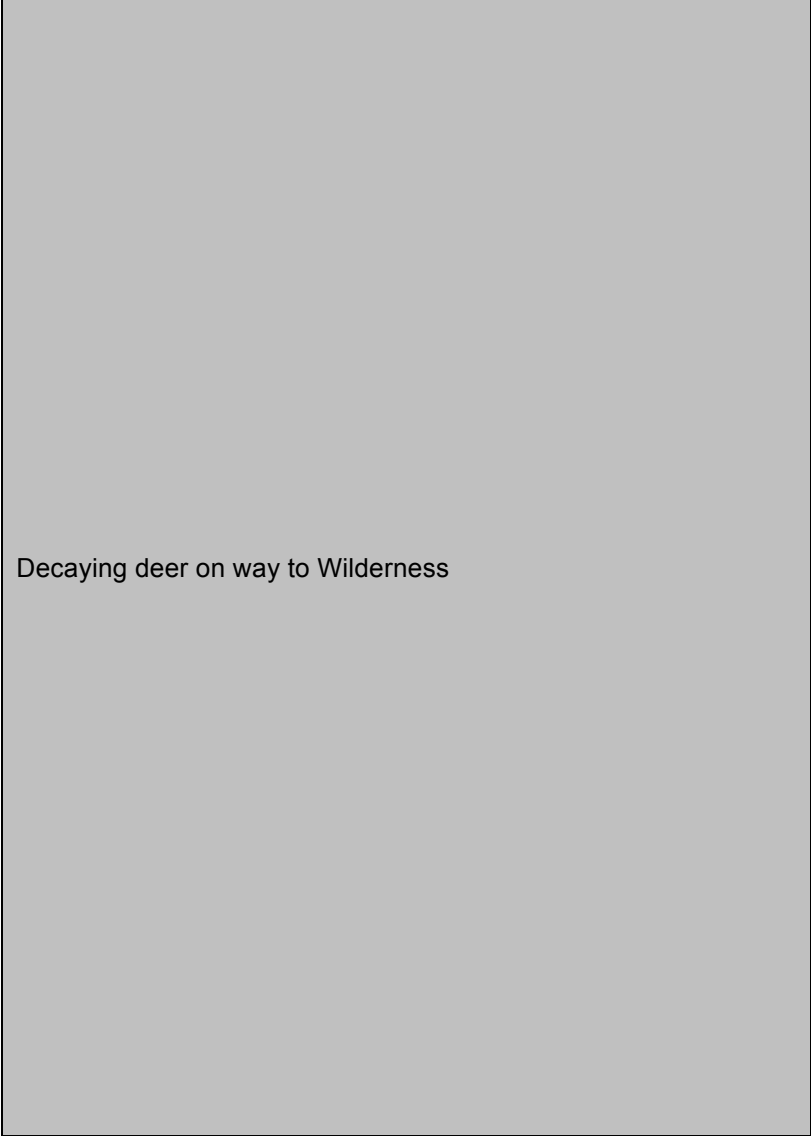
Wilderness tour, walk, Chancellor visitor center, Wilderness, VA,  
USA

4/30/16

4/30/16

8h 0m

Tour of the Federal line - NPS,  
Guide - no CW trees and forest  
not as dense as battle,  
photographed forest - walk back  
on trail DO NOT walk on, ex of  
BOW dense forest at  
Chancellorville visitor center



Decaying deer on way to Wilderness

4/31/16

5/11/16

Every time I drive on 3W towards the different plots of land I've seen this deer corpse on the side of the road. At first it looked pristine, like it was sleeping with its eyes open. The next day, a vulture would be next to it. And on the next day two. At some point the soft tissue on the face was disappearing. Maggots surrounded the crevices of the eyes, nose, and corners of the mouth. The body looked like it was frothing with puss. The nose, eye lids, and skin covering the upper and lower jaws was gone. You could see the bulging eyes, botton cuspids, then black voids were the nose was and where the upper jaw seemed to be missing. However, the body only seemed to get slightly smaller as the days went day. The face was more dramatic. The day before yesterday, as I drove by, I don't know what happened to the face. I'm driving quickly enough to only have a long glimpse. The face looks like it is totally gone. As the neck leads to the top of the head, suddenly there is a black void inside the part head and neck. This is jarring because connection on an emotional level becomes next to impossible without face. The corpse was on



the edge of, but now it is just grotesque.

5/1/16

5/1/16

3h 0m

started photographing parts of trees as body parts

Federal line shoot - Wilderness, VA, USA	5/2/16	5/2/16	4h 0m	dense part of trail, further down trail to shoot tree/body parts
Wilderness shelter trail (from left) shoot, VA, USA	5/5/16	5/5/16	3h 0m	rainy, overcast, shot tree/body parts, plus a little of far right corner of this section of S. field
Saunders field edges shoot, Wilderness, VA, USA	5/7/16	5/7/16	8h 0m	shot Saunders field - right (l to r), left (l to r), trail talk to Wilderness tavern, Anniversary event
Walmart land shoot, Grant's Sheetz, Wilderness, VA, USA	5/8/16	5/8/16	3h 0m	Sunny/overcast, perfect place for Struth images, A LOT OF TICKS
Wilderness shelter trail (from right), Wilderness, VA, USA	5/8/16	5/8/16	3h 0m	Sunny/overcast, Gordon's flank attack (for overall image), tree/body part pictures
Library of Congress - CW glass plates, Washington D.C., USA	5/9/16	5/9/16	2h 0m	one 5x4 plate, two from stereoscope, both from Gettysburg in good condition
Chancellorsville, Stop 5, 8, 5, Chancellorsville, VA, USA	5/10/16	5/10/16	3h 0m	Rainy, 1/30 speed. Dense for the NPS land, but trails are too narrow to get flat depth of field
Walmart land shoot 2, Grant's Sheetz, Wilderness, VA, USA	5/10/16	5/10/16	2h 0m	Overcast/damp, 1/30 speed, high anxiety about ticks
Walmart, Ellswood, Night - shelter, Ch visitor center, VA, USA	5/11/16	5/11/16	5h 0m	Ticks even with repellent, overcast a lot of bugs out, only tree from civil war, night shoots - scary as hell, even next to 20 and 3
Schema Therapy group session	5/18/16	5/18/16	1h 0m	can the degree of terror in having a voice be linked to the degree that confidence is lacked?
Schema Therapy group session	5/25/16	5/25/16	1h 0m	Emotional deprivation and a lack of degree of normal emotional support
First edit of USA fieldwork pictures	6/6/16	6/6/16	4h 30m	Down to about 200 images

Schema Therapy group session	6/8/16	6/8/16	1h 0m	Stopping in order to feel, can help regulate flipping of high and low states of mind?
Edit Fieldwork photographs	6/10/16	6/10/16	1h 0m	Down to 81 images
Schema Therapy group session	6/15/16	6/15/16	1h 0m	Can emotional connection be made if a person is exhausted?
Edit Fieldwork photographs	6/17/16	6/17/16	1h 30m	Edit down to 55 images, correcting images
Fragment and sequence images	6/21/16	6/21/16	3h 0m	B&W groupings look better, still not working for colored landscapes
Schema Therapy group session	6/22/16	6/22/15	1h 0m	Fear of losing control can be bound up with the angry child and vulnerable child
Epping Forest shoot, London, UK	6/23/16	6/23/16	6h 0m	Gopro on head. Just after rain, still overcast, some drizzle. A lot of still water, i.e. mosquitos. Some overgrown ferns, but most are thorny vines. I'll need thicker layers. Got lost in the forest. Ended up walking from Loughton to Woodward. Lost my oyster and bank cards.
Epping Forest shoot, London, UK	6/24/16	6/24/16	3h 0m	Gopro on chest, head torch. The darkness of the forest feels intimidating. Have to visit again with someone. Do video of jerking movements?
Edit GoPro 24/06	6/25/16	6/25/15	2h 0m	A few images promising. Too sunny with too much motion blur. Slow down movement in overgrowth. Running doesn't work.

Edit GoPro 25/6	6/27/16	6/27/16	2h 0m	Overall night images seem stronger. Less movement creates simpler composition. There is something in the gesture that creates the image. Use video format for me going in the woods on my own at night, and in overgrowth. Chest mount looks better than head mount.
Collect urine	6/27/16	6/27/16	0h 10m	Average color for urine, despite not drinking water/fluids for most of the day
UCA Farnham - Collodion with URINE	6/28/16	6/28/16	4h 0m	Total waste of time. Unable to use darkroom, because there was a misunderstanding. Booked in an extra session. Came straight back to London.
Epping Forest, Gorpro, night w/ assistant, London, UK	6/28/16	6/28/16	3h 30m	Having another person helped tremendously. Darker, slower, a little rain. Able to go much deeper into the woods. Need to video how I move in that space alone (hyperawareness and fear).
Schema Therapy group session	6/29/16	6/29/16	1h 0m	Entitlement, Anger vs. an Insect Mother
Epping Forest, GoPro - dragging w/ assistant, London, UK	6/30/16	6/30/16	4h 0m	Assistant dragged me by both arms, each arm, both legs, one leg. Difficult to find ground without thorns on ground, with thick overgrowth. Best shots - dragged by one arm, and dragged by both legs
Epping forest - analogue, night, London, UK	7/4/16	7/4/16	3h 0m	Shot one 120 roll of SFX. Hassleblad wasn't registering loaded film anymore. Tried two

				rolls of film.
UCA Farnham - Collodion with URINE	7/5/16	7/5/16	10h 0m	Urine as stop. No real effect. Intense smell. Double and triple exposed parts of the same image of woods. Lifting, folding, and cutting image. Possible visual link to repetitious cut lines like in self-harm?
Schema Therapy group session	7/6/16	7/6/16	1h 0m	Why does my personality shut down when I am around someone 'better' than or has more authority than me? Wanting to be seen and invisible. Special but regarded with ambivalence. I'm making everyone pay because I wasn't allowed to be a child. No one cares to save me (hierarchical - teacher, family, popular)
Edit Epping photos	7/12/16	7/12/16	1h 30m	Finsihing edit of 2 most recent GoPro sessions. Try dragging in overgrowth, sunshine first
Schema Therapy group session	7/13/16	7/13/16	1h 0m	Can defectiveness be fueled by feeling that people are not affected by you?
Schema Therapy group session	7/20/16	7/1/16	1h 0m	Feelings of punishment can feel like someone squeezing your heart, cold needles being pushed into your face, fear of having a voice

Collect Urine and Vomit	7/27/16	7/27/16	0h 20m	Urine was concentrated. My gag reflex is a lot less sensitive than it used to be. Fingers didn't work, so I had to multiple fingers, and cough to collec some bile. Urine and vomit were first thing in the morning.Remembered to brush teeth and rinse with mouthwash after vomitting.
UCA Farnham - Collodion with URINE/VOMIT	7/27/16	7/27/16	12h 0m	Picked up 5 sheets of 8x10 glass - 2mm-6mm thickness. Urine was mainly used. Collodion then urine too unstable. Coating the glass with Urine or vomit created distressed, yet stable reactions. 2 fine sprays of fluids work as well.
Talk - Jean Wainwright's brother about Human BLOOD	7/28/16	7/28/16	1h 0m	Materiality of blood. Ph level changes with stress, but body adapts quickly, and the change is not out of normal limits. Contact Blood banks of hospitals and blood donation sites for expired blood. Evidence of trauma in the blood, but it's the result of the body (organs, glands, etc.) reacting to physical or emotional trauma.



Collect Urine and Vomit	8/2/16	8/2/16	0h 20m	Urine is really clear/watery, despite little to no water ingested, but rather 3 coffees. Used a dental mirror tool to touch my uvula, this helped tremendously. Salivated a lot before bile came up. Once the bile started coming up, I felt like my capacity to vomit was on a hair trigger. Brushed teeth, used mouthwash. Drinking coconut water to help replenish lost potassium.
Collected glass plates, UCA Farnham collodion URINE and VOMIT	8/3/16	8/3/16	10h 0m	Use collodion to draw shapes, instead of going to edges of glass. Use bile to draw on top of collodion. Collodion, then 2x spray of urine - spray pattern of development (ALL listed tests are stable). New DEV every time. Further test urine/collodion/varnish/collodion (layering)
Organise 8x10 plates, buy container	8/7/16	8/7/16	2h 0m	Organised glass plates by dates, bought container, ordered glass plates
Epping forest - dragged in overgrowth, London, UK	8/8/16	8/8/16	4h 0m	Dragged through overgrowth in clearing (better lighting/was overcast) - by each arm and leg, and both arms, then both legs (GoPro on head)
Edit Epping photos	8/9/16	8/9/16	2h 0m	Edited photos - more overgrowth the better
Vulnerability Trigger - sketchbook entry	8/9/16	8/9/16		Anorexia - actively changing towards becoming nothing. If a person can live without love, then do they need it?

Vulnerability Trigger - sketchbook entry	8/9/16	8/9/16		Feeling disregarded can trigger eating disorder issues.
Argos -suitcase, collected urine & bile, London, UK				Argos to exchange damaged suitcase. Long story short - Their warranty only coverse defect. They determined my damage was misuse/abused. I need to contact the manufacturers. They could not supply contact information. Turns out they are the manufacturers, but they still will not replace the suitcase because it was 'misused' (the criteria for the 1st warranty, not the 2nd). No manual exists, online and in print catalogue it does not state the usage weight limit. Yet I am accused of inserting too much weight. Customer service case in progress.
UCA Farnham - Collodion with URINE/BILE collected Glass; urine	8/9/16	8/9/16	4h 30m	Collected glass, Issue with fix- leaving the plate in too long takes away information, but not all collodion (white) is gone. Left in too short it doesn't fix properly (alternates between 3.5 - 5 minutes). Experiment with dribbling and moving urine. Mix more nitrate to cover all 8x10 plate (30ml). Images need to be very contrasted or else issues with exposure are difficult to compensate for through an enlarger.
Buy glass, organise 8x10 plates	8/10/16	8/10/16	12h 0m	bought 24 plates for rest of summer sessions, yesterday's
	8/11/16	8/11/16	1h 30m	

				plate to storage
Epping Forest - B&W polaroid, GPS, London, UK	8/11/16	8/11/16	3h 30m	Tried to find GPS for previously found overgrowth (unsuccessful). Eaten alive by mosquitos. Found two new, okay overgrowth w/o thorns. B&W polaroids didn't turn out well.
UCA Farnham - Collodion with URINE/BILE	8/12/16	8/12/16	11h 0m	have down - spray urine/collodion/spray urine, collodion/pour urine, collodion/spray urine. Tried spray urine/collodion/bile for first time...exposure right, chemistry not stable. 90x9 right exposure for tree
Schema Therapy group session	8/17/16	8/17/16	1h 30m	Losing all sense of safety after one intense disagreement?
UCA Farnham - Collodion with URINE	8/18/16	8/18/16	11h 0m	Did not feel up to collecting bile. Mixed urine with collodion in vile - sizzled then created what looked like heat waves. Spray urine before dev or after collodion looks almost exactly like aquatint in printmaking. Urine in fix keep the white from turning transparent. add 30mg silver nitrate. Re-use bile.

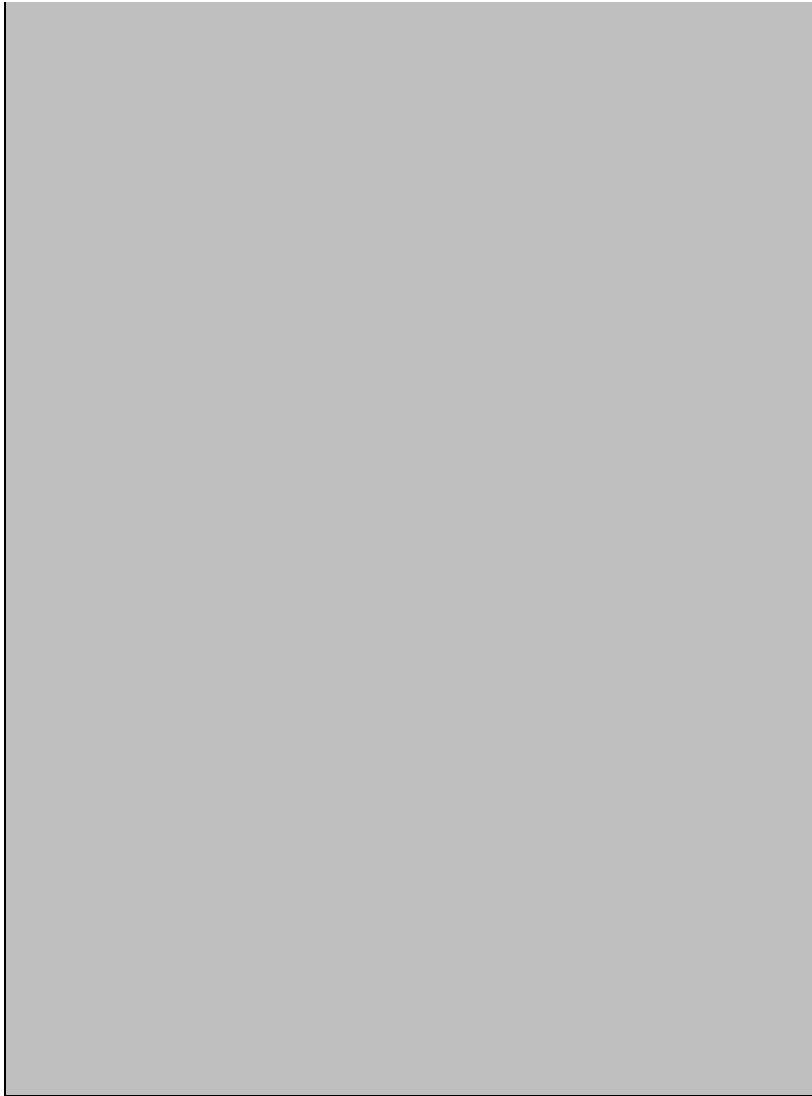
BLOOD donation - Tulse Hill, London, UK

Filled out questionnaire, went to Tulse Hill to donate, eventually turned away because they were unsure about a past heart issue. Observation of donors - There was a mixture of people. Some were laying reading, on their phones, giving blood - like it wasn't out of the norm. Some of the people I saw had a genuine air about how they talked and carried themselves. A couple of people who tried to donate felt like they had a detached barrier around them. Like, they were doing something good, but wanted to keep people at a distance. The most intriguing group was made up of men and women in office casual wear. They arrived in a glossy black land rover, with tinted windows. I saw them packed tightly, as they drove past me. Inside, they came in as a group, the majority of which was loud, laughing with exaggerated guffaws. As they were pouring their cups of water, a few more quiet people came trickling in. Later they confirm that this is their first time giving blood. The group sat behind me, initially complaining about the donor website, how hard it is to find bookings, and so on. Eventually, the loudest woman began talking about other times

8/22/16

8/22/16

4h 0m



she's given blood. She made it seem routine. Like a time she tried to give abroad, and was denied because she had a flu virus with no symptoms. Another time, when her blood was tested and she was told she had a large amount of iron. To which she exclaims, of course, I had a steak right before coming!

Organising 8x10 plates, replying to questionnaire participants	8/22/16	8/22/16		Order slide film, order rubber glass, wrap plates, file used plates, reply to two participants - one new, one refuses to sign the consent form - despite sending pages of response
Epping forest - dragged, carried, London, UK	8/23/16	8/23/16	4h 30m	dragged by two legs, one leg (both sides). Dragged through hay-like overgrowth, semi-thorny purple flowering bushes (Thorns went through overalls. After surprise of superficial pain, easier to cope with during rest of session. Left side of back still scratched up with a light rash). Thrown over shoulder and carried through close thin trees (This felt like the impact of a punch on my stomach that kept pressing. It was difficult to be limp everywhere else, but tense and balance on my collapsed abs). Need to more examples of this during sunny days.
Epping forest - XP2, Delta 3200 35mm, London, UK	8/24/16	8/24/16	3h 0m	Early evening, but overcast - dark very quickly, limited light. Started with 3200, then XP2. Used portrait lens. Shot with focus in foreground, midground, and background. Shot by walking through dense overgrowth, and dragging the camera on the ground. Long exposures - 1 sec. 3200 shot at 1600. XP2 400 - shot at 400.

Working at Schema Therapy organisation	8/26/16	8/26/16	6h 0m	Helped format and research a course outline for classes on Addiction through an accessible and Schema therapeutic approach
UCA Farnham - Collodion with URINE/BILE	8/31/16	8/31/16	12h 0m	Collected urine and bile; developed 2x 120, 1 35mm of ilford 3200. Used 35mm neg for printing. added 30mg silver nitrate. More experiments with bile. Interesting, further investigate making a layer of collodion in middle of plate, then pour bile afterwards. Make certain shapes with collodion? Exposure changed to 90x1.
UCA Farnham - Collodion with URINE/BILE	9/1/16	9/1/16		Session is cancelled due to a personal emergency with the technician. No other technician is available to be onsite today. Session cannot be made up next week.
Collect slide, organise 8x10s	9/2/16	9/2/16	2h 0m	Metro to pick-up slide of go-pro image, organise new 8x10 plates into storage
UCA Farnham - Collodion with URINE/BILE/BODY OIL	9/5/16	9/5/16	10h 0m	Solarisation, Urine - aquatint, bile - spill, different developments, body oil - collodion slid off. **Solar 3sec and up (to do) Cut session short to save dev for next session
Working at Schema Therapy organisation	9/6/16	9/6/16	9h 30m	Making, preparing, formatting packets and presentation for Schema training

UCA Farnham - Collodion with URINE/BILE	9/7/16	9/7/16	10h 0m	Last Day! More works with bile. Tried rubber glass (total failure/no exposure). Need to top up silver nitrate. Most successful - bile poured on collodion (different developments and holes in image)
Schema Therapy group session	9/14/16	9/14/16	1h 0m	Shutting one's body down as a result of vindictiveness towards another person's behavior?
Epping shoot - GoPro dragging, London, UK	9/14/16	9/14/16	4h 30m	Light was already gone when we arrived. Used phone light to shoot. Still images and video. Additional poses - pulled with one side on the ground, dragged around (turning around, circles, etc.)
Fieldwork Forms and Smithsonian emails	9/14/16	9/14/16	5h 0m	Finished fieldwork form for November trip. Wrote and sent emails to Smithsonian research supervisors who might be interested in my work, in relation to fellowships, the collections, etc.
Tier 2 Ethics form, Risk assessments, HTA	9/15/16	9/15/16	6h 0m	Researched and finished my Tier 2 Ethics application (UCA) to be signed off by main supervisor. Started Risk Assessments for Blood, Blood+Urine, Blood+Bile, Blood+Urine+Bile in the 'wet-plate' process, emailed the Human Tissue Authority about licensing and REC approval for use of human blood



Working at Schema Therapy organisation	9/16/16	9/16/16	9h 0m	Created a data table and compiled pre-treatment and post-treatment outcomes of clients
Oxford, UK - dragging through overgrowth				Overcast. Dragged through overgrowth, feces, thorns, insects, tall smooth grass, stinging nettle. Back of protection layer totally ripped open. Right side of back has rubbed burn from smooth grass. Had to stop as a result of this.
Fieldwork corrections, Funding forms	9/18/16	9/18/16	3h 0m	Correct and change fieldwork application, sent off; Large funding grant changed their criteria from when I talked with them in April, They no longer accept current PhD students. A few months of preparing an application has been for nothing. Frantic search for new funding, and filling out a US application
Working at Schema Therapy organisation	9/19/16	9/19/16	10h 0m	Input data of clients into outcomes table
Working at Schema Therapy organisation	9/20/16	9/20/16	8h 0m	overarching theme. <b>I know that you're going to hurt me, so I'm going to show you how much I don't need you.</b>
Schema Therapy group session	9/21/16	9/21/16	1h 0m	St. Barts Pathology - talk about cultural connections to corpses, Human Tissue Act, **found specimens from self-inflicted wounds of 'insane' people**
Remains to be Seen' - St. Barts Pathology Museum, London, UK	9/21/16	9/21/16	2h 0m	SEARCH

MAO, Wellcome x3 shows, Oxford & London, UK	9/22/16	9/22/16	12h 0m	Modern Art Oxford - 'Viral Landscapes' Chadwick, Abramovic cleaning a skeleton, sound piece of thunder clapping; Wellcome Collection - Bedlam - look into humor theory books at Bodiean Library in Oxford; States of Consciousness - Postpartum Documents - Mary Kelly; Sir Wellcome exhibition - **specimens of self-inflicted wounds! **research Blood book, specimens in Mutter museum, and silver nitrate and collodion treatments (Wellcome, Bodiean, and Mutter)
Epping Forest, GoPro - dragging, London, UK	9/25/16	9/25/16	5h 30m	Daytime/morning overcast - zigzag dragging, rolling on side, rolling forward (rolling=pushed), dragged through denser overgrowth (had to protect face), pulled through thick beds of ferns, a couple of guys stopped - I had explain that everything was fine, and nothing insidious was happening.
Working at Schema Therapy organisation	9/26/16	9/26/16	10h 0m	input more data, summarised chapter for presentation, edited presentation about attachment groups - theory, schema therapy, etc.
Schema Therapy group session	9/28/16	9/28/16	1h 0m	being acknowledged as scarier or more painful than NSSI? Helping to put together powerpoints and presentations for Schema accreditation
Working at Schema Therapy organisation	10/3/16	10/3/16	8h 30m	courses

Schema Therapy group session	10/5/16	10/5/16	1h 0m	A child being used to fulfil a deficit in one or both parents' lives.
Working at Schema Therapy organisation	10/6/16	10/6/16	5h 0m	Putting together powerpoint about a more detailed, broad, synopsis of Schema Therapy for teaching - includes references, stats, comparisons, case conceptualisation, etc.
Combining Epping forest images	10/11/16	10/11/16	4h 0m	Selecting images for tutorial, and ordering prints; selecting, printing, and cutting images to be rearranged in different compositions
Epping Forest - color film 35mm, London, UK	10/11/16	10/11/16	4h 0m	Some sun was out. Used portrait lens. out of focus shots in bushes, ferns, etc. Dangling camera inside, or putting inside with hand
Schema Therapy group session	10/12/16	10/12/16	1h 0m	balance between empathising and having a voice

Royal College of Physicians, London, UK	10/12/16	10/12/16	2h 0m	<p>Bleeding tools changed from the mid-19th century. Before lancets, which look like a sharp pocketknife, were used. However, on display from the 1860s-the beginning of the 20th century, the tool used for bloodletting was different. It had multiple blades, looking similar to a Swiss army knife. The important part is that on the bottom part of the blade was an arrowheaded blade for piercing the skin. <b>Important - the gesture for bloodletting shifted from cutting to piercing.</b> What is the difference between dragging a blade and inserting a blade into the body? Glass cups, from the mid 19th century, were on display as well. <b>Why was more suffering added to medical treatment?</b></p>
Working at Schema Therapy oraganisation	10/12/16	10/12/16	9h 0m	<p>Help put together presentation for teaching about Group Schema therapy; helped arrange feedwork for students course work</p>
UCA Rochester - Color film, cutting images	10/17/16	10/17/16	6h 0m	<p>Developed film at Rochester - 1 roll normal, 1 roll out of date (turned blue/purple), 1 roll had no images (possibly used before OM1 was fixed); Cut up images from Epping Woods</p>

Schema Therapy group session	10/19/16	10/19/16	1h 0m	theme that came up - I hate myself because nobody cared enough about me to stop the abuse. I wasn't human enough for them to care about me.
Royal Society of Medicine, London, UK	10/20/16	10/20/16	6h 0m	3 sources on the use of silver nitrate for the treatment on the skin and inside the body, via orifices not put inside of wounds (minus 1 case),. Found one case that implies that it helped to treat insanity.
Working at Schema Therapy organisation	10/21/16	10/21/16	8h 0m	Help put together a powerpoint about the Healthy Adult, Maladaptive Modes, and Empathic Confrontation
Working at Schema Therapy organisation	10/24/16	10/24/16	10h 0m	Put together, and researched, a presentation about the Healthy Adult and Empathic Confrontation in the therapeutic process
UCA Rochester - Document 8x10 plates	10/25/16	10/25/16	8h 0m	Setup a shoot where all my 8x10 glass plates, from the summer darkroom session, were photographed with light shining behind (ie shot on a lightbox), and photographed on a matt black backdrop (two softboxes at an angle).

Science Museum Collection visit, London, UK	10/31/16	10/31/16	3h 0m	Looked at Nitrate of Silver pencil. Was transferred over from Wellcome collection to Science museum collection. Looked like a small tip that could be put into a lunar caustic instrument for internal/rectal application. In addition to Health and Safety forms, they have a special form for the 'respect' of human remains that the collection houses.
Schema Therapy group session	11/2/16	11/2/16	1h 0m	sharing self helps others to generate empathy
Working at Schema Therapy organisation	11/2/16	11/2/16	8h 0m	worked on presentation - adding research about limited re-parenting and imagery. Also looked in some aspects of treatment with BPD and Narcissism PD

UCA Rochester - camera and files	11/4/16	11/4/16	5h 0m	<p>Picked up digital camera for fieldwork trip to USA. Went to pick-up the rest/most of my documentation files of the glass plates. It turns out that after some confusion, that the computer I used was reimaged, so the files were deleted. No message was sent out that computers were being reimaged, so I left a complaint with the manager. I spent some time on the computer trying to possibly recover the files via the terminal. The only thing left to try is recovery software, which I am not allowed to install under my login. I booked a studio for the whole day, the day after I get back from the States, to redocument my plates.</p>
Mutter Museum - Photos of Phrenology Display, Philadelphia, PA, USA	11/14/16	11/14/16	1h 30m	<p>Photos of Skull collection, which was made to disprove ideas about Phrenology. Photographed all Skulls listed with suicide as case of death; shot from subjective perspective - some close and intimate, some distant and skewed angle. Majority of skulls are from Eastern Europe. Not possible to determine how many - but some were robbed from graves then sold.</p>

<p>Mutter Museum - Close photos of two suicide skulls, Philadelphia, PA, USA</p>	<p>11/15/16</p>	<p>11/15/16</p>	<p>1h 30m</p>	<p>One of a man and one of a woman, close in age. The man hung himself, and the woman's method is not available. *Human career book* - difference between male and female skulls. No trauma from suicide - w/o history can be perceived as a normal/healthy skull. Female had an irregular fissure down the middle of her forehead (normally is not there; probably happened during development in pregnancy)</p>
<p>Mutter Museum - Photos of Phrenology Display, Philadelphia, PA, USA</p>	<p>11/16/16</p>	<p>11/16/16</p>	<p>1h 30m</p>	<p>Finishing photographing suicide skulls in case. All skulls are from people who were considered to be of a lower/lesser class - mentally ill, criminals, committed suicide. In the 1870 US Census, the mentally ill would be categorised as the 'defective classes'</p>



Mutter Museum - Storage, Health and Safety, Philadelphia, PA, USA
Drive to Fredericksburg, VA

11/16/16	11/16/16	8h 0m	Given tour of where the specimen collection is stored; where specimens are cared for and maintenance is done on their preservation; was able to view an encased placenta that is going through the process of being preserved. Blood was still being released from it, which is visually similar to sweating or droplets; No photography is allowed in the museum - this is a part of the policy about respect towards the human remains on display; Museum is not, and is actively trying not to be a museum of curiosities
11/18/16	11/18/16	8h 30m	Drive from Savannah, GA to Fredericksburg, VA. Dense fog in GA, SC. Sunny weather rest of way.

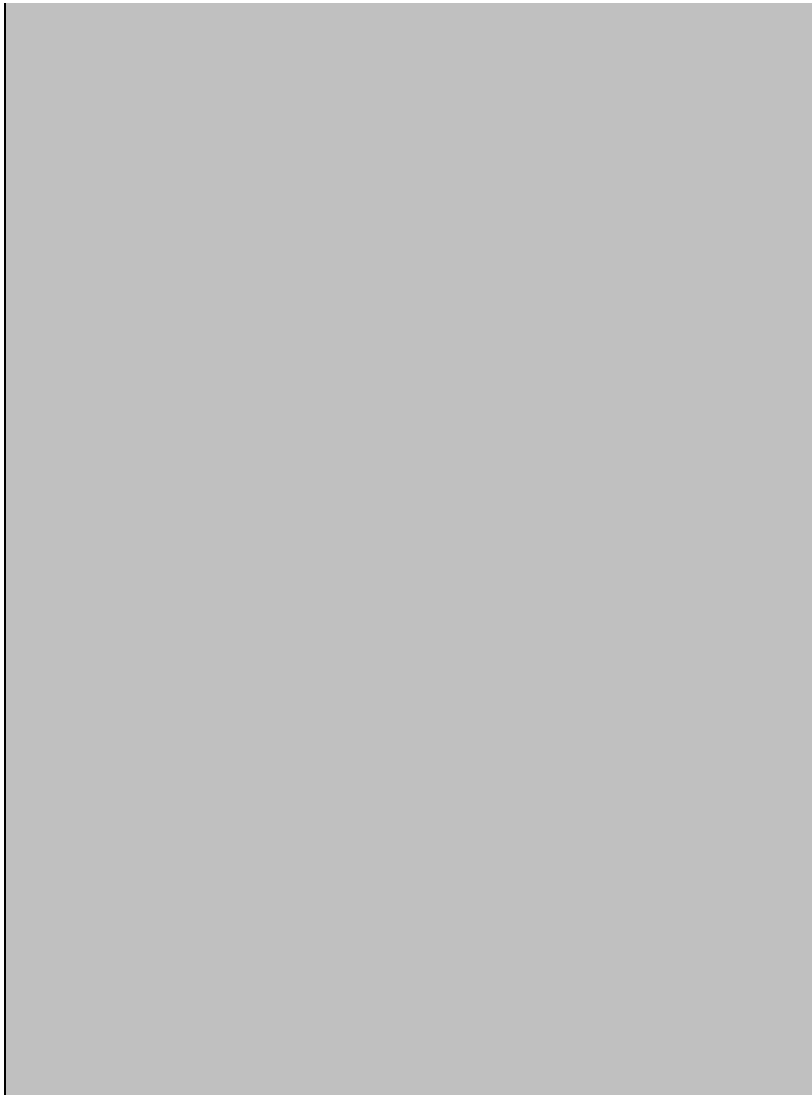
Wilderness shoot, Wilderness, VA, USA

11/19/16

11/19/16

8h 0m

Long day. Both assistants cancelled. I went to Home Depot; bought two 60 lbs sandbags, tarp, and ductape - made a 'body' from it in the parking lot. Drove to the site for the photo shoot. Sprayed the tarp down with tick repellent. Ductaped the GoPro to the head of the 'body', i.e. closest to ground. Dressed in full zip overalls (only opening is face), rubber gloves; sprayed tick repellent all over. Dragged the 'body' to where the overgrowth was...and it was gone. ALL of it had been cleared...completely. I didn't check the last bit, but everything I photographed in April/May, this year, was gone. I decided to pull the 'body' as close to the woods as possible. Video and stills were taken. Because the body was an object, I was able to drag, pull, push, maneuver without emotional attachment to it. It was physical demanding - pulling dead weight. When I began, the light quickly shifted from sunny to flat and cloudy. I dragged the 'body', until I my body triggered exhaustion by vomiting. Frustrated with the light, and not wanting to push my physical limits, I left the 'body', and will continue tomorrow. As I drove away the sun came back intensely. I drove back, suited



up, went to film/shoot. Then the sun goes away. I waited for 30 min for it to come back. It didn't. When I left again, it came out. I went back to the hotel, checked for ticks, and reposted the Photo Assistant ad on craigslist for next weekend.

Premiere - videos /Import footage

11/19/16

11/19/16

4h 30m

Received a couple more emails about people interested in the shoot; sent 1 a privacy agreement. Everyone seems to have issues with signing that, either not technologically inclined, or lack of interest. Downloaded Premiere. Created a few edits - 8 frames per sec; 30 frames; 60 frames saved - 40, 45, 4, 2 etc. tried. Searched for a couple of hours trying to find 'dragging in woods' or 'dragging on leaves' in foley, sound effects, google, and youtube. Closest found was walking on leaves for 30 min. Exported videos as JPEGs; deleted every 4th image in day movies, and every 4th and 6th image in the night video. I think night is most successful out of the lot. The timing and transition still feels to reflective; needs to be harsher/more abrupt

Wilderness shoot, Wilderness, VA, USA

Dressed up in white suit, yellow gloves, and goggles. Dragged the 'body' from where I left it, all the way around the back to the side of a creek with still water (?) I fared better today for whatever reason. Maybe because it was earlier in the morning and therefore cooler. To Do: drag the 'body' into the overgrowth on the other side of the creek. Sunny with clouds. Once I made it to the creek, I vomitted again. This seems to represent my stopping point. I left the same note again, letting people know its only sandbags. Now, I will leave it for a few days while I go to MN. On the walk back to the car, I let stills be taken every 2 sec, then video. I bumped into a group of Boy Scouts with their parents. It was awkward, but I think I put them as at ease as I could, considering how I looked. Thank God they didn't see the tarp, or me pulling it. Turns out they are part of the reason the overgrowth is cleared. I forgot I had the video going, so all the sound was recorded.

11/20/16

11/20/16

6h 0m

Premiere - videos / Import footage
Travel to Minnesota, MN, USA

11/20/16	11/20/16	2h 0m	Troubleshooting issue with Premiere. Last session, I tried to turn my documentation of the glass negatives into a GIF with sound. The problem is that when the images are dragged into the timeline they are recropped to the center of the image. Last time, I saved an edit of this with music as a MP4 for reference. Tried a few solutions - Starting a new project, cropping using the left screen, turning the tiffs into JPEGs, changing ratios in new projects. Notes on new footage: the long shot of dragging the 'body' from the back of the lot to the creek is strongest. Contrast between the stillness of the landscape and sunny setting (during breaks), and the abrupt/harsh movement of the camera and sounds (some of the branches sound like bones snapping). Maybe use this video in contrast to the night and glass plates?
11/22/16	11/22/16	8h 0m	Drove from Chatham Manor, VA to Dulles/D.C. airport (1.5 hours), flew from D.C. to Minneapolis/St.Paul airport

Mentorship with Alec Soth, Magnum Photo Graduate Prize, Minnesota, MN, USA

Showed him my videos of epping forest and VA trip - unedited were best. Possibly the night as well. Insert more of my narrative. Leigh Ledere as a reference. I showed him my book from my 2015 project. He really liked it, said it worked really well, just change the title in German to English. Went to Walker Center of Art, got to see my first Edward Hopper. Said I was like Ian Curtin from Joy Division - walking the like of melodrama. Afterwards, he sent, this Franz Kafka quote, which summates me well: "I think we ought to read only the kind of books that wound or stab us. If the book we're reading doesn't wake us up with a blow to the head, what are we reading for? So that it will make us happy, as you write? Good Lord, we would be happy precisely if we had no books, and the kind of books that make us happy are the kind we could write ourselves if we had to. But we need books that affect us like a disaster, that grieve us deeply, like the death of someone we loved more than ourselves, like being banished into forests far from everyone, like a suicide. A book must be the axe for the frozen sea within us. That is my belief."

11/23/16

11/23/16

9h 0m

Travel to Fredricksburg, VA	11/24/16	11/24/16	8h 0m	6am flight from Minneapolis to Chicago, 30 min lay over, Chicago to D.C flight. Drove from D.C. to Fredericksburg (about 2 hours, avoiding I95). Sleep for 10 hours upon arrival.
Wilderness shoot, Wilderness, VA, USA	11/26/16	11/26/16	6h 0m	Assistant cancelled at 6:15am the morning of. So far 6 assistants have been booked and cancelled on me. I dragged the tarp of sandbags across the width of the trail in the back. Overcast. It was initially by the still creek of water. After moving it towards the mud, it seemed like it would only sink, and I would not be able to cross. So I tried dragging the tarp off trail into some light overgrowth. A fallen tree was in the way, so I tried to pull the tarp over it. After halfway it became stuck, and I had to go back the way I came. That is when I pulled the tarp the width of the lot. I stopped dragging when I vomitted . I spent the rest of the time looking around the left and back trails for dense overgrowth.



Wilderness shoot, Wilderness, VA, USA	11/27/16	11/27/16	6h 0m	drag tarp sandbag fell out; endurance work in overgrowth; cutting open sandbag; trees wrap around trees; the thorns went through all my layers, still have marks weeks later; sunny but brisk; walked through the overgrowth and trees around most of the lot. Possibly snakes near the water?
Travel back to Savannah, GA, USA	11/28/16	11/28/16	8h 0m	Sunny, only stopped a couple of times. Got gas for 1.75 in SC. 2 hour layover in Philly. Was not able to sleep, or get work done - the gentleman in front did not understand verbally or through hand gestures about putting his seat up some so I could fit my laptop on. This is what I get for getting a cheap seat.
Travel to London, UK	11/30/16	11/30/16	17h 0m	interactions with people where you feel like you're being shredded by them
Group Schema session	12/7/16	12/7/16	1h 0m	Went to Rochester for my studio shoot...It's the following day...I returned the camera, and was able to leave my suitcase of glass plates.
UCA Rochester - shoot	12/7/16	12/7/16	2h 30m	Organised SMIs and YSQs for all groups
Working at Schema Therapy organisation	12/7/16	12/7/16	8h 0m	

UCA Rochester - Document 8x10 plates	12/8/16	12/8/16	7h 0m	Issues with light/exposure in beginning, then flash later on. Documented plates on a lightbox, and on a matt black backdrop. Documented My Mind book. Issues coping files from desktop in Library to my mass storage. Eventually the librarian reformatted one of thiers and lent it to me. I never want to document these plates again.
Edit Video footage for HUB PPT	12/9/16	12/9/16	2h 0m	had to stop due to motion sickness; (3 min dark - foley; 3 min VA -hurt sound, 2 min 8x10s - w/hurt sound. <b>5029</b> - 7:44-9:30?, 9;57x, 12;27-13:22x, <b>5031</b> sound; <b>5032</b> - 6:00 sound, <b>5024</b> , <b>5025</b> , 4:25, 7:30. <b>Night edit</b> - :46-1:32, Sound 2:11-2:56
Working at Schema Therapy organisation	12/12/16	12/12/16	5h 0m	Powerpoint for Schemas and Schema Domain;, Complete list of who needs updated SMIs, and YSQs, added forms to binders to fill out this week
Edit Video footage for HUB PPT	12/12/16	12/12/16	3h 0m	Created multiple short videos for HUB presentation and tutorial on Wed. Some have their original audio, others have had their audio swapped or foley audio has been added. Videos - 1x from Epping at night, 1x Sac being pulling through branches, 1x Sac being pulled through fallen tree and vines, 2x animated 8x10 plates (one white background, one black)

Group Schema session	12/14/16	12/14/16	1h 0m	terror of jointing a group accents visceral feelings of self-punishment
Tier 1 & 2 Ethics application	12/19/16	12/19/16	8h 0m	Researched and filled in first drafts for Tier 1 checklist, Tier 2 checklist, Outline for Tier 2, consent form, information sheet for consent form, all sent to first supervisor for comments
Working at Schema Therapy organisation	12/19/16	12/19/16	5h 0m	Scored questionnaires, and organised mode charts for group sessions
Edit and rewrite Ethics materials	1/9/17	1/9/17	5h 0m	Shortened Outline and Purpose, took out theory and put in more practical, edit out restatements, more clear and concise - sent over to first supervisor for comments
Emails, Organisation, Blood application	1/9/17	1/9/17	2h 0m	Researched spaces with licenses to have human bio material on display (Whitechapel, Lenkiewicz), emails to view wet specimens of self-inflicted injury, head of a gallery to discuss Health and Safety of human blood in making and displaying artworks, organised Ethics and H&S paperwork for Blood application, sent new dates for working at ST
Group Schema session	1/11/17	1/11/17	1h 0m	Deadening oneself in order to cope with another person's intense feelings
Group Schema session	1/18/17	1/18/17	1h 0m	Don't only share your pain

Working at Schema Therapy organisation	1/18/17	1/18/17	7h 0m	Scoring DAS, SMIs; Collecting information for Couples workshop on the weekend; help putting together powerpoint for Couples workshop
Working at Schema Therapy organisation	1/23/17	1/23/17	6h 0m	Scoring ASQ, DAS, SMIs. Organising case histories for couples therapy workshops. Calling multiple NHS Blood Donor Centres trying to get the correct contact info in regards to enquiring about the use of expired blood. Finally my details were taken in a referral form, and I will be called in a few days about my inquiry. Edited my Tier 1, 2, Ethics and Checklist, as per my supervisor's notes. Outline of project was not included. Waiting to receive that so I can submit my Ethics application.
Contact NHS, Ethics app, London, UK	1/23/17	1/23/17	3h 0m	Interesting general narrative - I hate my body. I'm out of sync with it. I have nowhere to go when there is danger. My body betrays me. When I want to fight for myself, it shuts down, I get the shakes, my voice closes off, or I mentally shut down. I have to be comfortable with my body and trust it.
Group Schema session	1/24/17	1/24/17	1h 0m	Scored ASQs, SMIs, YSQs. Helped edit material in presentations for GST sessions. Created layouts for GST teaching schedule, etc.
Working at Schema Therapy organisation	1/30/17	1/30/17	8h 0m	

Ethics and RD14	1/30/17	1/30/17	3h 0m	Tier 1 and 2 Ethics for being nude while shooting is approved. Sent RD14 to lead supervisor, received notes, edited RD14, and sent to Research Office for approval.
Group Schema session	2/1/17	2/1/17	1h 0m	loss of major role model vs. being carried by others some of the soldiers' letters I found a similar way of writing and connecting, which reminded old letters from my childhood.
Searching attic for old letters, Savannah, GA, USA	2/7/17	2/7/17	4h 0m	The organisation in the attic was limited to boxes with a label, like 'paperwork', or no labels at all. As I went through the boxes, I found myself digging through years of my family's life. The boxes would have layers piled with banking papers from the 90s, photos of me as a baby, a pamphlet of my brother's naming ceremony in '89, AA papers, and so on. The most moving and compelling writing I found was letters from my mother to my father My mother's poetry. I still have another 1/4th of the attic to go through when I get back.
Drive to Fredericksburg, VA, USA	2/8/17	2/8/17	9h 0m	Drove from Savannah to Fredericksburg. The weather was sunny. Left at 6:30am.
Shopping, etc., Fredericksburg, VA, USA	2/9/17	2/9/17	3h 0m	went to Walmart and picked up the supplies for the shoots; editing and printing out consent forms and questions

Checking terrain for shoots/ diagram, Wilderness, VA, USA

2/9/17

2/9/17

2h 0m

Voice diary entry. Checked terrain for shoot tomorrow. Seems to be the same as last trip. about 1/4th of the open trail is cut off from a depression that became a still river. Don't need to work in that area - too wet. A lot of the trees and vines are dead. The isolation from the trees and the quiet area creates odd and offputting noises - like a creaking door, or someone walking in the woods. found 4 turkeys. Found areas for tangled in overgrowth, and different areas to be dragged (some more open with less vines, and denser ones). The tall trees help to keep the wind out, so its a little warmer. They also keep the sun out. I'm starting to get a bit nervous. Yesterday we talked about figuring out a safe word, for stopping filming. Made a diagram for dividing up the main areas to shoot on what days, based on the sunlight. Ideally I'd like to have 1 or 2 more trips to film in areas that are less accessible. Since this is the first time, shooting in this way, I need to get my bearings first.

First shoot - Wilderness [part rec], Wilderness, VA, USA	2/10/17	2/10/17	5h 0m	<p>Very cold. cloudy. Issues with GoPro in beginning. Got naked, went on the ground. Did some drags forward and back with my clothes on to make a path for my body. Had vines go in between my legs, up my butt crack and pull on me. Assistant realised what positions of pulling me worked for him the best. For future planning, the issues seem like they're going to be mainly about the cold. As a cut off point my body started becoming numbn from the cold, and I became agitated and sleepy. That was when we stopped. We managed to get 15 minutes of me tangled in the overgrowth as well. The vines gathered at my crotch, like a bouquet, and quickly collapsed to become a spike strip that ran from my perineum to my buttocks up to the small of by back.</p>
After shoot 1, Fredericksburg, VA, USA	2/10/17	2/10/17	4h 0m	<p>Photos of wounds from shoot; shower; checked for ticks; reviewed videos (shoot only left, not right), reviewed photos and documentation; format and charge all devices; wash and dry clothes for tomorrow; backup work on flash drive</p>
No shoot today	2/11/17	2/11/17		<p>First day of menstrual cycle. Very bad - unable to move until late evening. No shooting or work today. Only painkillers,</p>

Second shoot - Wilderness [part red], Wilderness, VA, USA
After shoot 2, Fredericksburg, VA, USA

mood swings, and food.

Videoed process. Videoed some of talks with assistant. Dragged clothed and naked. Video diary entry. Right side of back and butt rubbed scratched a lot. Thighs are superficially punctured a lot, little to no blood. Bumped into the Head of FOTW twice, plus another volunteer. Briefly went to Ellwood House. Tried to drag as much as possible since the weather was up to 71F. Recorded 15 min. naked walking through the overgrowth. Rest of the day was dragging around the access trail (which was cut by the electric company). Then went inside the center a bit (avoided the barbwire), and dragged a couple of times. Saved some of the denser areas for when the next assistant is here. Was dragged naked and clothed today. Look to video diary entry for further explanation for today. Downloaded all data. Formatted cameras. Charged batteries. Washed & dried clothes. Video diary entry. Showered. Cleaned, checked, and disinfected scratches and punctures.

2/12/17	2/12/17	8h 0m
2/12/17	2/12/17	3h 0m



Third Shoot - Wilderness, VA, USA
After shoot 3, Fredericksburg, VA, USA

2/14/17	2/14/17	5h 0m	<p>Second assistant. We started in less dense areas, where first assistant and I worked before, so that they could get a feel for the dragging. Over time, we went into some more dense areas. Overall, they had less issues with dragging me. So the footage was quicker, there was more unexpected pain, more punctures and scratches on my butt, hits more times in my sides/ribs by branches. We stopped for the day when a large branch and vines jabbed me in my right butt cheek and side, and ripped holes through my sweatpants, yoga pants, and underwear. Will have to buy new tops and bottoms for next shoot. Just bruising and sore, no blood.</p>
2/14/17	2/14/17	2h 0m	<p>Download data, format camera, laundry, photos of wounds, shower/check body and scalp, create and organise folders, review footage from the day - slow footage down in PP, keep face closer to the land (a lot of the sky - concentraing on pain moreso than composition).</p>

Fourth Shoot - Wilderness [part rec], VA, USA

After shoot 4, Fredericksburg, VA, USA

2/15/17

2/15/17

8h 0m

Went to Walmart to buy sweatpants, longjohns, and pullover to replace the others with holes that are too big. Dragged in the denser parts. Towards the end we dragged on the edges of the dense vines, because: my brother was getting tired, I was getting irritable and frustrated about the thorns puncturing parts of my body where fat is. More bruises on my butt now, instead of punctures. Few more scratches on my back. It's another kind of endurance to do the dragging for days back to back, instead of a one off. Documented a couple of drags showing me and second assistant.

2/15/17

2/15/17

3h 0m

Download data, backup, format cameras, laundry, review footage, figure out plan for tomorrow

<p>Fifth Shoot - Wilderness, VA, USA</p>
<p>After shoot 5 [rec], Fredericksburg, VA, USA</p>

<p>2/16/17</p>	<p>2/16/17</p>	<p>3h 0m</p>	<p>Short shoot before dropping brother off at DC airport. Revisted two places, 1 more for the first time. Video Diary entry about today and shoots in general. I've been getting more bruises and scratches, than punctures. Feeling and sensations from my initial physical abuse in childhood are coming up. I've become more used to the process of dragging. Now my head is lulling more in footage, and I'm instinctively moving to try to protect myself from the thorns and branches/roots protruding from the ground. The thorn that was imbedded in my side was finally pushed out of my body today. The endurance of being dragged everyday is requiring emotional endurance and self awareness. I struggle with putting the frustration of feeling physical pain, that I can't control, to the side, and get work done.</p>
<p>2/16/17</p>	<p>2/16/17</p>	<p>2h 0m</p>	<p>Diary entry, Dowload data, format cameras, laundry, review footage, document wounds, check for ticks</p>

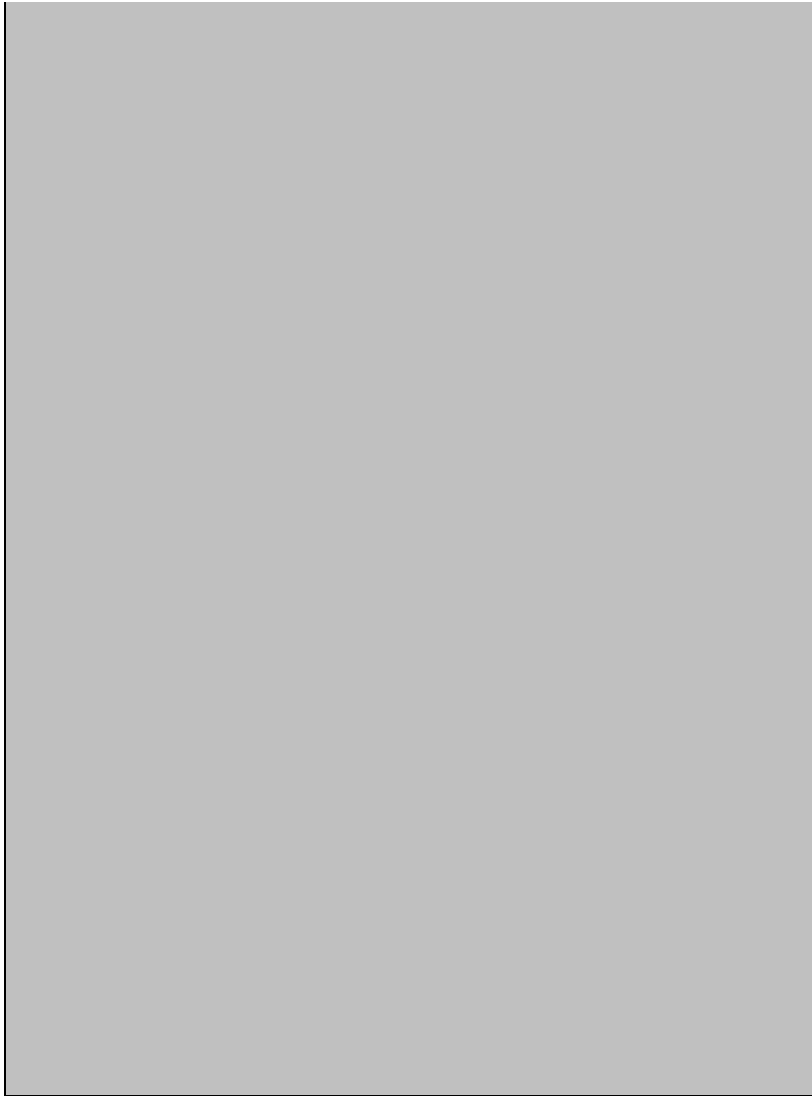
Sixth Shoot - Wilderness [part rec], VA, USA

2/18/17

2/18/17

4h 0m

Started out cool - 63F, 78F when left. Sunny, dry. Managed to shoot for a couple of hours - just dragging. Thorns and branches weren't bad at all. However, when we started shooting towards the end I found ticks on myself. I freaked out, and decided that we take a break until the hottest part of the day is over. We will return to shoot later in the afternoon/evening, once the temperature has dropped (in case that's the reason they came out - if not, then I'll figure out another plan). We bumped into a volunteer, who works with the organisation that takes care of the property. After chatting with him for a bit, I found out that the ticks should be completely died out now. If I told a local that I found some, they would have looked at me like I was crazy. Also, last May when I visited, it was the worst time in, at least recent years, that ticks and snakes came out. The 3 weeks of rain in the spring led to a spike in the population. The guy said he had swarms jumping on him, and had to get multiple shots because of the bites. I feel less bad about how freaked out I got by the number that got on me during that trip. He also mentioned that the land is 50



acres, and that most of the other land I hadn't seen is similar to a swamp or has ruins from past houses, etc. If I wanted to see the same overgrowth again I would have to come back in 3-5 years time.

Seventh Shoot - Wilderness, VA, USA

2/18/17

2/18/17

4h 0m

Went back to hotel. Washed shoot clothes to make sure ticks were dead. Waited until 4pmish, so it would be a little cooler. Unfortunately, the traffic was really bad. By the time we got there we had 15-20 minutes before it was pitch black, With the overgrowth, raccoons, and other possible animals in the area, I feel like it would've been a bad idea if we stayed (in case one of us got injured by tripping, falling into a hole, etc.). Recorded how dark the space was when we left. Weather was still 70F, instead of the 62F it was supposed to be.

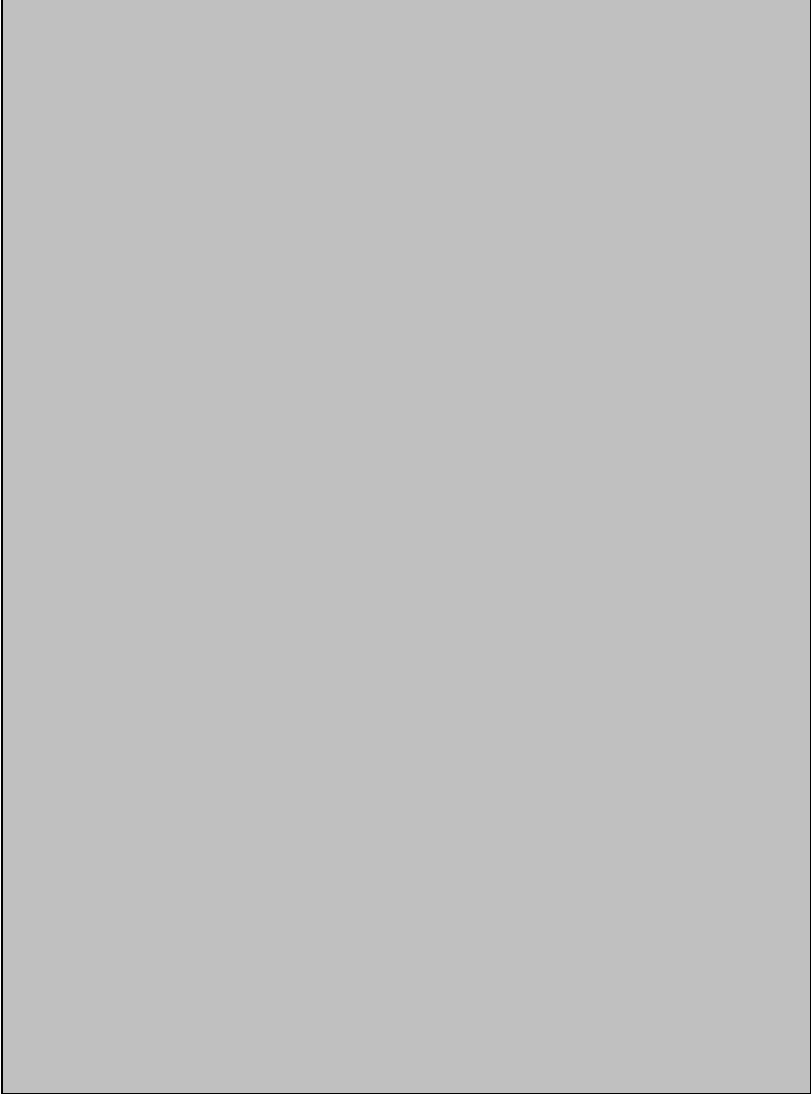
Eighth Shoot - Wilderness, VA, USA

A bit cloudy in the beginning. Sunny in and out. Temp, 62F at start 74F at finish. Trying to not shoot during the hottest time, because there is a lot of wet areas - which means more possibility for insects, snakes, mosquitoes, and ticks. In the first third of the shoot, first assistant was dragging me in a couple of areas I've done before; and a few new routes in another area closer to the river. Unfortunately, after a drag, which had more drapping thorny vines, first assistant got caught in the vines a little. They took a break for an hour, while I did 15 min. segments of moving through the overgrowth w/ and w/o clothes. I became aware of how my body was starting to react in a similar way to when I was physically abused. At first it hurt alot, I was really reactive and made a lot of noise, indicating my pain. Over time I became less reactive, made little to no noise - only when a sensitive part of my body was hooked by a thorn. I went to a different part of the land, which I initaly thought would be all wet. Was there for 40min-1hr. Sections are too wet. Great overgrowth, not sure if I could be pull through it. Its behind the 7-11 at the light. There are a lot

2/19/17

2/19/17

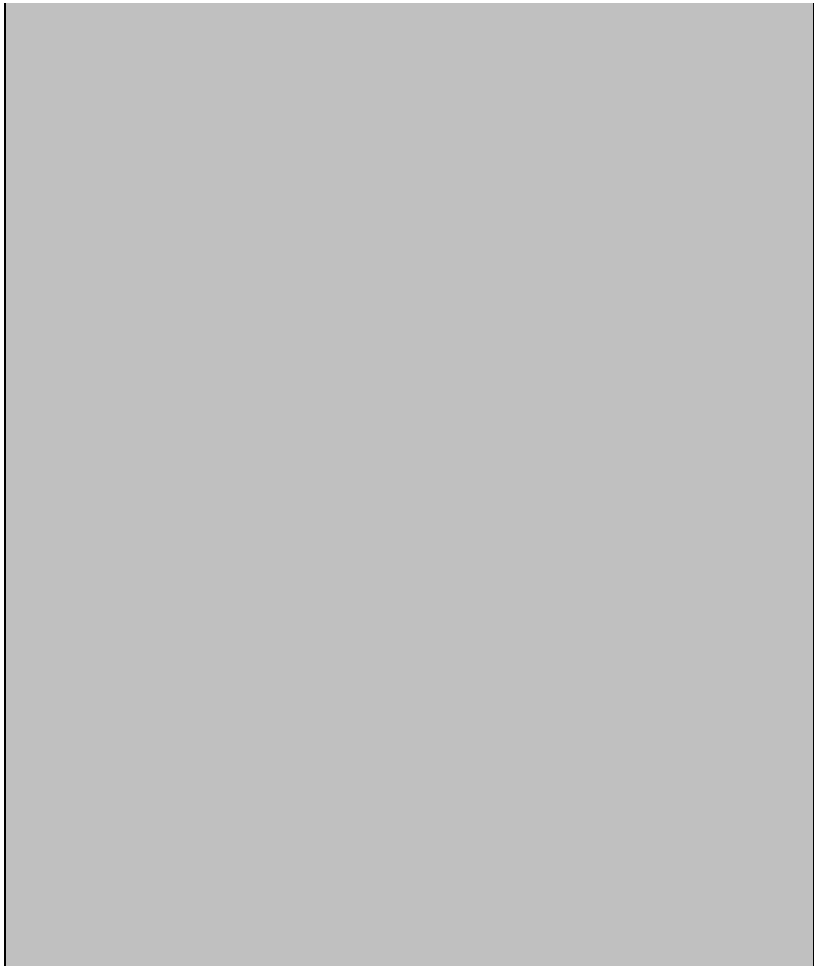
5h 0m



more vines with the bigger thorns, and a larger amount are still alive. It was difficult for me to get back there in one piece. Ideally, I'd like to spend my next two trips investigating and using this section in my work.



After shoot 8, Fredericksburg, VA, USA	2/19/17	2/19/17	3h 0m	<p>Shower to get all the pollen off; download and organise data; format cameras; Diary entry</p> <p>Went to Wilderness early. Temp ranged from 58F-74F. Overall shoot was good. Had to stick to less dense areas. The shoot eventually ended when first assistant felt like they needed to stop. We took regular breaks, so this seemed like his longest session yet. Saw no ticks, but checked afterward anyways. The bull frogs were out all day in all directions. Got a few more bruises on my butt in the same places as others, and a couple more puncture wounds. Didn't go to the new area at all. I wasn't sure how safe it would be going there alone, much less filming alone. There were a family of 5-8 vultures that circled around us quite low for the last 3ish hours. Either we smelled that bad, or maybe they thought I was dead from how I looked being dragged. It feels like a shame to end the trip now. I feel like I've pushed through the frustration and pain, and would be in a better place to handle the pain, and not let it get the best of me. Next time I want to push my boundaries of self reflection and awareness, and explore working in the new area. Next time I'm</p>
Ninth Shoot - Wilderness, VA, USA	2/20/17	2/20/17	7h 0m	



here the overgrowth will have taken over more.

After Shoot 9, Fredericksburg, VA, USA
Drive from VA to GA

2/20/17

2/20/17

2h 0m

Check clothes, download data, format cameras, pack and organise shooting materials for travel tomorrow

2/21/17

2/21/17

9h 0m

Woke up at 3am. Left before 4am.

Going through attic for old letters, Savannah, GA, USA

2/23/17

2/23/17

4h 0m

Finished going through the attic. Was not able to find the letters. But found various other intriguing things. More of my childhood stuff, that I thought was thrown out. I found some old drawings from my teenage years and my first self-portraits. Even then the figures were always women, emaciated but athletic - looking vulnerable, angry, or like they're in the middle of a fight. Some later drawings became fragmented bodies, looking like zombies, but still alive. The self-portraits were harsh fragmentations of my body, with cutting edges. My face was always distressed or vulnerable. I didn't find what I was expecting to find.

Flying back to London, UK
Helping at Schema Therapy

2/23/17

2/24/17

11h 0m

2/27/17

2/27/17

7h 0m

Managed to do some writing and references on the flight. Spent a lot of time reflecting on the different levels and ways I was feeling detachment, and at moments dissociation. It was a mix of the traumatised part of myself flipping into the physiological state in past trauma, being distanced enough to feel compassion for that part while feeling the suffering in the first person. The alignment of connection between my mind and body feels like a rubberband that is pulled at opposing ends - the further its pulled the quicker and more harshly they meet in the middle. Through the extreme disconnection, a brief intense connection happens. Like the body and mind temporarily agree on a personal truth about the experiences of my trauma. Primarily worked on admin - organising and creating a table for applications for the Schema Training Certification course and the Group Schema Training course.

St. Barts Pathology Museum, London, UK	2/28/17	2/28/17	3h 0m	Went to Barts Pathology Museum to photograph and view in person several of their wet specimens of self-inflicted wounds. The technician was called away to cover a lecture at another campus at the last minute. So I was not able to view the specimens. However, we are exchanging emails, and are trying to make another arrangement.
Group Schema session	3/1/17	3/1/17	1h 0m	does taking on other peoples' responsibilities for their actions lead to hopelessness?
Group Schema session	3/8/17	3/8/17	1h 0m	fear of having to fix vs. lack of identity
Helping at Schema Institute in London	3/13/17	3/13/17	5h 0m	Collecting information about new students, issuing invoices, admin
Editing video from last fieldwork trip	3/13/17	3/14/17	13h 0m	Edited all video. Made daily sequences with all dragging. One master sequence with all dragging. Was editing and rendering the videos all night. Only got about close to halfway through. For this round I was editing out anything that wasn't dragging, and anytime my body was shown. I made notes for which clips have good sounds from me being dragged. I would edit each video clip from the day then render a file that had all the dragging back to back from that 1 day. One render was 3.5 hours, so I managed to get a

Group Schema session
Editing video from last fieldwork trip

couple of hours of sleep then.

3/15/17

3/15/17

1h 0m

being a paren'ts child vs. a partner, pet, or object  
 Editing more of the same. Cutting out my body and outtakes. Making notes about good visual and audio moments. Then putting all of the visual dragging together in one .mov according to day.

3/15/17

3/15/17

4h 0m

Editing video from last fieldwork trip

3/16/17

3/16/17

10h 0m

Same as above. Looking at the power lines and how I'm filming the overgrowth, not necessarily totally in it. Thinking about the battlefield site in the present, with an awareness about the past. I'm not taking to make this space seem like how it was in the battle, or make the nature the same - but acknowledge how it has changed from the past to the present. ie. Embracing the present, but the memory of the past is still connected to the land, through the memories of people. The gesture of laying down as consent to be dragged. Watching that repeatedly -make a part of the work? Consenting to the pain, consenting to the trauma. Second half of Shoot7video9c \*good visual\* \*use sound of continually moving vines to make sound? Shoot7Video10b and c, \*same sound of vines for audio?\*

Editing video from last fieldwork trip
Helping at Schema Therapy

3/17/17	3/17/17	12h 0m	Video of all walking. Finished first round of basic editing (no body and outtakes) on all video. Installation of 8x10 plates, hang from ceiling on nylon line? or on slanted, light boxes so they lay back and are illuminated. Photos of wounds from shoot in a close portrait grid? Video diaries on video with headphones? Layering of different audio and visual. Difference between relinquishing control and keeping control, in regards to body tension. Same audio - mix up video edit per screen (same slices of video). Think about difference between having control and giving up control in pain, and re-experiencing. Consent - I know I will be hurt, but something that holds more value than the pain will come out of the pain. Know its going to hurt, intentionally going through the pain instead of using the pain to reinforce the past pain.
3/20/17	3/20/17	4h 0m	Helping to organise outcomes of treatment for funding applications



Group Schema session	3/22/17	3/22/17	1h 0m	Without detachment everything would fall apart. Feeling the void equals dissociation. Massive split between mind and body. Look fine. Detachment - everything always looks fine - past anorexia - look how I can survive without being nourished - cutting/look at how fine I am, I don't even need a body - Anger at people in the past for not seeing my suffering.
Editing video from last fieldwork trip	3/23/17	3/23/17	5h 0m	Edits of visual dragging with walking through overgrowth audio; visual walking through overgrowth with dragging audio. Able to fit all dragging audio for 1 day into all visual of overgrowth of 1 day
Editing video from last fieldwork trip	3/24/17	3/24/17	4h 0m	Edits of visual smooth dragging w/ hard dragging audio; vice versa (need to organize and file video and audio)
Editing video from last fieldwork trip	3/25/17	3/25/17	6h 0m	Edit of dragging visual over diary audio; overgrowth visual over diary audio (2 hour render, taking longer crashed, saved project wasn't actually saved, have to start again); overgrowth visual and audio, diary audio; dragging visual foley audio; overgrowth visual foley audio
Helping at Schema Therapy	3/27/17	3/27/17	5h 0m	Organise applications for certification and group schema training, invoices, organising ASQs for attachment and emotional regulation groups

Editing video from last fieldwork trip	3/27/17	3/27/17	3h 0m	Editing audio - listening to all - trimming, notes on files, marking ones for potential use
Editing audio from last fieldwork trip	3/28/17	3/28/17	4h 0m	Trimming audio from video, creating audio files, making notes about content on files
Group Schema session	3/29/17	3/29/17	1h 0m	why is it so hard to have compassion towards me - general theme
Helping at Schema Therapy	4/3/17	4/3/17	5h 0m	Helped with GST registration; transferred Schema therapy case conceptualisation notes to powerpoint presentation for a teaching workshop
Group Schema session	4/5/17	4/5/17	1h 0m	Expectations of others from the past - mistrust = expect people to harm me because my existence is too much
Group Schema session	4/12/17	4/12/17	1h 0m	Safety in Isolation. Where is my isolated space?
Group Schema session	4/26/17	4/26/17	1h 0m	Past narrative = Self-punish in order to kill any urge/need for, or depend, on other people. I was addicted to hardening myself, so I wouldn't need anyone. I thought I could be invincible.
Group Schema session	5/3/17	5/3/17	1h 0m	When I was young I forcibly exposed myself to whatever scared me until I no longer reacted to it. I used to hurt the weak part of myself, until it was deadened.
Group Schema session	5/10/17	5/10/17	1h 0m	mistrust = use, then abandon
Group Schema session	5/17/17	5/17/17	1h 0m	abused, vulnerable part is linked to mistrust

Group Schema session	5/24/17	5/24/17	1h 0m	mistrust =not trusting what can't be felt, what someone locks away
Artist research - self-injury and bodily fluids	6/1/17	6/1/17	6h 0m	Particularly looking at endurance work. Contacted a couple of contemporary artists in the States, in regards to Ethics in an institution.
Emails, Organisation, Ethics research	6/4/17	6/4/17	2h 0m	Emailed artists who have worked with the human body (with potential ethics risk), organised and replied to responses (include Uni of Geneva), researching ethics concerns for my next performance
Artist research - self-injury and bodily fluids	6/6/17	6/6/17	6h 0m	Researched into male performance - masochism, ritualism, bodily fluids, endurance work
Helping at Schema Therapy	6/12/17	6/12/17	4h 30m	Admin, helping with the organisation of upcoming courses
Group Schema session	6/14/17	6/14/17	1h 0m	Soft touch = threat. Harsh touch = more comfort. My past self-hatred was directed how my body failed to further protect me from past trauma.
Helping at Schema Therapy	6/19/17	6/19/17	4h 30m	Created summaries for EFT therapy
Group Schema session	6/21/17	6/21/17	1h 0m	Existence is defective, if there are needs.
Stopped eating meat entry	6/23/17	6/23/17		This is important because my next stage of works involves cutting the fat off of fragmented animal carcasses. This has a different context, now that I've given up meat.

Helping at Schema Therapy	6/26/17	6/26/17	4h 30m	Institute admin for courses, summarised EFT case studies
Group Schema session	6/28/17	6/28/17	1h 0m	In my past trauma - my body was mine, somewhere along the line it was no longer mine. I hated it because it wasn't mine.
Cutting the fat of meat, and molding the skin videos	6/30/17	6/30/17	4h 0m	Talked to butchers about cuts of meat - fattiest, cheapest, with skin on. Bought pork belly and featherblade (beef). Setup and video myself cutting the skin and fat off a portion of the beef. I remember the difference between accidently cutting through the muscle, which was easy, and cutting through the fat and tendons - dense in resistant. It didn't feel odd, just slightly unfamiliar. I haven't had meat or dairy in a week. The same of beef I remember. But there is something about the texture of the raw meat that makes me want to suck on it raw. In another performance, I pulled at the fat and skin on my mid to lower torso for 30 minutes. Started to detach a little.

Cutting the fat and molding the skin video sketches

7/3/17

7/3/17

4h 0m

When you're hit, punctured, impacted on, the fat always hurts more than the muscle. Why am I molding and cutting away the skin and fat? What is it like to live with feeling like you have no emotional skin? No boundary to shield from the world. Every hit, slap, caress, always hurts more on the fat. Any impact there effects something vital. Not having fat, because it hurts too much. Wanting to take the fat off as survival? No fat, no proof that needs exist?.If there is no skin, then there can only be muscle?

Cutting the fat and molding the skin video sketches

There was a nipple on the skin. I think pork belly with the skin on is my medium. The color of the skin is pink and fair, like mine. It has dimples where hair follicles are. And there was a single sole nipple. This was a continual reminder that this meat was once alive. There was a purpose for that nipple. This being could procreate, have and nurse its babies - be happy. The skin felt like a mixture between partially frozen jerky and what I imagine human skin would feel like once its dead - tough, tight, and stiff, but somehow malleable. There was so much fat in the strip of meat. Trying to carve it out felt insurmountable. The fat was slippery and viscous. I had to pinch and pull with my fingertips to create enough tension for the blade to go through. There were veins, frozen blood, and small chunks of bone that used to be the ribs. The smell was overwhelming and increasingly intolerable. After a while I opened and dissected the layers of muscle, fat, membrane, veins, and skin. If I wasn't able to carve the fat off, then I would at least cut every membrane than joined the layers together.

7/4/17

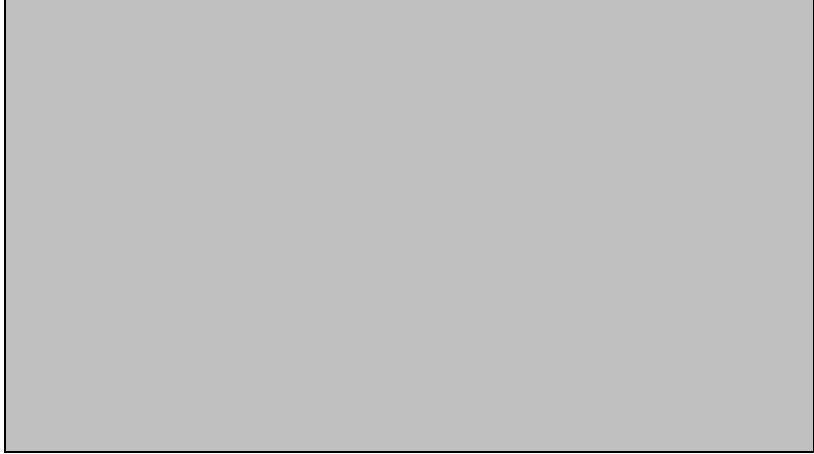
7/4/17

2h 0m

Group Schema session	7/5/17	7/5/17	1h 0m	<p>My fluids are somehow not me and me at the same time. They become other when they cross the boundary of the skin. Empty yourself, third person perspective of traumatic memory - watching the trauma in order to cope with it. -- Gardner, lack of empathy or compassion, like in violent trauma (isolated, cannot connect). Degrees of dehumanising contact - using the blanket to keep the body intact, but still portraying it in the photos as lesser than human (I'll keep you together just enough to where I can use you for my intentions - prolonged trauma)</p>
Helping at Schema Therapy / buying meat	7/17/17	7/17/17	4h 0m	<p>Updated group sessions YSQ, SMI results; bought two cuts of pork belly for video works</p>
Cutting the fat and molding the skin video sketches	7/18/17	7/18/17	4h 0m	<p>In molding my skin, my digestive system cramped towards the end of the session. Feeling my inner organs made it more real, that it was me. When I self-stimulated in the past I would feel nothing inside. My body felt like I didn't own it. During the session, I noticed black hairs sprouting out of my body. During the meat session, I was still struck by the skin of the pig. How close in color it is to mine. I could see the pig's hairs, one stuck on the knife.</p>

Cutting the fat and molding the skin video sketches	7/19/17	7/19/17	4h 0m	<p>Skin -filmed from my POV (gopro attached to head). I started pulling my skin right when I got home from cardio/calisthenics/stretching. My skin felt and looked more loose and pliable. My hair follicles were more prominent as well. My neck and back felt strained about halfway through, since I need to keep the camera facing my torso. Closing my eyes helps me to shut out other stimuli - and concentrate on my skin. I still get hand cramps in my left hand throughout. Meat - I started to become used to cutting the fat off. Cutting the skin off is still disconcerting. Filmed from my POV. For the next session I'll change the setting.</p>
Cutting the fat and molding the skin video sketches	7/20/17	7/20/17	4h 0m	<p>A controlling environment can lead to anorexia (no place to have a voice, development of a punishing narrative). Why is the viewer seeing what is secret (self-injury)? When I bought the pork belly today the butcher showed me how to take apart the meat. The fat underneath the ribs can be peeled off, while the skin has to be cut off. He also said that pig skin is the closest to human skin. Skin - Filmed in the toilet, with the door shut, GoPro on my forehead, first standing then sitting, then going back and</p>





forth.

<p>Installation/performance - what attracts flies and spiders</p>	7/21/17	7/21/17	2h 0m	<p>Can the smell of blood attract flies and spiders? Blood and decaying organic matter, including meat attract flies, and since flies are a food source for spiders they will eventually come as well. Food source attracts spiders (flies), warmth in cold months, fruits, domestic waste; captive spiders eat marmalade, egg yolks, bananas. Flies flock to decaying organic matter (incl. meat), sugary substances, overripe fruit, spilled soda, alcohol. So, by doing the performance (cutting the fat off a pig of my weight) in a hot/warm setting, flies will be attracted, eventually spiders; and depending on how long the performance or the carcass is installed for, eventually spiders will come for the flies. But it can't be installed for too long, because the flies will lay eggs and maggots will appear. The smell of the decaying meat might be overwhelming for the audience and myself as well.</p>
<p>Cutting the fat and molding the skin video sketches</p>	7/24/17	7/24/17	4h 0m	<p>Skin - filmed in bathroom in front of mirror. GoPro secured to top of door with resistance band. Kept my eyes shut for most of the performance. Initially my cold hands were jarring. As I kept pulling, I was getting in touch with some recent feelings. At one</p>



point, I no longer feltbut rather  
skin.

Writing / Speaking work

I thought about a variety of things after my tutorial, about my practice. When I came home I wrote a passage that felt similar to the Why poem Bob Flanagan does at the end of Sick. I also did a couple of recordings of me reading it. I thought about back home, when the sun was shining and rain was falling at the same time it was called 'the devil beating his wife'. I thought about gutting a deer. I thought about when someone hangs themselves by standing on a chair, and the precarious balance between life and death, until an accident happens the chair falls and you lose control one last time. I thought about walking on small shells on the beach that would break, then oyster shells that would cut your feet. I thought about my past anorexia, and the stone that I kept swallowing when I was forced to swallow other people's shit. The anger, the vindictiveness, its like heating in place with no air flow. I thought about the butcher's hands when he pulls the skin off the meat, and the fat off the muscle. I thought about my photographs of the Okefenoke swamp, and how the water looked like blood. Weegee's photographs, and their

7/25/17

7/25/17

4h 0m



violent intrusion. I thought about shooting the place on the farms where the torso of animals is cut open and the organs fall out inside of a sac. I thought about creating an installation where a flash would light up a dark room, and every time the flash went the images would be further exposed. The flash would disorientate the senses. The sound of purging and cutting, taking something with associations and amplifying the insinuation (Gregor Schneider). I thought about the artist that creates the immersive goggles where the viewer becomes the part of a group that is beating up a man. I thought about the chemistry in the photo process.

7/26/17

7/26/17

1h 0m anorexia = vindictiveness

Schema meeting

Thoughts: Pain lasts, its how you know you're alive. Notes: Study shows that fear increases blood flow to the arms, and anger increases blood flow to the legs. Tell a NSSI sufferer how their behavior impacts you. The guilt brings them to change. Understanding penetrates (safety, patience), there is always a desire for connection. NSSI is a distraction. Sharing can bring empathy and challenge the behavior. For the different impact trauma has, depending on age, look into ego systonic theory and pre abstract thinking. Children absorb their punishment/environment in order to neutralise it - up to 9/10 - severity and how prolonged is important, but isolation of the unhealthy relationship is crucial. Look into eating disorder literature for purging. Self-injury in isolation vs. self-injury in a group - in a group it becomes more addictive, the injury needs to become more intense because it is how people are connecting. TEMPERMENT is a major biological factor that determines coping behaviors and what disorders a person develops - EMOTIONAL DYSREGULATION.

7/26/17

7/26/17

0h 15m

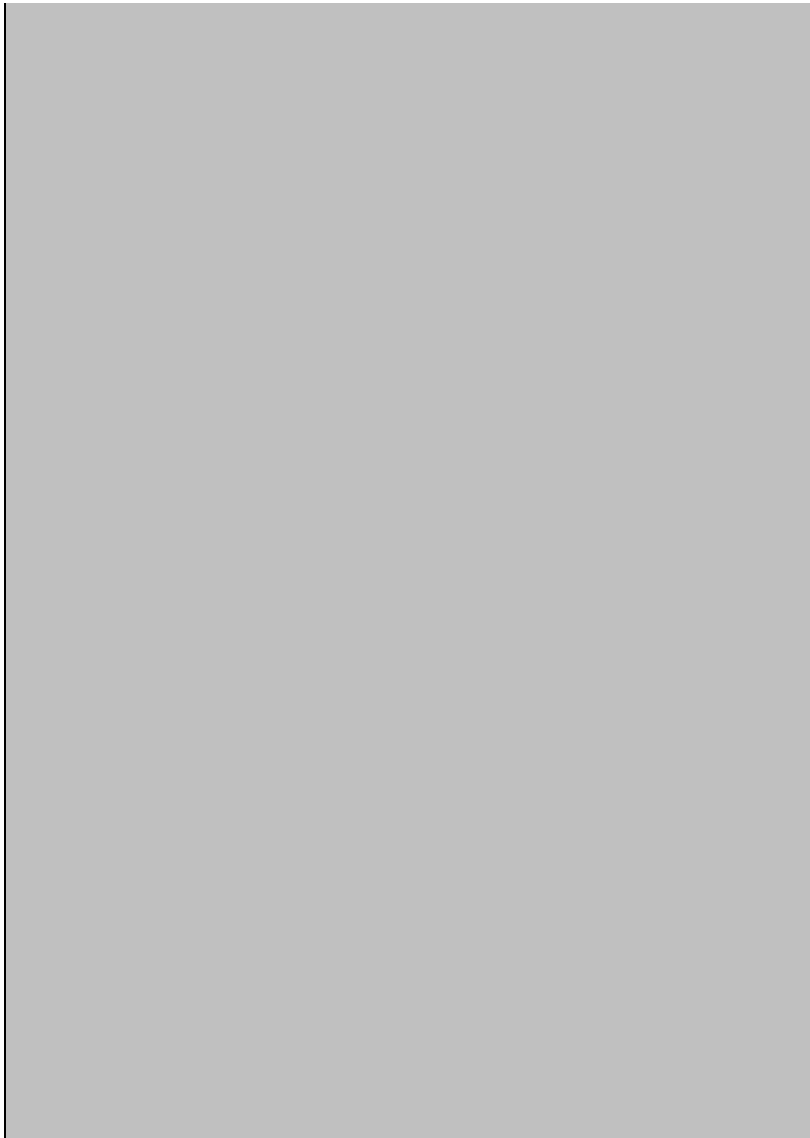
Take notes on Bob Flanagan 'Sick 'documentary

My notes: childhood songs to NSSI? Since the moment Bob came home as a baby he was in pain. Every week needles in baby's chest to draw out the pus (local anesthetic), he'd scream and be in pain. When he was young he wanted to be a doctor. His invisible man sculpture had fluids come out of orifices in relation to his cystic fibrosis. As an adolescent, he was a pure moral enforcer. At night, as a child, he would lie naked on the floor, with glue on his body until sunrise. Possibly from the sensation from the breeze? At sunrise he peels the glue off. Use of ice cubes in Nazi experiment - being scared to death. He'd slap himself with needles on a belt, and there would be blood all over the tiles in the bathroom. Parents had no idea about his injury-inducing behavior. They ask themselves, how did they not notice? They thought they knew him better than anyone. He was very smart, and very disciplined. Self-clean up. No existence. When I was self-harming no one knew. I would obsessively clean up after myself. Its as if I existed to feel my pain, then no longer existed. I was very disciplined in detaching so I could fight for survival.

7/31/17

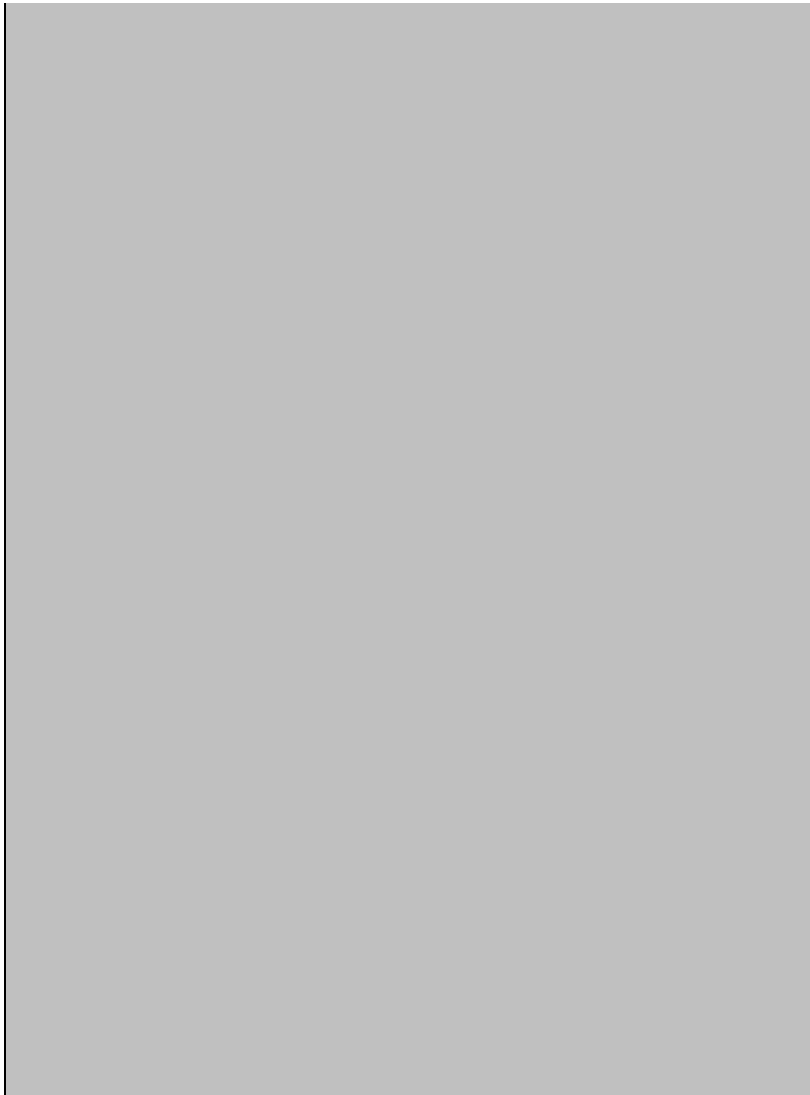
7/31/17

3h 0m



Mallet on meat - cooking. He's not turned on by a hand in a car door, or not by being treated badly - but being treated bad in a relationship. Consensual pain and punishment Self-inflicted punishment in isolation. (Rose) High emotional dysfunction in parents. Not affectionate. Thought there was something wrong with me because parents couldn't show that they loved me. Rose - Bob was all bones when I met him. He looked like he was dead. That's what made him so appealing. Choking with a chord (bathrobe cord - strangulation/ breath control) - No intention to kill - the knife is to scare and create body sensation. Sterile play piercing. Rose likes to inflict pain onto willing bodies. Connection in S&M - the relationship. Ball into anus. Rose - never forget having someone like Bob in your life. Photos of performance. Urge to document (bulb release) when hit. He is happy to not have an art career, but live under the cellar, shaved with the dead cats, coming out at night to clean. X rays of chest - Mr. Derivative. Mad scientist vs. guinea pig. Misconception that a masochist is weak, but they have to know their body perfectly well and be in control of their body





and pain. A masochist is strong, he used that strength to fight his illness. Waiting to die In common with isolated NSSI? Feels bad out of the hospital, feels good in the hospital. Rose is depressed because she thinks she is losing him. Demand people to feel, because parents never felt? Girl -bondage - being able to control your body, control something for a change. People say you're going to outlive me. No I'm not. This disease is going to kill me. People would say are you okay, why are you sad, you have no reason to be sad. Things get better. They didn't know the truth. They didn't believe me. Everything was fine. I knew my pain, felt the emptying of my instinct to survive - cut, not eat, pull out hair, bang head, bite nails until bled. **Life was about death.** Feeling the pain, waiting to die. Life was about waiting. Waiting for love. Waiting to finally not exist.

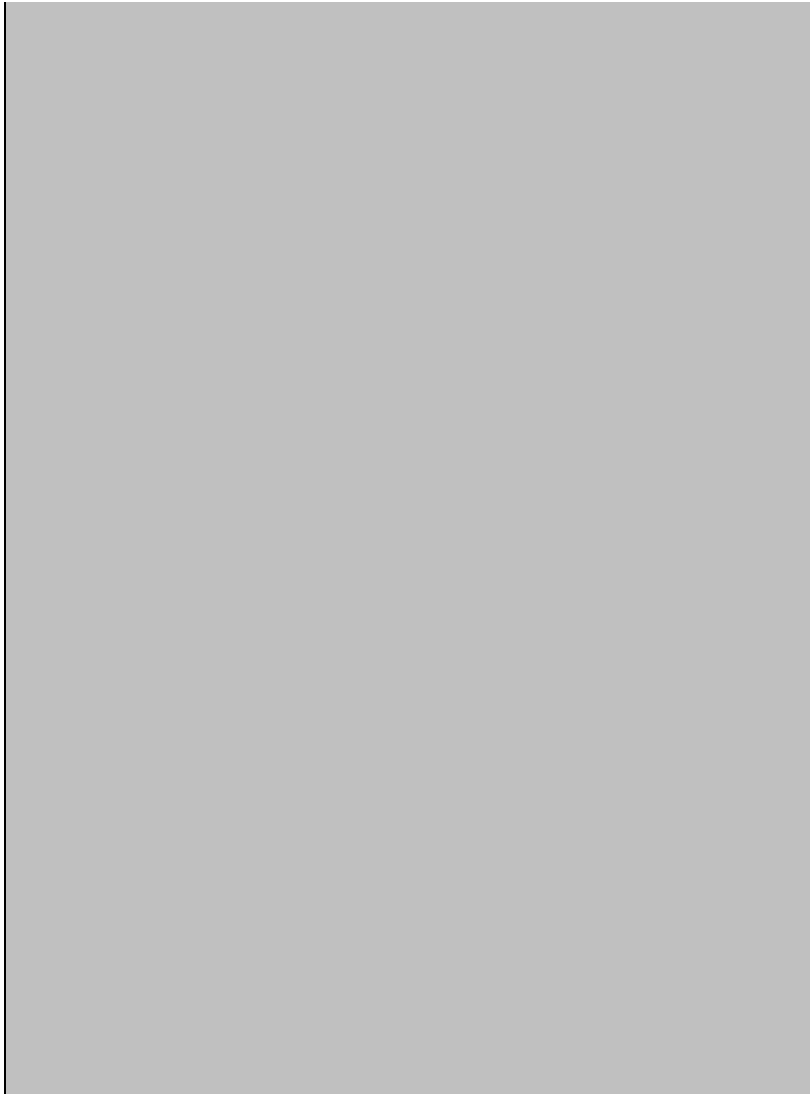
Take notes on Bob Flanagan 'Sick 'documentary

Hitting his back to loosen the phlegm. His parents were trying to keep him alive; but he could have killed himself with NSSI. His parents say that they see a man who hates his body. I understand that. I hate my body because it abandoned me for survival. I lost control, then had to live with the pain. Dissociation in trauma. They see a vindictiveness in him - God you gave me this body, now I'll show you what I can do with this body. Fuck You. I used to feel the same way towards my parents. You made my existence feel worthless; now I'm going to show you how neglected I am. Bob wanted to do a work buried in a tomb with a camera on his face, so people could see his decomposition. He wanted all his stuff to go to charity when he dies. Ticks as parasites drawing the life source out of someone. Not a masochist anymore. Life has beaten him up too much. Betrayal of the body. Its okay, if you're waiting for someone to tell you its okay. No one wants you to die. Am I dying? I don't understand it. I never felt this way before. Photos of his open mouthed corpse and movement of his body - posed by Rose. Lungs full of fluid - 1 month later - phlegm - drowned to death.

7/31/17

7/31/17

3h 0m



'Why' poem. Humiliation, violence, pain, genes, temperament, time to think, makes me feel invincible, beaten with a belt, because its in my nature, because its against nature, because my parents loved me even more when I was suffering, because I was born into a world of suffering, and suffering is all I know, because I learned to take my medicine, because I had to take it like a man, more balls than I do. It was an act of courage. It does take guts. because spare the rod and spoil the child. Because you always hurt the one you love Because I was alone alot. Because of basments and dungeons.

Research and contact butchers in London	8/3/17	8/3/17	5h 0m	Collected emails for over 80 butchers in London within Zone 5/6. Emailed all of them. One potential shoot with portions of beef. One negative reply. So far. Participated in Couples Emotion-Focused Therapy (Sue Johnson). This approach share the promotion of certain techniques that are in Schema therapy as well, including self awareness, mindfulness, empathy, empathic confrontation, vicarious learning, etc.
EFT therapy	8/6/17	8/3/17	6h 0m	I am already a corpse' - Russian criminal tattoos. Leigh Ledare, et al. Weege. Chen Zhe Bees and the Bearable. Butchers and meat markets in London and Oxford. Plans this week and next to visit the markets early in the morning. The time that I would go to Schema has been filled by going to meat markets. Found several films to watch for reference - Earthlings (documentary), and The Evil Within. I flossed my teeth for the first time in a while today and there was blood coming out of my bottom gums. Pain is mixed with punishment is mixed with pleasure.
Practical Research	8/14/17	8/14/17	6h 0m	



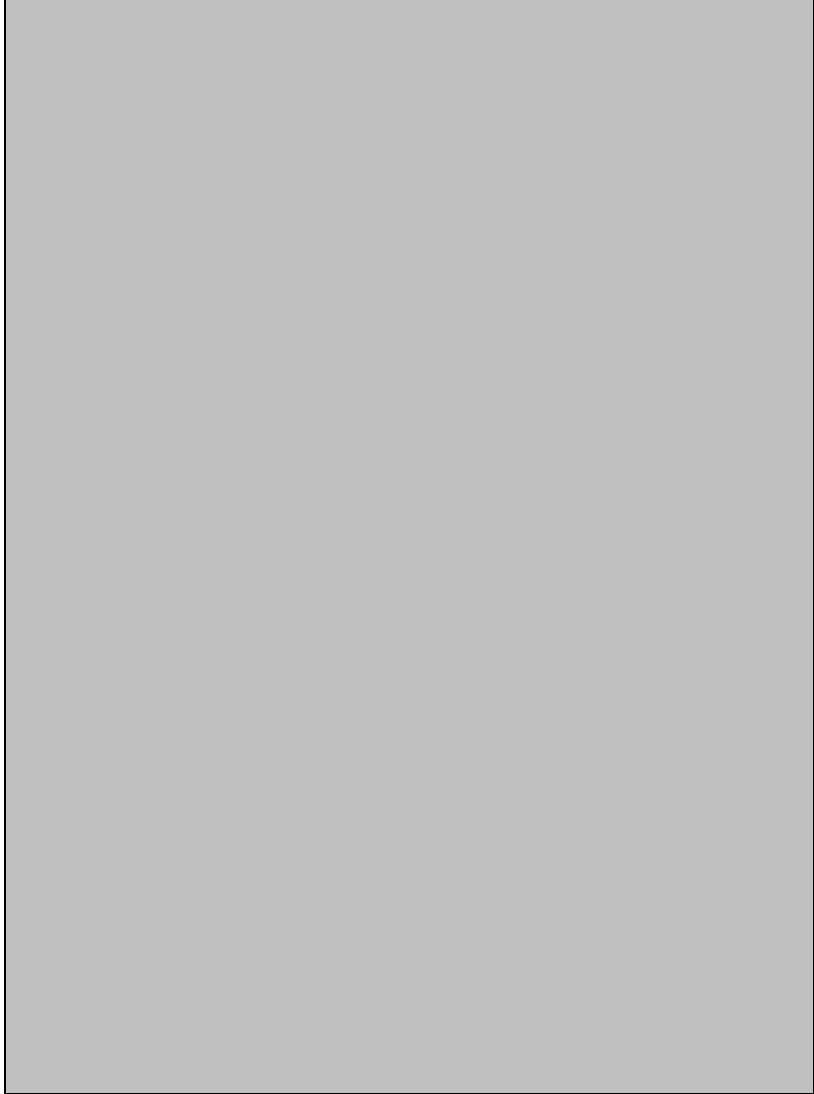
Santiago Sierra, Lisson Gallery, London, UK

Went to Lisson Gallery to see Santiago Sierra's 'Inpenetrable Structure'. Because of H&S you can't get too close to the structure. It's made of steel barbed metal that is used at countries' borders. The density of the crosshatching turned sections completely grey, created tight tunnels to crawl through, or just a space to run through and be torn apart. The joints were bonded by an adhesive that started to rust the steel. Even though the sharp edges visually resembled razors, I felt like my body could be contained within the work, because of the ratio of the squares. The grids filled the small room like a forest. No matter how small I made, or contorted, myself with one touch the razors would cut me, hold on, and I would have to rip myself apart to get away from it. - stagnant because they are holding onto the person that they loved the most, which has been reduced to a single thing that embodies the stagnant existence. My skin. My bodily pain was used to ground me. Without it I was terrified; I would disperse. Like vapor turning into sunlight. Weightless and gone. My skin, my meat forces me

8/16/17

8/16/17

7h 0m



within the laws of physics. The fibers and fat, cogaulated mess, is contained within my body. I was terrified that if I lost my body, I'd lose myself. All the things To be touched, to be held, to be loved. As much as those things scared me, and made me want to rip my skin off, they made me feel less alone, that I do indeed exist.

SAV - Butchers	8/21/17	8/21/17	5h 0m	Installation - wall of durian as infected skin - leave shell on floor to be walked on?
Vist Butchers in Brixton market, Tooting, & surrounding area, London, UK				Went to Brixton market, Tooting market, butchers in the surrounding areas, and spoke with a friend about meeting a butcher that he knows. Talking to all the butchers was very difficult, mainly because of the consistent rejection for hours on end. I recieved a range of 'No's. From politely saying 'no photographs, but looking is free' and smiling to verbal abuse and harassment. It was tough to present any confidence or cheerfulness as time went on. I never got a second wind. I didn't think just taking some photographs would be so difficult. Been talking to butchers in the Savannah area, including South Carolina; Hunters associations in the EU and US; looking into slaughterhouses and butchers associations in the States - pursuing this on a local level around Georgia might be my best bet.
Group Schema session	8/22/17	8/22/17	8h 0m	abandoned and isolated because of assumption/expectation that one would be okay
	8/23/17	8/23/17	1h 0m	

Slaughterhouse & Butchery research - SAV, UK, EU	8/24/17	8/24/17	9h 0m	<p>Researched Slaughterhouses, Associations for farms and slaughterhouse in the UK, mainland Europe, Savannah, Georgia, and South Carolina. I also talked with one butcher who will allow me to photograph the cutting up of whole pigs, lambs, and possibly large sections of cow. Testing digital kit, and buying film tomorrow as well. Will go between flash on digital and my 35mm analogue.</p>
Visit Butchers - Smithfield market, surrounding area, London, UK	8/25/17	8/25/17	8h 0m	<p>Left home close to 4am to go to Smithfield market. Everything I saw inside is exactly what I'm looking to photograph. Working on talking to more of the venders and getting a photo permit. Went to see other butchers in the Holborn, Dalston, and St. Pauls areas. Got the usual response. Received and email back from a farm in Georgia - they don't butcher the animals there, but they did give a few contacts. Bought 35mm film for the shoot next week. Bought a durian fruit to experiment with this weekend. Thinking about using the meat and the shells in the installation. I want something that is pungent, potent, but can smell good as well. I'm not sure if using the durian is too random, and I need materials closer to the topics in the research.</p>



Experimented with durian fruit

With help, the durian was cut open. The spines on the outside are really sharp, and the meat on the inside is quite potent and has the consistency of fibrous mashed potatoes. I'm keen on the idea of using the fruit as a metaphor - the smell (a variation of things that taste or smell good, but too many together), the meat (a rigid looking shape that can easy become sticky mashed potatoes), and the outside (hard with spiny points to keep organisms from getting the sweet meat inside). I wanted to smear the meat on the walls, and leave the shells on the ground. I think it might be too much. Looked at footage from cutting the fruit. The sound of the shell and the fruit being cut, and the quick direct cuts remind me of cuts and broken joints in butchery...

8/28/17

8/28/17

1h 0m

Prep for shoot tomorrow

8/29/17

8/29/17

5h 0m

Locating cameras to use - one digital, one Hasselblad 501cm. Originally wanted to use my OM-1, but only have a portrait lens (the standard must be in storage). I bought 120 and 35mm film. Its difficult to walk into a place and buy film at the cheaper end of the spectrum. Ended up with 400TMax, Ilford FP4, and Ilford Delta 100 - not much of a selection, but all they had. Talked with the butcher, I'll be sending over a few prints afterwards for him to hang in the shop. Little self-imposed pressure now to not totally mess up. Leaving tomorrow to go to Oxford for several days to talk with butchers around that area. Tested digital camera. Planned what butchers I see on what days in Oxford/Abingdon. Located tripod for shoot. Just waiting to hear what time the butcher would like me to come by tomorrow.

Butchery Shoot - London, UK

Only used digital camera. Session went really well. A whole lamb and pig was cut into sections for sale; and half of beef ribs as well. My analogue camera broke, so only digital photos. Lighting was really good - didn't need a flash. Butchery seems to be able cutting in the direction of the muscle and ligaments - the same with breaking the joints of the ankles, etc. The vendor was really kind, and keen to show the process of butchering different animals. He is also okay with me returning for future shoots. The popping of the joints, when they were broken off was very intriguing and distinct. In the near future I will enquire about doing sound recordings of the butchering.

8/30/17

8/30/17

2h 0m

Oxford, UK - visiting butcheries, farms

A lot of time was spent walking and gave me time to think. The first butcher was away on holiday (since a large number of butcheries have limited internet presence, the most effective way to contact is either by phone or in person. In Oxford, I visited all the farms and butchers in person), and the majority of the others were nice to the extent that our interaction would lead to a sale. However, I will be in contact with a couple that seem like they might be open to an art project. While I was walking - I thought that in my installation there would be darkness in the room. The audience would then hear the crack of bone, see a flash, then hear long dry heaving/vomitting on a loop. Should I use a sensor to activate the sound? The sensor would be based on the proximity of the audience to the object at the other side of the room. It would be a trigger. No. Viewer is guided by smell in the dark space. What kind of smell? **What does vindictive anger feel like in the body? What can it smell like?** Mixture of feelings (anger/vindictiveness, and detachment) through smell? **Detachment: rubbing alcohol - sterile, nothing can grow here.**

8/30/17

9/2/17

20h 0m

Helping at Schema Therapy & fixing camera, writing	9/5/17	9/5/17	8h 0m	My Hasselblad broke before the photo shoot started (the camera wasn't registering loaded film) - dropped off to be evaluated/fixed. Scored ASQs, and helped with admin for the Child and Adolescent Schema Therapy workshops this week. Filled out another funding application - proposal, images, etc.
Group Schema session	9/6/17	9/6/17	1h 0m	Soft touch = sticky slime and disgust
Smithfield market - vendors and architecture, London, UK	9/7/17	9/7/27	4h 0m	Received a permit to photograph the architecture. Talked to some of the butchers. Will come back again once/twice a week to talk to them more. Will email butchers about my project as well. Left home before 5am. cool. Found lamb hearts and testicles this time. very intriguing.
Butchery workshop - how to carve a full pig	9/7/17	9/7/17	4h 0m	Took photos of pig being carved from butcher and participants. Close up shots of rib rack being carved for roast. All digital photos. Overhead lighting, warm, at night. Free glass of red wine!
Group Schema session	9/13/17	9/13/17	1h 0m	Self hatred = never right. Never enough.
Schema Therapy - questionnaire	9/15/17	9/15/17	3h 0m	Questions for supervision; created the SIC questionnaire and scoring sheet from an article, ASQ, and SMI.

EFT Gsession	9/16/17	9/16/17	3h 0m	how can touch be translated into tacit memory to become the feeling of violation?
Edit images from butchery course	9/18/17	9/18/17	3h 0m	Turned all JPGs to b/w through preview. Lost my copy of Lightroom. First edit of images - around 40 selected. multiple novice butchers, and couple of professionals carving a whole pig.
Edit images from London butcher shoot	9/19/17	9/19/17	3h 0m	Turned all JPGs to b/w images. First edit - around 60 images. Photos of single butcher with carving a whole pig, and parts of cow.
Edit images from course, shoot, saw Mother!	9/20/17	9/20/17	5h 0m	Second edit of 2 shoots. Down to 30 and 50 images. Saw the movie Mother! as a way to think about allegory and intensity in conveying a message that one is passionate about.
Group Schema session	9/20/17	9/20/17	1h 0m	Anger brings life, stillness brings death (motivation vs. depression)
Smithfield market - shoot, 1 vendor	9/21/17	9/21/17	4h 0m	Arrived to shoot at 3:45, however all the carving of the full animals was finished. I was advised to try again around 2am. Will try to get a permit for the following week. Photos were of lambs. Collections of carcasses and kidneys.

Emails, Edit for 3 shoots
Group Schema session

9/25/17	9/25/17	5h 0m	<p>Watched Feardotcom while doing emails and editing. In the film is a serial killer, who kidnaps young women tortures them before killing them. One way he does this is by dissecting them, and removing their viscera, while the women are still alive. Watching this while editing the butchery shots created a visceral, voyeuristic connection. The emails are to figure out a day and a permit to photograph at the market this week. I edited my 2nd edit of image from the butchery course and London butcher shoots. All of the JPGs from the shoot last week were turned to b/w, and I did a first edit.</p>
9/27/17	9/27/17	1h 0m	<p>Using anger and punishment to keep going, keep doing - because doing nothing feels like not existing - theme</p>

Smithfield market - shoot, 1 vendor, London, UK	9/28/17	9/28/17	6h 0m	<p>Photographed butchers at a vendor today, who were cutting up full carcasses of lamb. I had limited space to move around, because there was on average 8 people, working fast, and using the whole space. I need to get another digital camera next time, or another SD card. Towards the end my hands were going numb, and I had to delete images on the spot, to make space for more. One butcher mentioned that he knows someone who works with beef, and is willing to ask if I can take some photos. I hope it works out. 12:20am-6:20am.</p>
Download photos, edit, prints for one butcher	9/28/17	9/28/17		<p>I did a selection of images from a shoot with one butcher, which I edited, printed, and trimmed. Idea for final prints - blood mixed with platinum/palladium tint for decay and smell.</p>
Group Schema session	10/4/17	10/4/17	1h 0m	<p>NSSI schemas include Mistrust/Abuse, Emotional Deprivation, Social Isolation/Alienation, and Insufficient Self-Control/Self-Discipline. Modes linked to symptoms of BPD namely include Punitive Parent, Angry Child, Detached Protector, and Vulnerable Child. <b>No organs or muscle, just skin and bone. Mourning is for the living. Being used...mistrust</b></p>



schema?

Visited galleries to get ideas for installation, London, UK	10/5/17	10/6/17	15h 0m	Visited around 50 galleries. Notable layout ideas for my installation - downstairs of Frith Street Gallery on Golden Square. Stephen Friedman, 11, back room, black out square room with group stool in the center. Downstairs of Massimo de Carlo.
Group Schema session	10/11/17	10/11/17	1h 0m	Overcompensation as a reaction to having needs or a voice
Meat market shoot - lamb, Smithfield, London, UK	10/11/17	10/11/17	6h 0m	In the meat locker for so long that the digital camera was starting to have issues with focusing and shooting at a normal and quick rate. I found particular points that stood out from past shoots, and concentrate on those sequences - when the left ribs are cut, the kidneys are moved, and the hips are cut from the spine. From 12am-6am roughly.

<p>Edit photos</p>	<p>10/12/17</p>	<p>10/12/17</p>	<p>4h 0m</p>	<p>Create final edit of Aug-Sept, further edit and editing of photos. Order hard copies of photos. Download and render all photos from last shoot black and white. Performance and presentations about blood in art. Very good performance references discussed. The psychological origins that could have led to wanting to self-injure, and NSSI as a coping behavior, was intentionally avoided. NSSI was discussed in a meditative/shamistic way. I understand that NSSI as a coping behavior is a stigma and assumption for individuals who are unfamiliar with NSSI performances; but it seems like a taboo that is avoided completely (possibly because it is something that is constantly assumed and has to be explained that its different). But then, who does make work about coping with NSSI as a coping behavior? Chen Zhe?</p>
<p>BLOOD Uncut, Guy's Chapel, London UK</p>	<p>10/13/17</p>	<p>10/13/17</p>	<p>3h 0m</p>	

Blood Counts, Copeland Gallery, London, UK
Group Schema session

10/14/17

10/14/17

3h 0m

10/18/17

10/18/17

1h 0m

Saw exhibition about blood in gallery. What was most relevant was the video documentation of performances with blood. Most relevant included: **Ron Athey, Ron's Story**; Franko B, *I Miss You*; Marisa Carnesky, *Doctor Carnesky's Incredible Bleeding Woman*; Jamie Lewis Hadley, *this rose made of leather*; Kira O'Reilly *Wet Cup*, Martin O'Brien, *If it were the Apocalypse I'd eat you to stay live*, Rocio Boliver, *Times goes by and I can't forget you: between menopause and old age*. I remember being shut and locked behind doors so many times. Sometimes in the dark. Like I was a monster. Printmaking paper - liquid light, plat print - spray blood at home in print.

Dissenter's Chapel - Vic. Post-mortem Photo talk
Group Schema, edits of photos, order prints

10/22/17	10/22/17	3h 0m	Rigor mortis set in and wear off to pose body - 7-8 hours after it wore off was optimal. Eyes were most often open, sometimes closed. Eyes always closed in Civil War photos - possibly because of the degree the body had decayed. Bodies were posed to hide decay, like in CW photos. Jack the Ripper museum - (INSTALLATION) photos of women, and list of their wounds underneath. Evidence of their pain - minimised. Wealthy dead bodies were photographed on their own, and poor dead bodies would be in a group/i.e. the family.
10/25/17	10/25/17	3h 0m	Went through 3 edits of photographs. Edited photos to order 5x7s. All black and white. Looked into LADA, and talking to artists about doing a questionnaire about bodily fluids and bodily injury in their works.

Group Schema, edits of photos, funding, photoshop
Helping at Schema Therapy

11/1/17

11/1/17

6h 0m

11/6/17

11/6/17

5h 0m

Isolation and the absurdity of evidence of trauma. Isolation of having to be a mother and partner. Go back to the source of punishment? - dream - I feel like he's firmly holding me, and telling me that I have a voice. But he doesn't realise he's choking me. If I died and my head lolled until it fell off, I don't know if he would realise that I'm dead. He'd just keep saying how could I do this to him. It's unfair.

Photojournalism as metaphor about personal trauma? I'm becoming honest about the continual ringing in my right ear/side of my head. When there is quiet it comes out. No matter how I close or manipulate my ear the sound doesn't change. It doesn't drive me mad, but rather makes me sad that I can't have quiet...I haven't had quiet in a long time.

Organised admin and teaching materials for various groups; helped put together powerpoint for trustee event in the evening. Materials on shame and guilt stood out. Power.

Franko B - Milk + Blood - Colchester Arts Centre	11/8/17	11/8/17	5h 0m	Insignificant. Franko came out in all gold, and punched a gold heavy bag for 13 2 min. rounds (about an hour), while reciting spoken word thoughts about being - insignificant. At the end he walked around the square of people, and stopped and looked at each small section of people for a short period of time. Black mount for print - etching conservation style. Detached protector / logic - ensured survival against intense needy and dramatic emotions.
Helping at Schema Therapy	11/13/17	11/13/17	5h 0m	Helped file, label, and organise old case files for archive. Helped go through files to keep, archive, or destroy.
Exhibition modelling and planning	11/16/17	11/16/17	8h 0m	3D model of final exhibition. Plan installation of dragging video work - Civil war letters plus my narrative outside of final install room? Self-hatred? Use Civil War photos with video - install - overhead intense light/1984 - trips to black out every 10 min - loud noise - Wallpaper space with CW photos - billboard paper - ripped off, layered - mural instead? Test flash on meat prints (good!). soak cotton paper in 90% alcohol for liquid light session. Edit CW photos to print for ripping practice

Helping at Schema Therapy	11/20/17	11/20/17	2h 0m	Helped file, label, and organise old case files for archive. Helped go through files to keep, archive, or destroy.
Art on Terror - Imperial War Museum	11/23/17	11/23/17	4h 0m	Coco Fusco - Psychological pressure techniques from Gitmo on female college students; kennardphillips; Santiago Sierra paying veterans their hourly wage to stand and face a corner like a disciplined child; Francis Alys soldiers and citizens loading and unloading the same automatic guns
Helping at Schema Therapy	11/27/17	11/27/17	4h 0m	helped with admin; scored SMIs and YSQs
Reflecting on skin	11/28/17	11/28/17	2h 0m	when my skin is peeled back and I see and feel the intensity of every little thing. **In order to get past the things you don't want to feel, you have to go through the portal where you normally shut down, and survive it. Embracing that part of yourself while its happening, instead of thinking its bad to feel like this, like its wrong.

Recording vomiting	11/29/17	11/29/17	0h 15m	After 2-3 hours of fasting, I recorded myself with a GoPro making myself vomit. I used a timer, then realised it was next to the recording device. Initially the vomiting was easy, I would tickle the back of my throat and my body was very reactive, enough though little clear fluid came up. My body became quickly used to the tickling as well. I had to put the plastic stick further and try to force myself to vomit towards the end. I realised throughout that my body needed to take small breaks. In order to take precautions, in regards to possibly triggering my past coping behaviors, I made the room warmer, had a film ready that I enjoy, and am going to get a takeaway. I'm implementing things that make me happy, as a deterrent.
Smithfield market - shoot, 1 vendor, London, UK	11/29/17	11/29/17	6h 0m	Cold temperature, violence, shame, anger - how to coexist?
Group Schema session	11/29/17	11/29/17	1h 0m	Crying, sealing off the throat so there is no voice - shallow breath, body shaking. Intense individual experience, but signals to others are minimal - would people notice it was happening?
Group Schema session	12/6/17	12/6/17	1h 0m	To be used to is to be alive - without mistrust/abuse, what is that person's function?



Butcher shoot - London	12/8/17	12/8/17	5h 15m	Photographed two leg of lambs, cow leg and shoulder, also aged meat up to 65 days.
Helping at Schema Therapy	12/11/17	12/11/17	5h 15m	Admin, scoring YSQs, SMIs, YRIs, greeting cards for Attachment group exercises
Group Schema session	12/13/17	12/13/17	1h 0m	no voice vs. full control
Group Schema session	1/11/18	1/11/18	1h 0m	What is a perfectionist controller mode without other people?
Helping at Schema Therapy	1/16/18	1/16/18	6h 0m	Helped with organising Child and Adolescent Schema training in Feb and Mar; along with organising past Individual Schema trainings; and transcribing meetings
Group Schema session	1/17/18	1/17/18	1h 0m	Pain as hope that you are alive?
Meat edit, collage, 3D model of dragging install	1/17/18	1/17/18	4h 0m	Called about getting large wood panels to start 2.4mx1.5m (each panel) collage - 2.4mx4.5m per collage. Converted color meat images to b/w; made 1st and 2nd edits of images. Created a 3D model of the dragging installation.
Liquid Light test strips at UCA Rochester darkroom	1/22/18	1/22/18	6h 0m	Made a range of liquid light tests. from very light/minimal emulsion to overdeveloped to a 'correct' print. Next step is to buy pigs blood for tests.
Group Schema session	1/24/18	1/24/18	1h 0m	Taking in abuse so another person doesn't destroy themselves - but then the accepted abuse becomes embodied

<p>Leaving Home, Coming Home; Field Niggas - ICA, London, UK</p>	<p>1/24/18</p>	<p>1/24/18</p>	<p>4h 0m</p>	<p>Leaving Home... is a documenarty about Robert Frank. 23,000 photos in the Americans edited down to 89/83. Saw snippets of 'The Present' (1997) and True Story (2004/2008) about him reflecting on his relationship with his schizophrenic son. Will contact MoMA to view the films. Saw the documentary called Field Niggas about the people that live or hang around 120th and Lexington in New York. Compelling and compassionate presentation of people who live on the streets and frequent the area at night.</p>
<p>Jack the Ripper Museum - the Morgue installation</p>	<p>1/25/18</p>	<p>1/25/18</p>	<p>2h 0m</p>	<p>Went to take photos of the Morgue installation. With each female victim there is a photo of their body or face, a list of their wounds, and their name and years alive. All in small frames around a light. It was an interesting, yet odd installation. Some of the images are very graphic photographs. I like the difference between the gruesome list of violent gestures on the body and the images that do and dont match the descriptions.</p>

Platinum Printing workshop - Photofusion	1/29/18	1/29/18	6h 0m	One to one tuition of the platinum palladium process on 8x10 negs with A4 sheets of paper. Nine prints total to be used for pig's blood experiments. May be possible to rent the darkroom to conduct experiments with pigs blood through the palladium process. Large prints are possible, but strip light UV box needs to be made. Times for prints - inside corpse - 10min, 10 min dodge; hands - 5 min, 5 min dodge, 5 min burn. Dev - 2 min, 4 min at least in each of the 3 trays after. 5 percent platinum used to make 5, 10, and 20 contrast.
Group Schema session	1/31/18	1/31/18	1h 0m	instability can exacerbate not being seen
Helping at Schema Therapy	2/1/18	2/1/18	6h 0m	Scored ASQs, SMIs, YSQs, YAMIs, DAS. Prepared packets for IST teaching on the weekend.
Pig's blood and alcohol	2/5/18	1/5/18	4h 0m	I called butcheries to see if they sold bags of pig's blood. One said they did over the phone, when I came in they said did not. Another butcher finally explained that because of the high degree of health regulations animal blood is rarely, if at all, sold in a butchery anymore. He suggested I buy dehydrated pig's blood online and rehydrate it. Bought 99.9% alcohol and dehydrated pig's blood on Amazon. Should be able to start tests at the end

Vomiting, bones popping, editing sounds
Group Schema session
Helping at Schema Therapy
Helping at Schema Therapy

of the week.

2/5/18

2/5/18

6h 0m

Self-induced vomiting, 10 min.  
Bones popping for 10 min.  
Editing sounds - cutting out all useable vomiting, bone popping, and butchering sounds. Started testing of putting vomiting sound with bone popping/joint breaking sound.

2/7/18

2/7/18

1h 0m

Emotional deprivation is like quicksand. It can be hard not to ruminate in it. Death can be sold as the only place for peace and care. It's what you do to the people you love that matters. Never losing control.

2/8/18

2/8/18

6h 0m

organising packets of research and forms for IST training; putting together packs for Child and Adolescent ST training

2/15/18

2/15/18

2h 0m

Helping put together packets and background information for Child and Adolescent Schema Training workshops next week

Tate Modern - Media and the body	2/15/18	2/15/18	2h 0m	Looking at Ana Medieta's work about rape - using blood and photography; Valie Export's performance where she walked through a cinema in crotchless pants; and Carolee Scheeman's Internal Scroll; Two film works by Bruce Nauman -couple in confrontation; continual washing of hands; and close up of black male, white female acting exercises
Group Schema session	2/21/18	2/21/18	1h 0m	Anger, the feeling that makes you feel like you're human? Without anger, how can a person have a voice.
Helping at Schema Therapy	2/22/18	2/22/18	4h 0m	Putting together packets for training sessions, updating admin information
Masterclass Joan Farrell & Ida Shaw GST, London, UK	3/5/18	3/6/18	8h 0m	Empahsis on self-reflection in therapy work. Used strips of wool to establish connection in group, group rescripting and imagery, and therapist/client/observer traids for role-play of client with Modes that therapist has most difficult with.
Group Schema session	3/7/18	3/7/18	1h 0m	The Punitive Parent is aggressive - growling, hissing

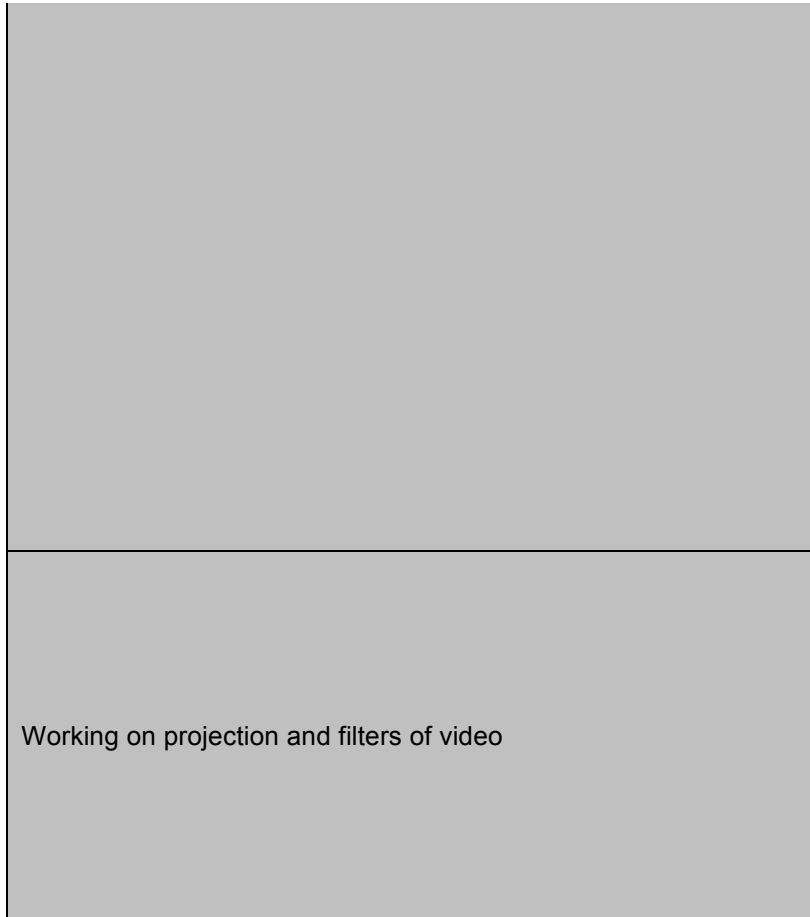
Group Schema session	3/14/18	3/14/18	1h 0m	I saw my Vulnerable Child, with damp long hair in front of her face. Underneath the hair was the form of a face, but no eyes, nose holes, mouth, eyebrows. She was around 7, in a pale dress that matches her skin. Her shoulders are slumped, and her head hanging forward. All she wants is to be left alone. She's terrified of any contact, because even care hurts. A doll exists to be used. That's its purpose. To be played with, without regard or responsibility. If a doll isn't used, then what happens to it? Its like metal turning into a cloud.
Group Schema session	3/21/18	3/21/18	1h 0m	Shame about existence and needs - serving others to even out shame. This isn't connection - its distance and fleeting.
Group Schema session	3/28/18	3/28/18	1h 0m	taking in abuse as a purpose = compulsive self-destruction
Helping at Schema Therapy	4/5/18	4/5/18	4h 0m	Helped to organise presentation and data for presentation to grant awarding body in August.
Helping at Schema Therapy	4/10/18	4/10/18	4h 0m	Help research designs for annual financial report; Research self-harm, eating disorders, suicides in adolescent-young adults in UK. Generally, most services seem to be geared towards management instead of prevention or long terms solutions.

Group Schema session	4/11/18	4/11/18	1h 0m	Punitive parent makes the grey black and white = makes the messy understandable through the guilt and shame
Group Schema session	4/18/18	4/18/18	1h 0m	the boundary between pain and pleasure - its so close in the brain
Group Schema session	4/25/18	4/25/18	1h 0m	Unfairness - not to tbe destroyed, performance - to be destroyed = perfection?
Group Schema session	5/2/18	5/2/18	1h 0m	Destory the skin to show the other person you're in pain - limited to no language is known or makes a person understood - NSSI
Excerpt ideas from Group Sessions	1/6/19	1/6/19	6h 0m	Frightened of this thing this thing that I've become. My emotional deprivation - A bottomless container. A void where the bottom should be. DP to PP - broken, defective, can't even connect to people - subhuman. You must know life to see decay. Scared that feeling makes existing too overwhelming - die to avoid the feeling. <b>If you're going to have a voice, you better be willing to give a pound of flesh.</b> What if it felt so wrong to need people?

Edit dragging videos	5/31/19	5/31/19	5h 0m	made video variations of black and white/ black and grey. Put gagging in as sound - black and white = trauma, hopelessness (isolated, no one cares). Ethics and Health and safety paperwork - similar enough for pigs blood use in platinum process. It'll be done at a facility with a supervisor onsite, regularly checking on me.No further action needed since its not on school grounds.
Misbehaving Bodies - Wellcome Collection, London UK	6/12/19	6/12/19	2h 0m	Ideas for final installation - painting the two walls with frames, a dark maroon color/Victorian marble wallpaper (apply wallpaper then tear it off the wall?). Use isolated speakers hanging from the ceiling, so that sound can only be heard in certain places. Vomiting noises in front of dragging video, dragging noises in front of glass plates. Frame edit of glass frames in Plexiglas box, so that each plate sits diagonally. Place in front of window and stack? Place next to each other on shelf on white shelf, white wall?
Skip Arnold artist talk - LADA London, UK	6/20/19	6/20/19	2h 0m	Body as object. Throwing self against wall to make marks. One off performance (usually). Always a doctor or person on-site in case he blacked out, or another health concern arose.



Blood, Politics, Female body - UEL conference, London, UK	6/21/19	6/21/19	2h 0m	Elizabeth Gross - embodied thought. Adrian Dismar. 2011 - resurgence of feminist performance. Sarah Gorman - repurposing failure
Gina Pane artist talk - Richard Saltoun gallery	6/22/19	6/22/19	2h 0m	Pane's experience making the work in comparison to the photographer's experience documenting her one off actions. Franko B very different from Pane. Audience just thought she was masochistic.
Editing final video and audio	7/26/19	7/26/19	6h 0m	cut and combined breaking of joints with vomit sound. Made short version of video and used different filters. Emboss looks like scars on skin, other filters look like neural pathways or an internal space filled with hair.
Platinum Process refresher, PhotoFusion, London, UK	9/2/19	9/2/19	6h 0m	Became reacquainted with darkroom layout, chemistry, and steps in platinum process. Today, used new chemistry, relative to last time, coated 10 sheets of various combinations (single coat, single coat +contrast, double coat, double coat + contrast, and repeat). Brush technique left stains, start brushing more quickly after pouring chemicals on paper. Buy Tweed 20 for future? Paper was 8x10 hahnemuhle. JB for chemistry and SP for paper. For next time, reformat images to be exposed (need to be printed on acetate), pre-mix pigs blood,



Working on projection and filters of video

buy 3x 1 litre containers for left over chemistry.

Whenever video is at sky, exposure changes. B/W filter, with high threshold, of face in ground being dragged reads better than sky. Make new edit of video with minimal to no sky. Put projector in eco mode, brings whites further into a midtone grey. Want projection to be a shadow on the wall. Have audience walk on safety glass on floor?

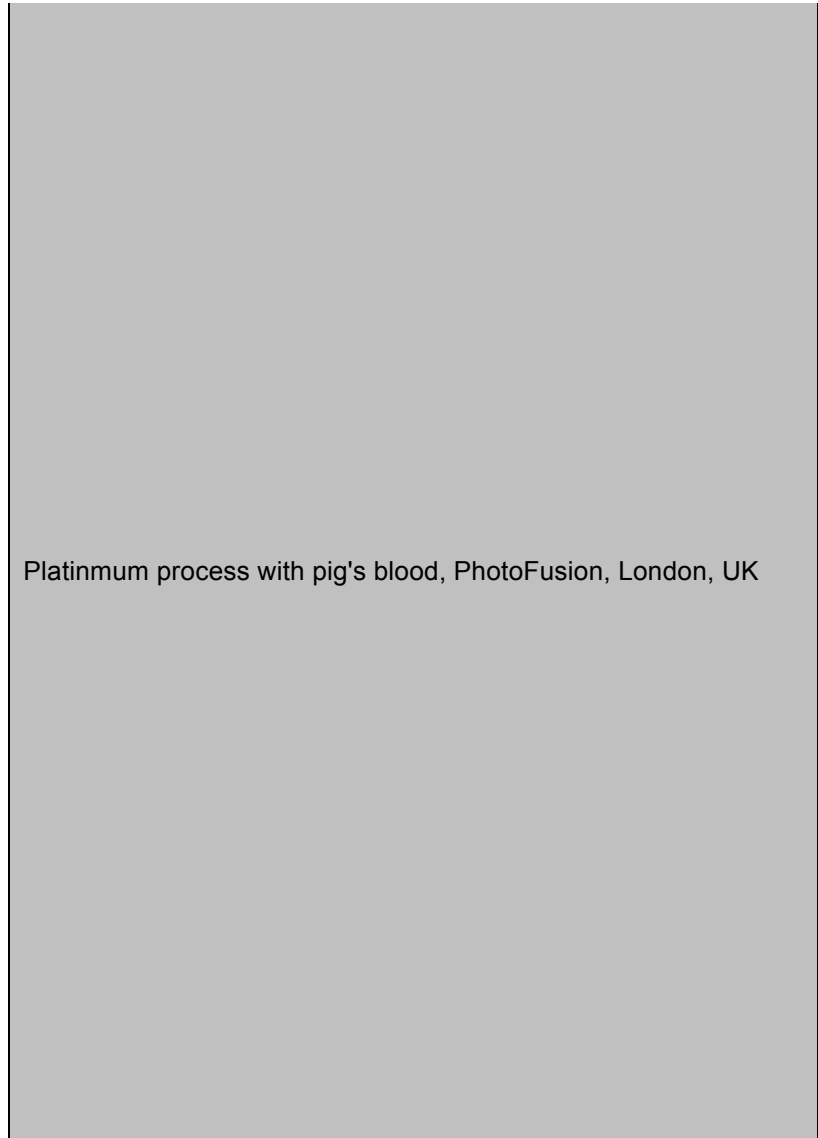
9/7/19

9/7/19

2h 0m

Vito Acconci show - Pace Gallery, London	9/10/19	9/10/19	2h 0m	Acconci - notes and follows like how a stalker does. Impulsive, will choose any man or woman? Following. Then having rules for losing them. Violent acts? Repeated attempts of following vs. body works like yoga pose and seedbed. Bitemarks on skin, then prints of bite marks - capitalising on self-indulgence?
Platinum Process - printing day, PhotoFusion, London, UK	9/11/19	9/11/19	6h 0m	two coats, no contrast = best results. Usually start at 2-4 min, then 1 or 2 min after (3 selections total). Final prints, 8x10? Some prints collages, others just meat market. Play with image sizes = photocopies. Next time bring own plat dev, in order to start adding dried pigs blood straight to different parts of the plat process. Try painting blood on print after process is done?
Video editing, organise plan for pigs blood	9/15/19	9/15/19	5h 0m	Premier. Create 4 variations with thresholds and other methods. Stylised vs. b/w photo look. Issues with interlacing. brought white to grey, to mid-grey, to .1 white balance grey. In ground shots organic curves of vines look like hair or veins. What is inside what is outside? Mona Hatoum ref?

Painting pigs blood on platinum prints	9/15/19	9/15/19	2h 0m	Single coat on two test strips of a4 platinum palladium prints. Streaks from brush used. more brown/iron than expected. Will use one print to test multiple layers of blood painted on top of print. Organise setup, mix blood, dry prints, clean up.
Emotions in Research training, LSE, London, UK	9/16/19	9/16/19	8h 0m	Summary of approaches I'm using in my reflexive and critically engaged practice. Only artist. All women. Evocative use of raw data, emphasis on the potential of metaphors.
Paint pigs blood on print, mix plat dev chemistry, PhotoFusion, London, UK	9/17/19	9/17/19	6h 0m	Painting extra layers of pigs blood onto previous plat pallad print. Getting darker and browner. Image more difficult to see. Mix plat dev for darkroom tomorrow. Tracking down more distilled/deionised water at last minute - longer than expected Oxalic acid takes forever to dissolve (2 hours of stirring, witch brewing fun)..



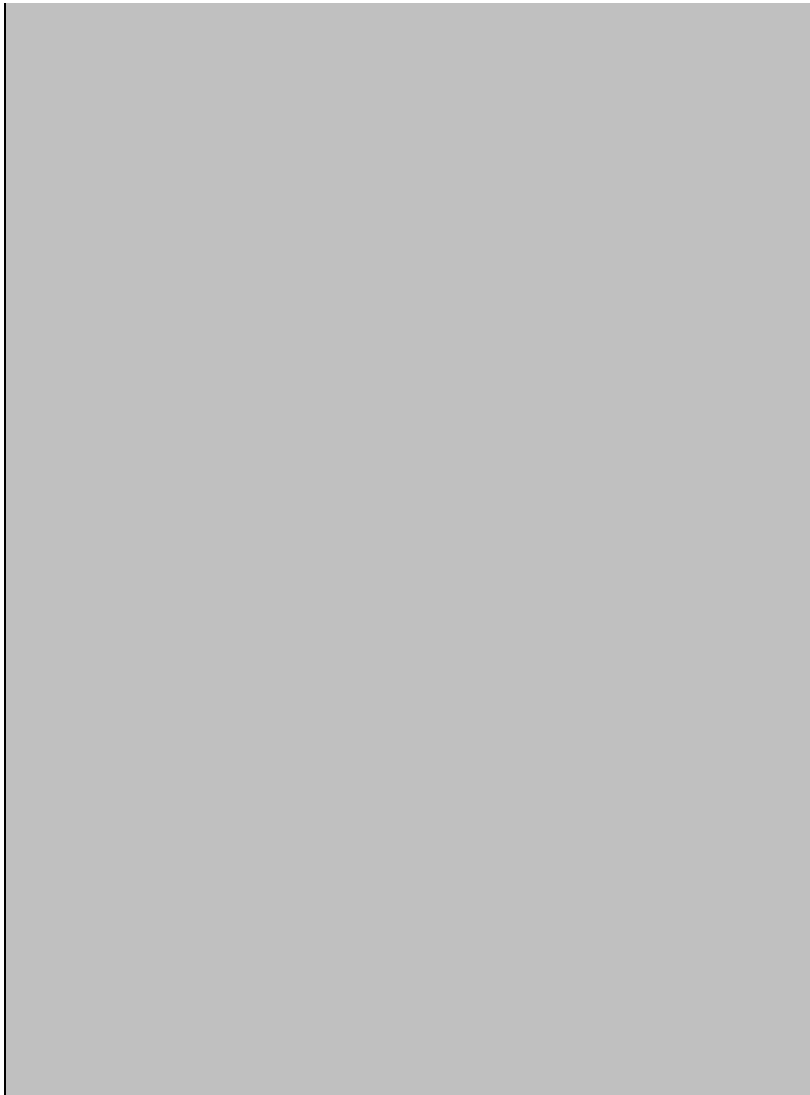
Platinmum process with pig's blood, PhotoFusion, London, UK

Platinum prints with dried pigs blood. No contrast used. Average exposure 3 minutes. 2 coats of platinum. Variations: 2x coats w/clean dev for test strip; 2x coats (top blood, bottom normal) w/clean developer; 2x coats (top normal, bottom blood) w/clean developer; 2x coats (top blood, bottom normal) 1tblspoon blood in developer; 2x coats (top normal, bottom blood) 1tblspoon in developer; 2x coats w/ 1 tablespoon blood in developer; 2x coats w/ 2 tablespoons of blood in developer; 2x coats (top normal, bottom blood) w/ 2 tablespoons of blood in dev; 2x coats (top blood, bottom normal) 2x tablespoons blood in dev; 2x coats w/ 3 tablespoons of blood in dev (2 prints); 2x coats (1 w/ blood, 1 normal) w/ 3 tablespoons of blood in dev. Dev started out at Ph8, went up to Ph 9/10 when blood added. As a result the exposures developed normally, yet the prints maintained a yellowish color - either because blood inhibited full development process (yellow of plat mixer to turn more white), or blood stained particular white areas. Darker shades of yellow mildly increased, for each tablespoon of blood added to developer. Blood with plat mix

10/2/19

10/2/19

8h 0m



did not make a difference to consistency of application of plat to paper, or exposure consistency. Only marked difference with adding blood to plat mix was small sediments of dried blood evenly applied to print. Possibly blood will decay, and smell over time?  
Refrigerated rehydrated blood smelled potent and stinks after 2 weeks in fridge, unopened. After 2 tablespoons of blood in dev, blood smell was increasing intense (strong metal smell).  
Summary - rehydrated, dehydrated, pig's blood does not make a noteworthy difference to any of the platinum process. 4x different acetate prints used for exposure. Try process again with 3 tablespoon blood dev, after refrigerated for 1 week, unopened. Double coat paper with blood on each coat, then dev in blood dev.

<p>Venice Biennale, Venice, Italy</p>	<p>10/3/19</p>	<p>10/7/19</p>	<p>30h 0m</p>	<p>Memorable Pavilions - Israel, Bosnia, Croatia, Iceland, Estonia, New Zealand, Zimbabwe, Austria. The tonal death metal voice/sound at Iceland. Israel - 3 types of trauma - domestic abuse. Sound-proof room to scream in. Video about artist's personal experience with domestic abuse with father. Uses metaphor that father cut off her hands, they will eventually grow back. Her words in the video, and the 'official' explanation from the gynecologist was poignant and powerful and concise. Not only did her father abuse her, but no one acknowledged what happened or helped her. So she was abused twice. She was left alone to deal with this. Add spoken words to final installation?</p>
<p>Platinum process with pig's blood, PhotoFusion, London, UK</p>	<p>10/9/19</p>	<p>10/9/19</p>	<p>6h 0m</p>	<p>4 prints - double coats, with dehydrated blood in each layer. Used developer with 3 tablespoons of pig's blood. Blood was pre-mixed and has been in developer, refrigerated for 1 week. Final results with wet prints - exposures okay, scattered dry bits of blood made the prints look like a starry night sky with an orange-ish tint. Very pretty, very romantic. ugh.</p>

Pig's blood on prints, Monta Hatoum	10/21/19	10/21/19	6h 0m	Painted more, various, layers of blood onto platinum prints. Mona Hatoum show at White Cube Bermondsey. Few reference photos for installation ideas about installing smaller works in a large space - create feelings of isolation and fragility. Created 3D layouts of final installation ideas. Little video editing - edit with no sky to put through Nuke filtering.
Edit images for Platinum process, paint prints	12/2/19	12/2/19	8h 0m	create digital overlay collages of butchery and civil war images. Send to print for plat process in two days time. Paint first layer of blood on prints from last sessions. Use 4 prints of each image, paint in a gradient of layers of pig's blood (1 - 4 layers).
Platinum Process - printing day, PhotoFusion, London, UK	12/4/19	12/4/19	6h 0m	Coated and printed about 8 images without pig's blood. Pig's blood has not made an obvious difference to the aesthetic or process. 8 images are from new images. Will only be coating in pig's blood now. Using plat palladium, for the sake of cost. The aesthetic difference isn't dramatic enough to warrant the price difference in chemistry.



Coating platinum prints with pig's blood

12/5/19

12/6/19

2h 9m

Tinnitus - is how I know I am alone. Its not silent or peaceful. I'm isolated. Use in gallery space to generate a feeling of isolation? Individual frames for each plat print made out of raw material - reclaimed wood, mycelium? Adding coats of pig's blood to platinum prints. Adding newest prints to the cycle - collect the lowest number of coats, then add new prints to the end. Every time a coat is added, after it dried, the prints with the lowest number of coats is collected, and a new set of prints is added.

Research smells for final exhibition	9/22/20	9/22/20	4h	Looked into the smell of death of a human body, and the smell of decay. Change in metabolism when dying smells like acetone. Other people have reported the smell of dying violets, port (an equal amount of too much sweet with disgusting rotten), rotten eggs, rotten cabbage. Make diffuser from reeds (acetone is highly flammable). Make own smell?
Research sounds for final exhibition	9/23/20	9/23/20	2h	Looked at various sound libraries for sounds of vomiting, gagging, breaking bones, cutting meat. A lot sound over-acted. Contacted Kat to help tweak the sounds I recorded. Can possibly use infrared to trigger sound for exhibition, or put on loop?
Smell for exhibition	10/04/20	10/4/20	5h	Tried to make smells using diffuser reeds and oil (red wine, port, vodka, acetone, sugar, etc.). Bought two plants: carrion plant and banana bush - neither arrived with blooms. Diffuser is too soft. Used scent plug-in to make combination of smells, 1 overwhelming smell, or 1 subtle smell? Bought plug-ins to test out. In the end use water or acetone?
Building 3D environment of final VIVA show for digital portfolio	10/06/20	10/20/20	72h	Using Arnold to create a 3D environment of Nunnery gallery, and install all artworks. This included creating the space, Editing artworks and images to fit into space. Setup cameras to take high res screen captures of space. And, of course, rendering and adjust the final result.
Digital Portfolio of final works for appendices	10/10/20	10/25/20	24h	Creating a PDF of my final works and how they will be installed in

				the Nunnery gallery space through InDesign. This includes editing images; inserting full details of artworks; writing a statement for the work in addition to text to be installed in the exhibition space; creating hyperlinks for the video and soundwork.
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Table K1, Selected entries from my logbook for my practical research (Solomons 2015-2020).

## Appendix L

### Selection of Media From Dragging Sessions

In this section is a selection of audio and visual media from my practical research into dragging and the Wilderness Battlefield. All of the material below is from my sketchbook and were a means to make my final artworks<sup>100</sup>.

Please refer to the CD for further audio and visual sketchbook materials.



Figure L1, A selected photograph from colour film from Epping Forest, before dragging (Solomons 2015-2017).

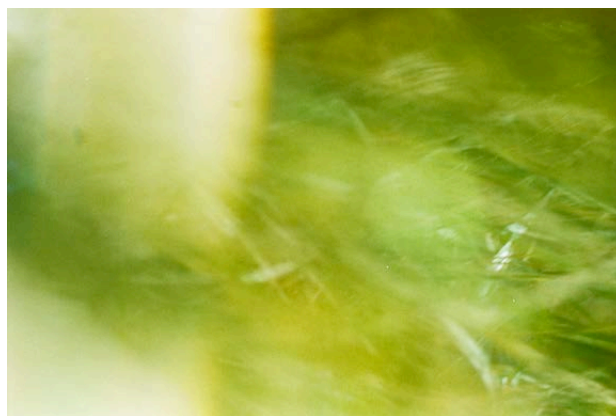


Figure L2, A selected photograph from colour film from Epping Forest, before dragging (Solomons 2015-2017).

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<sup>100</sup> Some pictures are intentionally rotated to investigate alternative perspectives.



Figure L3, A selected photograph from colour film from Epping Forest, before dragging (Solomons 2015-2017).

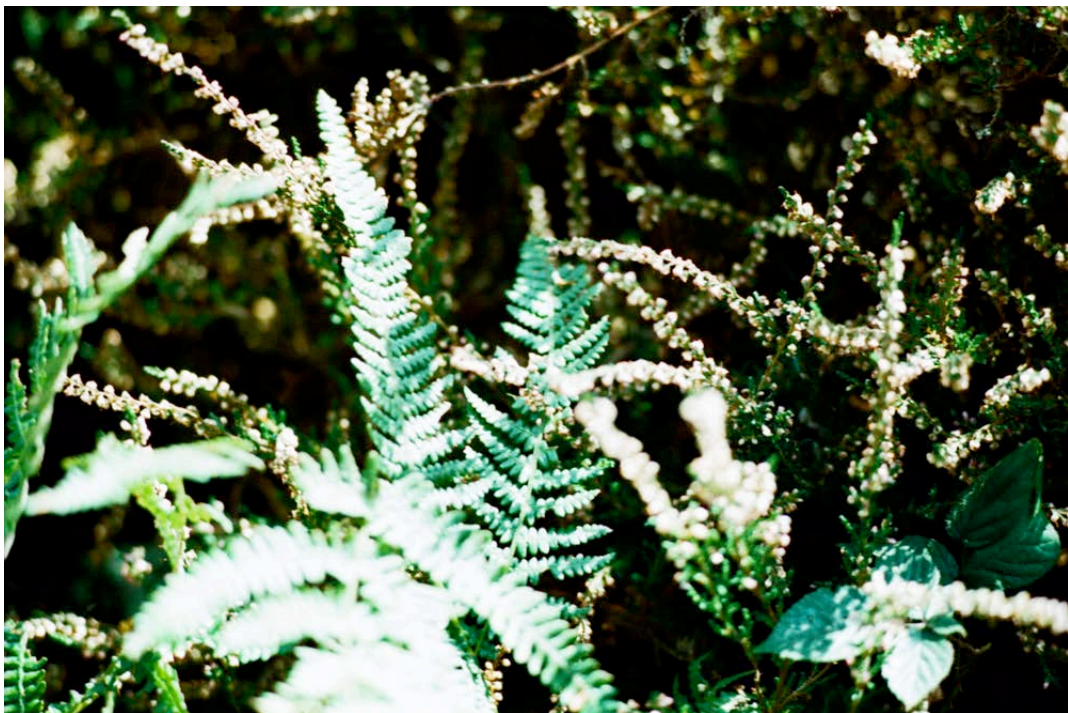


Figure L4, A selected photograph from colour film from Epping Forest, before dragging (Solomons 2015-2017).



Figure L5, A selected photograph from colour film from Epping Forest, before dragging (Solomons 2015-2017).



Figure L6, A selected photograph from colour film from Epping Forest, before dragging (Solomons 2015-2017).



Figure L7, A selected photograph from colour film from Epping Forest, before dragging (Solomons 2015-2017).



Figure L8, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L9, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L10, A selected photograph from Epping Forest, before dragging, made black and white digitally (Solomons 2015-2017).





Figure L11, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L12, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L13, A selected photograph from Epping Forest, before dragging, made black and white digitally (Solomons 2015-2017).



Figure L14, A selected photograph from Epping Forest, before dragging, made black and white digitally (Solomons 2015-2017).



Figure L15, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L16, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L17, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L18, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L19, A selected photograph from Epping Forest, before dragging, made black and white digitally (Solomons 2015-2017).



Figure L20, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L21, A selected photograph from Epping Forest, before dragging, made black and white digitally (Solomons 2015-2017).



Figure L22, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L23, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).





Figure L24, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L25, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L26, A selected photograph Epping Forest, before dragging (Solomons 2015-2017).



Figure L27, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L28, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L29, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L30, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L31, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L32, A selected photograph from Epping Forest, before dragging, made black and white digitally (Solomons 2015-2017).



Figure L33, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).

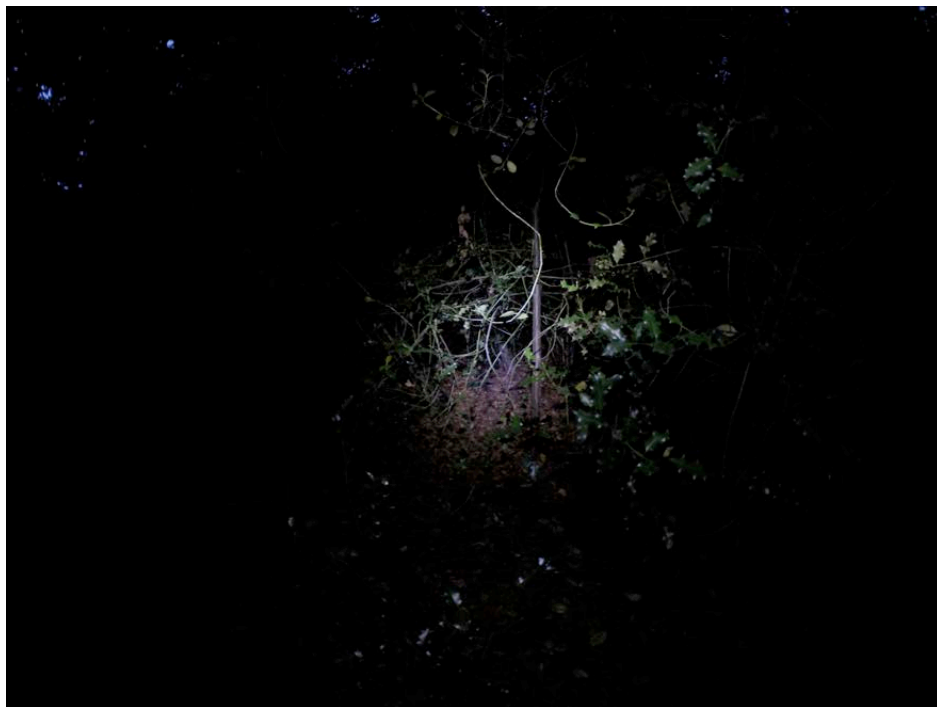


Figure L34, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L35, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).

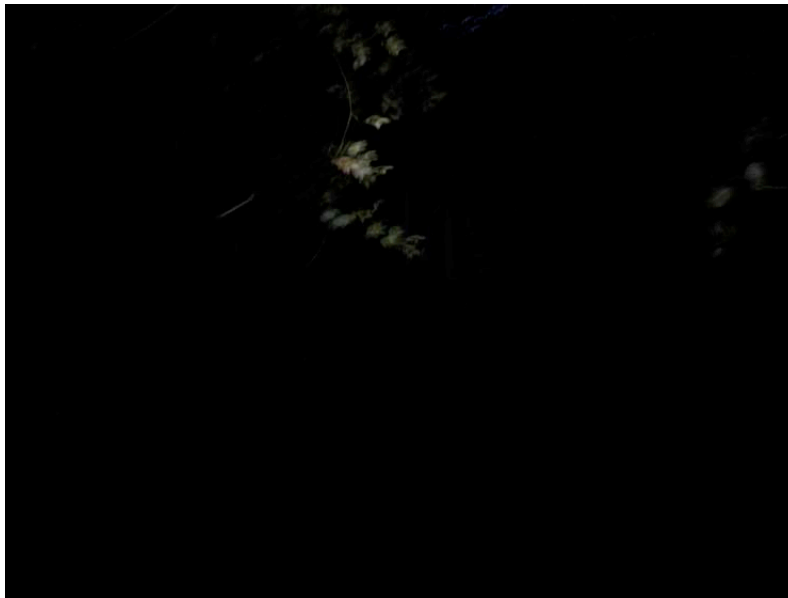


Figure L36, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L37, A selected photograph from Epping Forest, before dragging (Solomons 2015-2017).



Figure L38, A selected photograph from Epping Forest, while being dragged (Solomons 2016e).





Figure L39, A selected photograph from Epping Forest, while being dragged (Solomons 2016e).

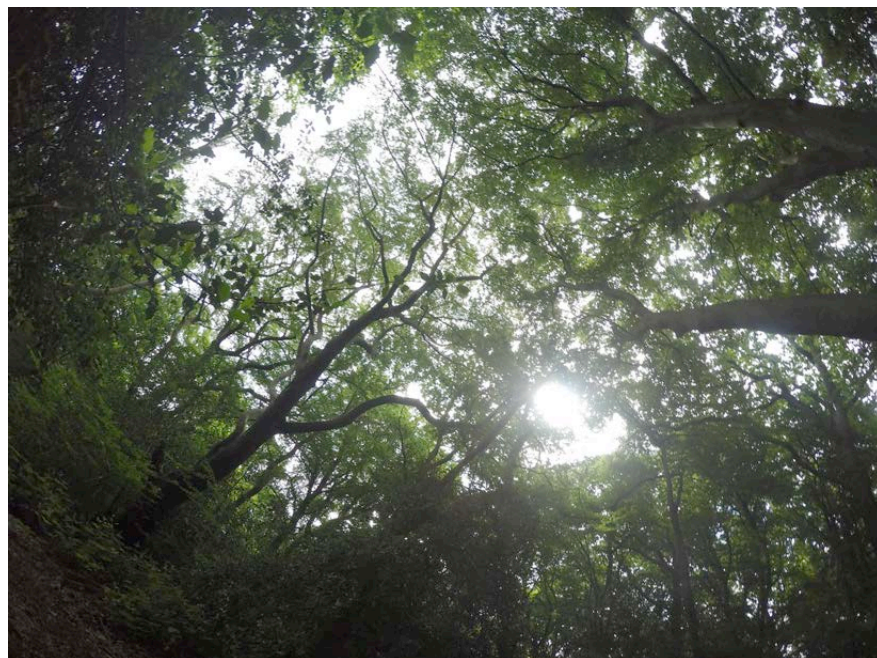


Figure L40, A selected photograph from Epping Forest, while being dragged (Solomons 2016e).



Figure L41, A selected photograph from Epping Forest, while running (Solomons 2015-2017).

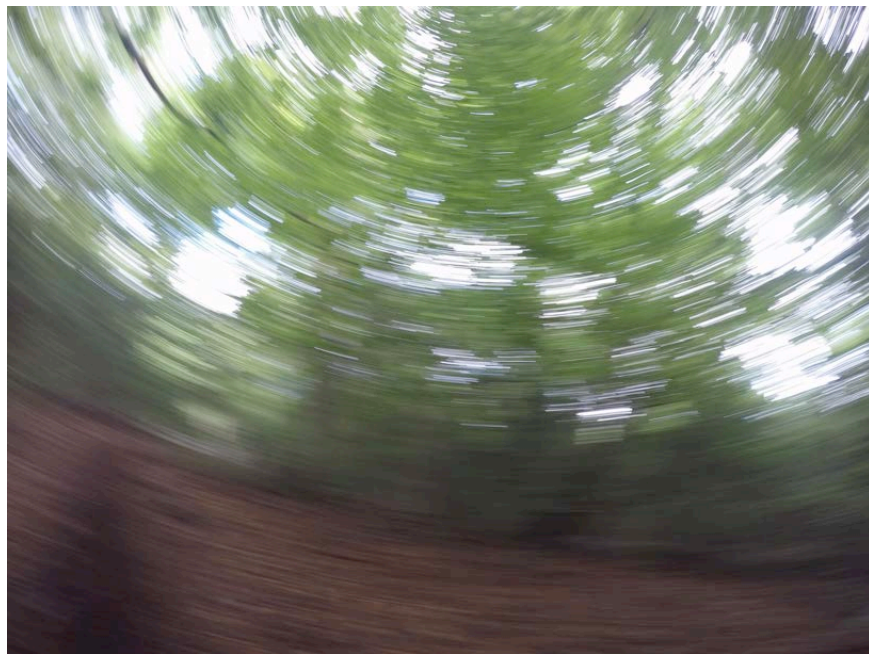


Figure L42, A selected photograph from Epping Forest, while running (Solomons 2015-2017).



Figure L43, A selected photograph from Epping Forest, while being dragged (Solomons 2016e).



Figure L44, A selected photograph from Epping Forest, while being dragged (Solomons 2016e).



Figure L45, A selected photograph from Epping Forest, while being dragged (Solomons 2016e).

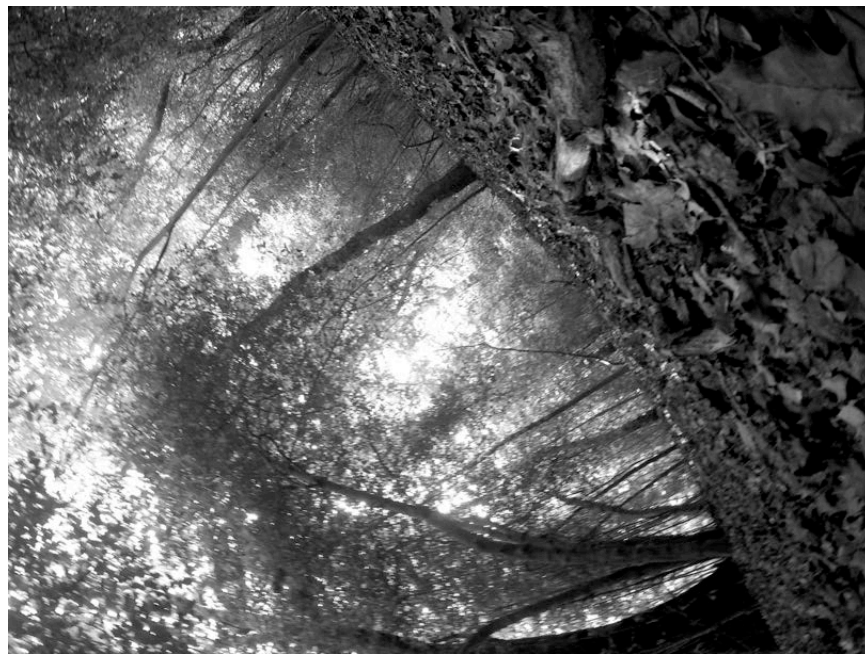


Figure L46, A selected photograph from Epping Forest, while being dragged, made black and white digitally (Solomons 2016e).



Figure L47, A selected photograph from Epping Forest, while being dragged (Solomons 2016e).



Figure L48, Marks of where I was dragged, Epping Forest (Solomons 2016e).



Figure L49, A selected photograph from Epping Forest, while being dragged (Solomons 2016e).



Figure L50, A selected photograph from Epping Forest, while being dragged (Solomons 2016e).



Figure L51, A selected photograph from Epping Forest, while being dragged (Solomons 2016e).



Figure L52, A selected photograph from Epping Forest, while being dragged (Solomons 2016e).

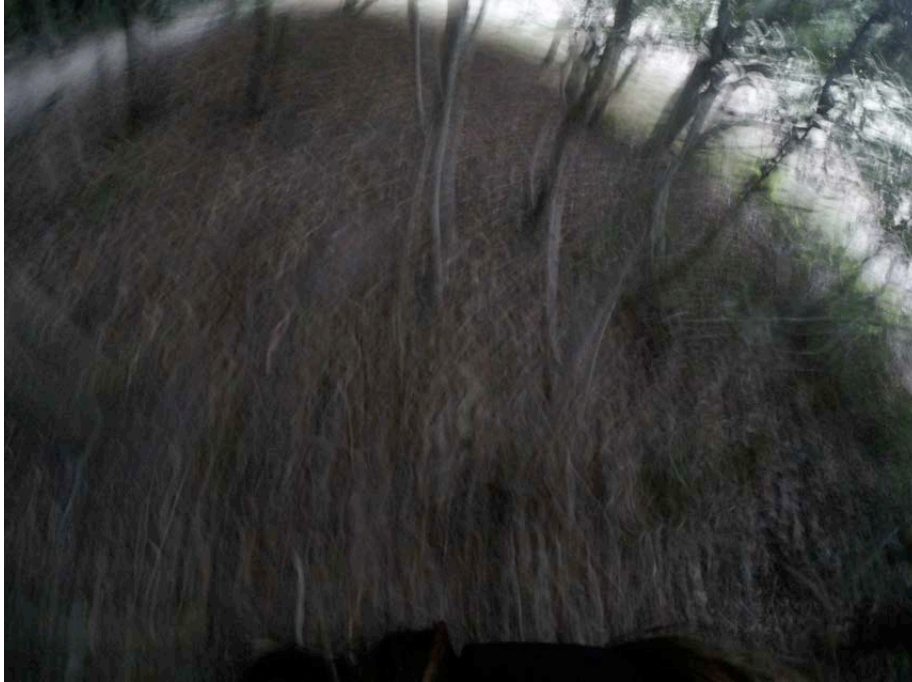


Figure L53, A selected photograph from Epping Forest, while being carried over my assistant's shoulder (Solomons 2016e).



Figure L54, A selected photograph from Epping Forest, while being carried over my assistant's shoulder (Solomons 2016e).





Figure L55, A selected photograph from Epping Forest, while being dragged (Solomons 2016e).



Figure L56, A selected photograph from Didcot, UK, while being dragged (Solomons 2016e).



Figure L57, A selected photograph from Didcot, UK, while being dragged (Solomons 2016e).



Figure L58, A selected photograph from Didcot, UK, while being dragged (Solomons 2016e).



Figure L59, A selected photograph from Didcot, UK, while being dragged (Solomons 2016e).



Figure L60, A selected photograph from Epping Forest, while running (Solomons 2015-2017).



Figure L61, A selected photograph from Epping Forest, while running (Solomons 2015-2017).



Figure L62, A selected photograph from Epping Forest, while running (Solomons 2015-2017).

## Photographs of the Wilderness Battlefield



Figure L63, A selected black and white film photograph from the Wilderness Battlefield (Solomons 2015-2017).



Figure L64, A selected black and white film photograph from the Wilderness Battlefield (Solomons 2015-2017).



Figure L65, A selected black and white film photograph from the Wilderness Battlefield (Solomons 2015-2017).



Figure L66, A selected black and white film photograph from the Wilderness Battlefield (Solomons 2015-2017).



Figure L67, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L68, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L69, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L70, A selected photograph from the Wilderness Battlefield (Solomons 2016d).





Figure L71, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L72, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L73, A selected photograph from the Wilderness Battlefield (Solomons 2016d).

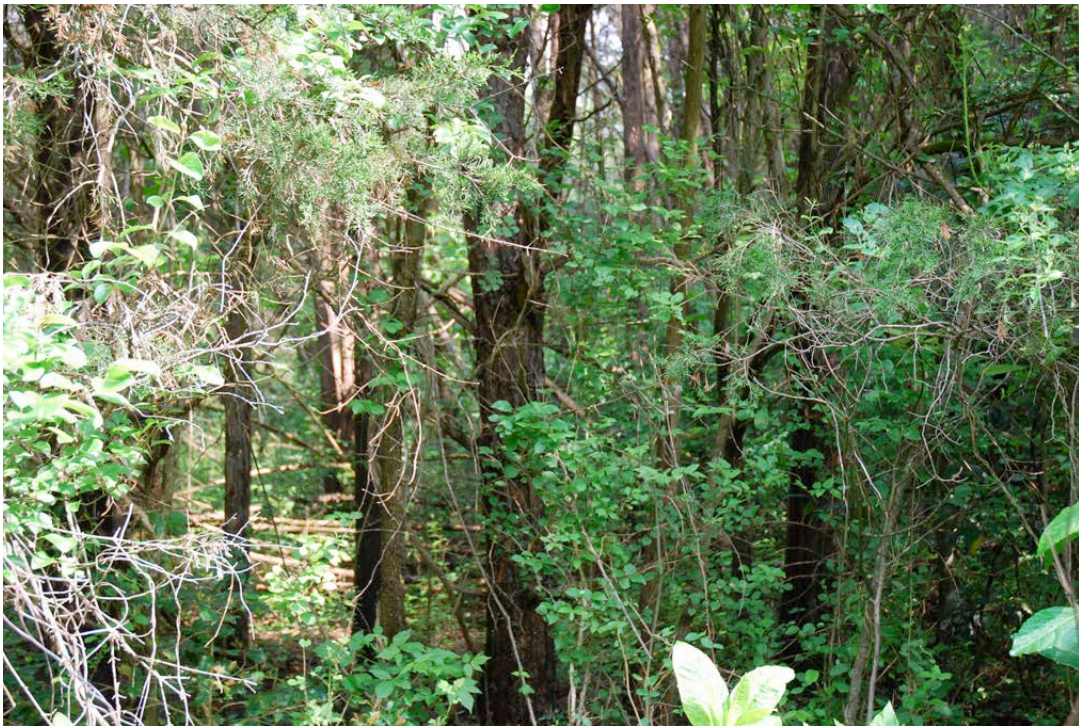


Figure L74, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L75, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L76, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L77, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L78, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L79, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L80, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L81, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L82, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L83, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L84, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L85, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L86, A selected photograph from the Wilderness Battlefield (Solomons 2016d).





Figure L87, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L88, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L89, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L90, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L91, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L92, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L93, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L94, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L95, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L96, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L97, A selected photograph from the Wilderness Battlefield, me dragging a sack of sand that is equal to my body weight. First visit when overgrowth was cut down (Solomons 2016d).



Figure L98, A selected photograph from the Wilderness Battlefield, me dragging a sack of sand that is equal to my body weight (Solomons 2016d).



Figure L99, A selected photograph from the Wilderness Battlefield, wounded trees, image rotation is intentional (Solomons 2016d).



Figure L100, A selected photograph from the Wilderness Battlefield, wounded trees, image rotation is intentional (Solomons 2016d).



Figure L101, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L102, A selected photograph from the Wilderness Battlefield (Solomons 2016d).





Figure L103, A selected photograph from the Wilderness Battlefield (Solomons 2016d).



Figure L104, A selected photograph from the Wilderness Battlefield (Solomons 2016d).

## Appendix M

### Photographic Collages

Listed below are examples of collages that I created throughout my research, as I generated images. The end result of which are images used in my platinum process methodology.



Figure M1, Collage of corpses from American Civil War photographs (Solomons 2018-2020).



Figure M2, Collage of corpses from American Civil War photographs (Solomons 2018-2020).



Figure M3, Cutting up photographs from the present day Wilderness battlefield (Solomons 2018-2020).



Figure M4, Cutting up photographs from the present day Wilderness battlefield (Solomons 2018-2020).



Figure M5, Triptych of portraits of broken trees from the Wilderness and Epping Forest (Solomons 2018-2020).



Figure M6, Digital collage of one of my butchery photographs and a digital scan of a original ACW print (Solomons 2018-2020).



Figure M7, Digital collage of one of my butchery photographs and a digital scan of an original ACW print (Solomons 2018-2020).



Figure M8, Digital collage of one of my butchery photographs and a digital scan of an original ACW print (Solomons 2018-2020).

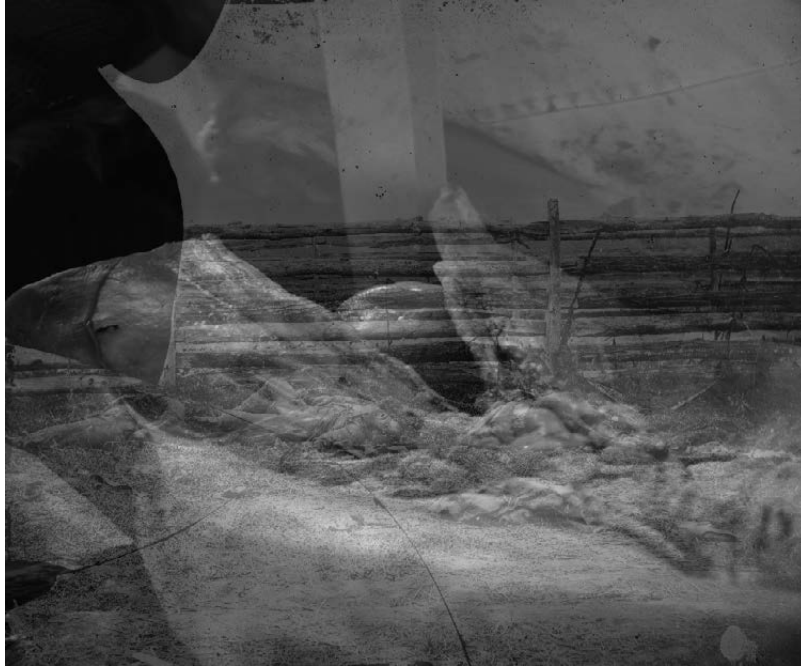


Figure M9, Digital collage of one of my butchery photographs and a digital scan of an original ACW print (Solomons 2018-2020).



Figure M10, Digital collage of one of my butchery photographs and a digital scan of an original ACW print (Solomons 2018-2020).



Figure M11, Digital collage of one of my butchery photographs and a digital scan of an original ACW print (Solomons 2018-2020).



Figure M12, Digital collage of one of my butchery photographs and a digital scan of an original ACW print (Solomons 2018-2020).





Figure M13, Digital collage of one of my butchery photographs and a digital scan of an original ACW print (Solomons 2018-2020).



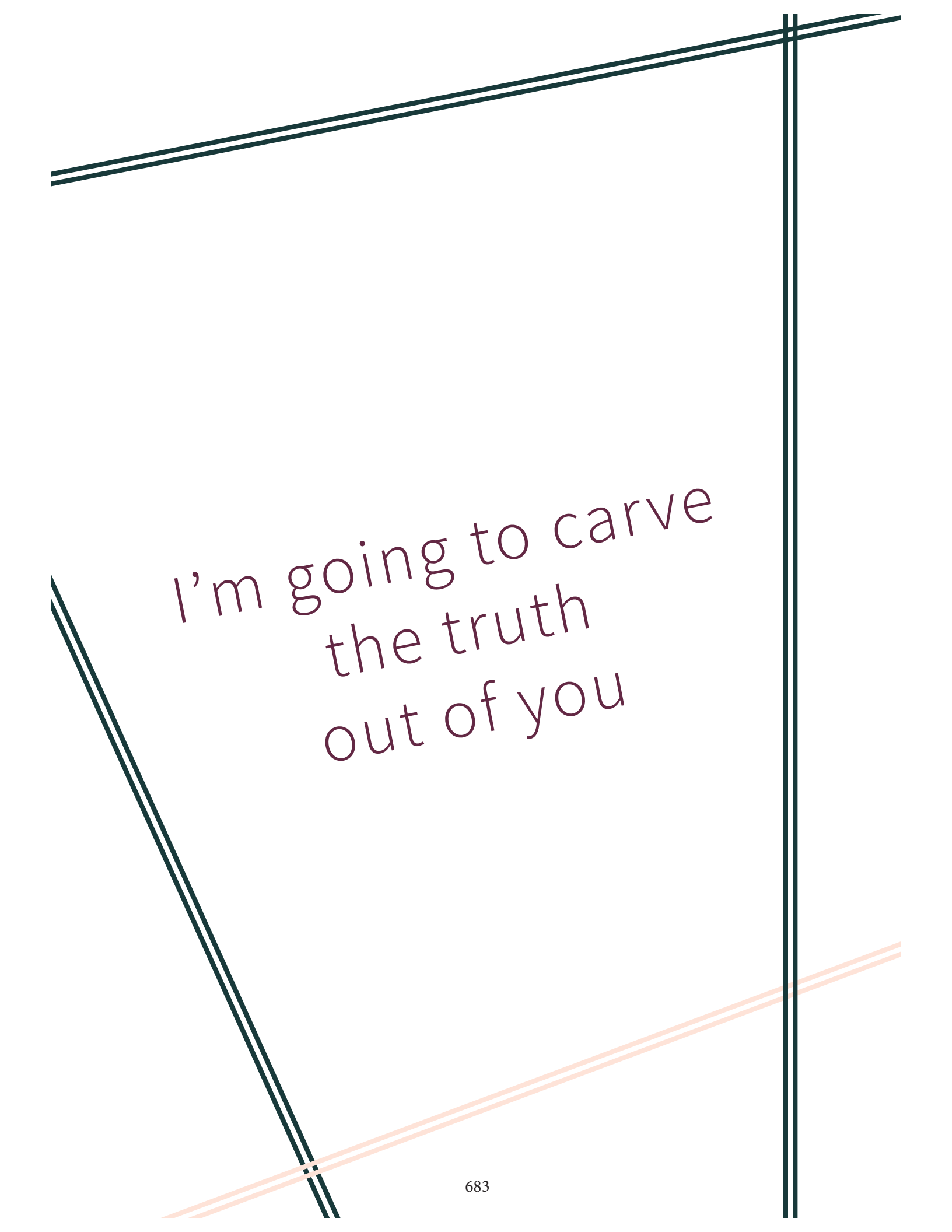
Figure M14, Digital collage of one of my butchery photographs and a digital scan of an original ACW print (Solomons 2018-2020).



Figure M15, Digital collage of one of my butchery photographs and a digital scan of an original ACW print (Solomons 2018-2020).

## **Appendix N**

### **Digital Portfolio of Exhibition**



I'm going to carve  
the truth  
out of you

# Artist Statement

For five years, through practice-based research, Erin Solomons critically assessed the childhood experiences that can lead to non-suicidal self-injury (NSSI) becoming a maladaptive coping behaviour. The artworks exhibited in the show 'I'm going to carve the truth out of you' (2021) specifically tackle themes of punishment towards the body, heightened and detached aspects of unprocessed trauma, and isolation in emotional suffering. These narratives are regularly reported from individuals who perform NSSI. Solomons utilises practice-based methodologies to shift emphasis onto the experiential aspects of using bodily harm and deprivation to manage debilitating feelings. By drawing focus away from clinical perspectives towards embodied memories, Solomons' goal is to reveal the degree to which people rely on each other to establish their human value.

Solomons uses endurance as a key guide in the creation of her artworks. Documentation of the American Civil War is used as a metaphor about continual experiences of bodily violence and emotional exhaustion. For variable months at a time, Solomons collected her vomit and urine to use in the collodion process (which was used to photograph the American Civil War); was dragged with a GoPro camera on her head as a method to visually capture the landscape of the Wilderness battlefield; and documented animal carcasses being butchered in refrigerated units. The visual and audio elements of her research are fragmented, disjointed, and repeated in her works. Solomons utilises proof of dead body, such as sweet smells and bodily fluids, to analyse and reflect on a person's experience of feeling like a part of them has died.

Specific trauma that can lead to NSSI is isolating, and therefore can be cyclical. The goal of 'I'm going to carve the truth out of you' is to present the audience with an original interpretation of the emotional world likened to NSSI. By not using common tropes linked to NSSI, Solomons opens up this subject to be deciphered through emotional states of mind. Through the development of a greater understanding of a person's emotional experiences, a degree of reflection and therefore compassion can be applied towards an individual's trauma.

# Full Exhibition View

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Entrance to the main gallery space in on the right. The left doorway leads to the corridor.



View of the main gallery from the main entrance.

# Full Exhibition View

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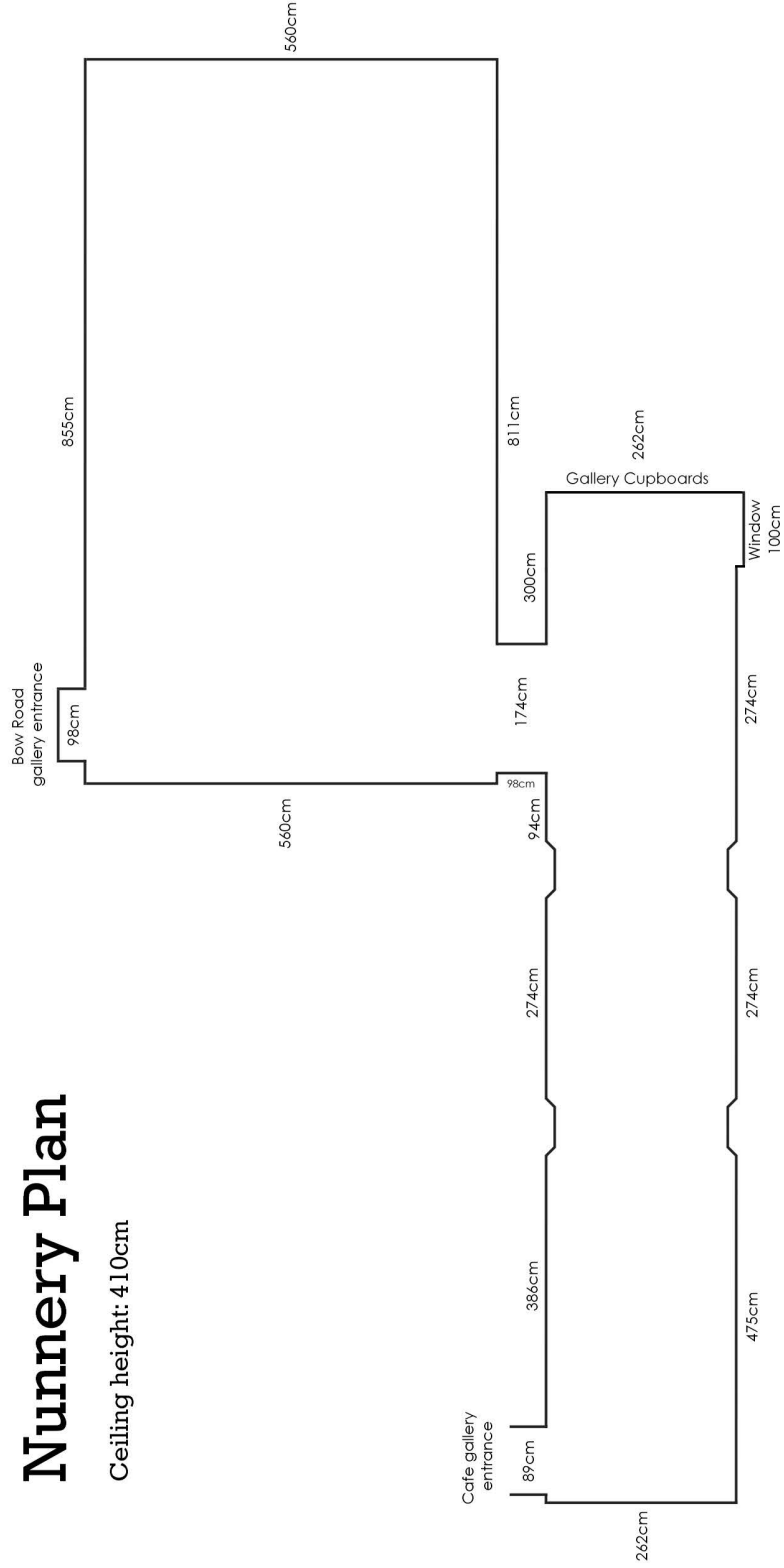


View of corridor from doorway leading from the main gallery.

# Floor Plan

## Nunnery Plan

Ceiling height: 410cm





# List of Artworks



φ I never had anyone fight for me (2015-2017)

φ I was dead, and they were telling me I was only  
wounded (2018-2020)

φ I, am the monster (2018-2020)

φ I need to forgive  
my body, it was only  
trying to save me  
(2016-2020)



I never had  
anyone  
fight for me

# Installation



Full installation view of vinyl prints and glass plates on shelves.

# Vinyl Prints



Materials: Three vinyl prints

Dimensions: 220cm x 276cm per print

Installed Dimensions: 220cm x 830cm



View of vinyl prints in gallery space.

# Details



Detail: Edge of one shelf. Three shelves in total.



Detail: Edge of one glass plate. All edges of glass plates are bevelled.

# Glass Plates



**Dimensions:** 8 inches x 10 inches x .5 inches

**Materials:** Glass plate, collodion, silver nitrate, human stomach acid, human urine



**Dimensions:** 8 inches x 10 inches x .5 inches

**Materials:** Glass plate, collodion, silver nitrate, human stomach acid, human urine



**Dimensions:** 8 inches x 10 inches x .5 inches

**Materials:** Glass plate, collodion, silver nitrate, human stomach acid, human urine

# Glass Plates



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# Glass Plates



**Dimensions:** 8 inches x 10 inches x .5 inches

**Materials:** Glass plate, collodion, silver nitrate, human stomach acid, human urine



**Dimensions:** 8 inches x 10 inches x .5 inches

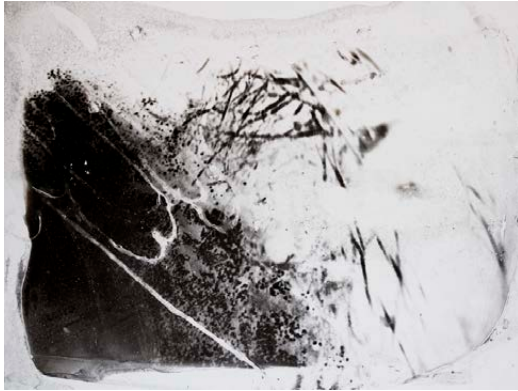
**Materials:** Glass plate, collodion, silver nitrate, human stomach acid, human urine



**Dimensions:** 8 inches x 10 inches x .5 inches

**Materials:** Glass plate, collodion, silver nitrate, human stomach acid, human urine

# Glass Plates



**Dimensions:** 8 inches x 10 inches x .5 inches

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# Glass Plates



**Dimensions:** 8 inches x 10 inches x .5 inches

**Materials:** Glass plate, collodion, silver nitrate, human stomach acid, human urine



**Dimensions:** 8 inches x 10 inches x .5 inches

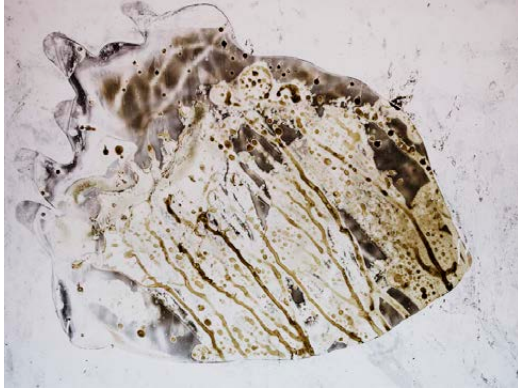
**Materials:** Glass plate, collodion, silver nitrate, human stomach acid, human urine



**Dimensions:** 8 inches x 10 inches x .5 inches

**Materials:** Glass plate, collodion, silver nitrate, human stomach acid, human urine

# Glass Plates



**Dimensions:** 8 inches x 10 inches x .5 inches

**Materials:** Glass plate, collodion, silver nitrate, human stomach acid, human urine



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# Glass Plates



**Dimensions:** 8 inches x 10 inches x .5 inches

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**Dimensions:** 8 inches x 10 inches x .5 inches

**Materials:** Glass plate, collodion, silver nitrate, human stomach acid, human urine

# Glass Plates



**Dimensions:** 8 inches x 10 inches x .5 inches

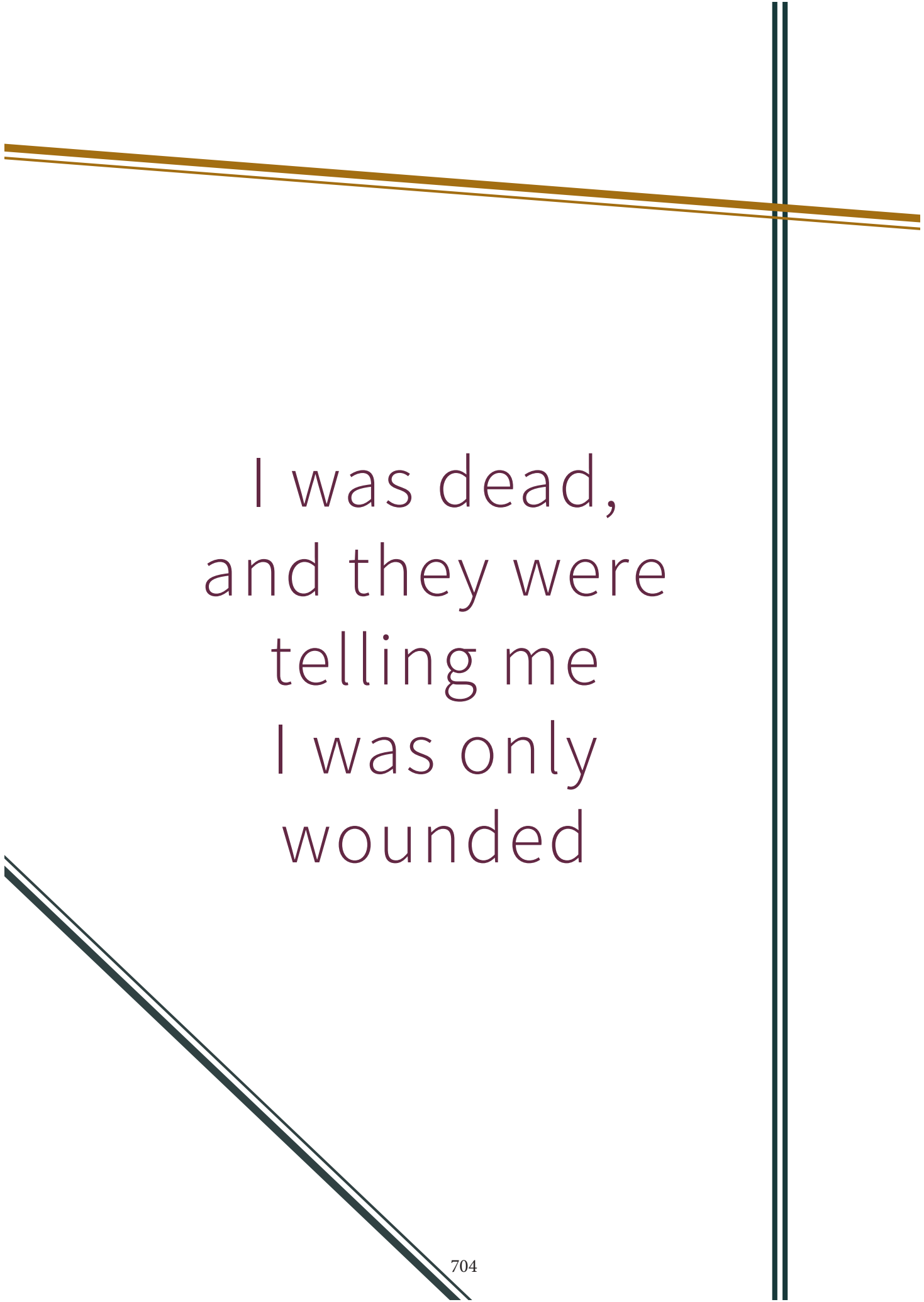
**Materials:** Glass plate, collodion, silver nitrate, human stomach acid, human urine



**Dimensions:** 8 inches x 10 inches x .5 inches

**Materials:** Glass plate, collodion, silver nitrate, human stomach acid, human urine





I was dead,  
and they were  
telling me  
I was only  
wounded

# Installation



Full installation view of the framed prints in a gallery space.

# Details



Alternate view of framed prints installed in a gallery space.

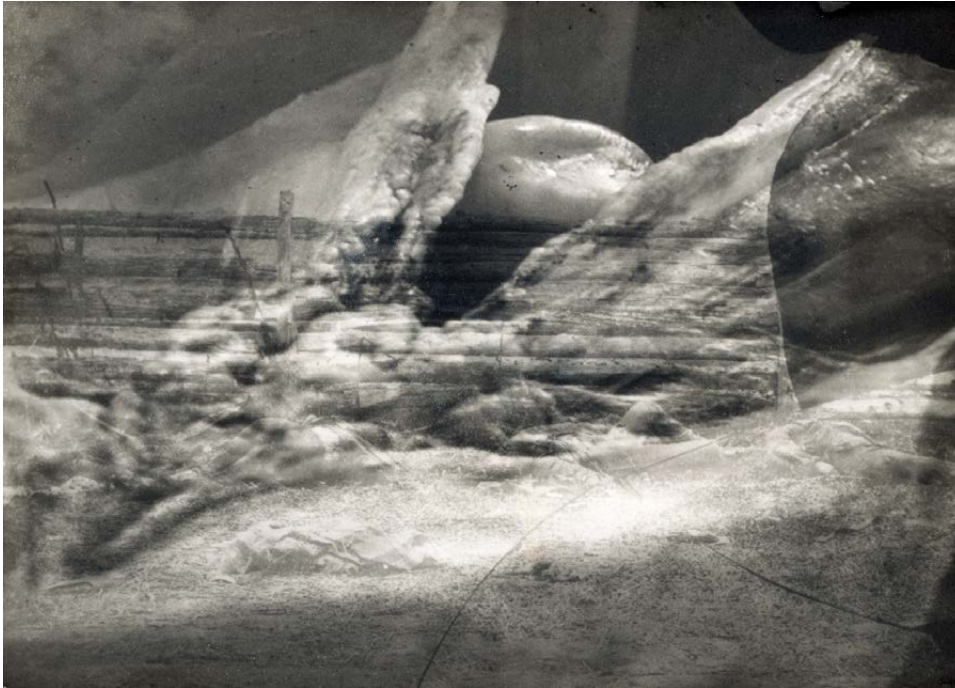


Detail of picture frame.

**Material:** Painted metal, semi-gloss finish

**Dimensions:** Each frame is 9mm thick

# Prints



**Dimensions:** 70cm x 100cm  
**Materials:** Digital Giclée Print



**Dimensions:** 70cm x 100cm  
**Materials:** Digital Giclée Print

# Prints



**Dimensions:** 70cm x 100cm  
**Materials:** Digital Giclée Print



**Dimensions:** 70cm x 100cm  
**Materials:** Digital Giclée Print

# Prints



**Dimensions:** 50cm x 70cm  
**Materials:** Digital Giclée Print



**Dimensions:** 50cm x 70cm  
**Materials:** Digital Giclée Print

# Prints



**Dimensions:** 50cm x 70cm  
**Materials:** Digital Giclée Print



I, am  
the monster



# Installation



The sound work emits from four ceiling speakers in the main gallery.



The sound work plays when the infrared sensors are triggered. Two plug-in sensors are on opposing sides in the main gallery.

# Sound Work




**Click to Play**

**Password: ESPHD**



Images are in this section to view as the sound plays.



I need to forgive  
my body,  
it was only trying  
to protect me

# Installation

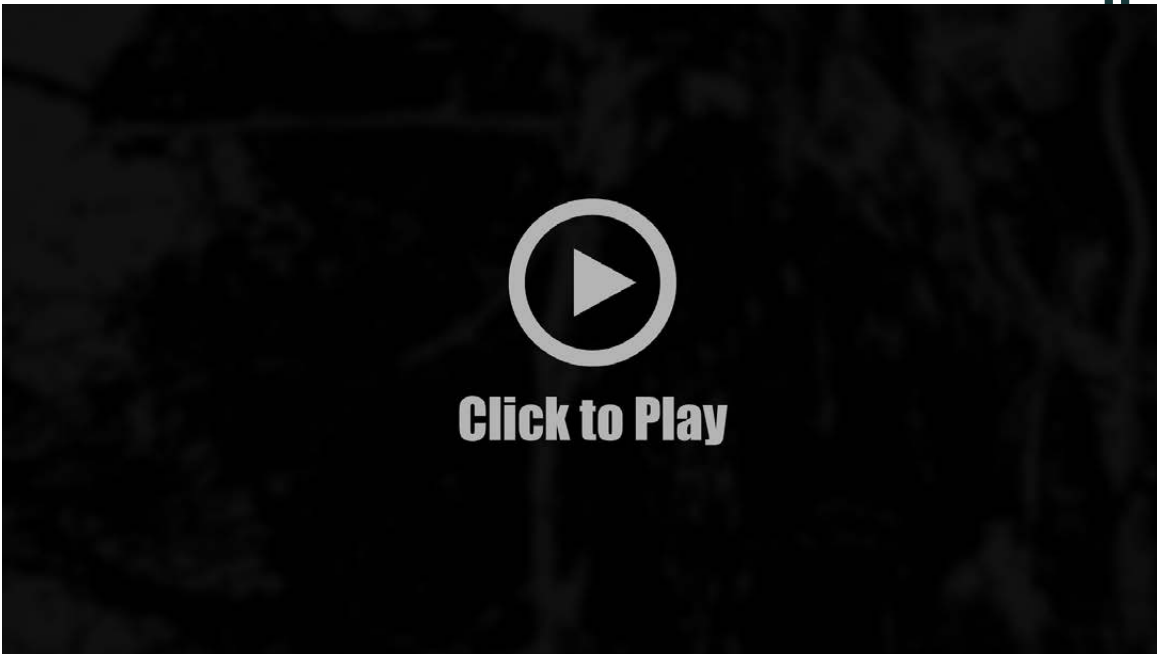


Projection of video in dark corridor. Plug-in scented oils at the bottom of all walls.



Close-up of video projection. Projection dimensions are 146cm x 260cm.

# Projection Video



Full length video that used in projection. This video is played on loop.

**Password: ESPHD**

# Smells

---



Scented oil plug-in

## List of Smells

- ⌀ Menthol
- ⌀ Grapefruit
- ⌀ Cucumber
- ⌀ Honey Dew
- ⌀ Mint
- ⌀ Rosemary
- ⌀ Pineapple



Placement of plug-in scented oils in gallery space. There are four plug-ins.

# Exhibition Text



Exhibition title and text in vinyl lettering on the wall by the entrance. Full text is on the next page.

# Exhibition Text

Non-suicidal self-injury (NSSI) is intentional harm towards a person's self without the intention of death. Particularly, this behaviour can be used as a method to cope with overwhelming feelings. NSSI can be an individual's way to express emotions that they do not have the language for, or to alleviate the tension of withholding intense feelings. Essentially, NSSI can be the result of the embodiment of continual abusive and neglectful experiences.

For five years, the artist Erin Solomons collected archival materials of the American Civil War, and both studied and absorbed aspects of Schema theory. Solomons utilises photographs and letters from the American Civil War as a metaphor to critically assess generational trauma. Specifically in 'I'm going to carve the truth out of you', she uses the contrast between soldiers' recollection of battle and the graphic documentation of their corpses as reference points in what can be considered as evidence of continual trauma. Solomons embarked on embedded endurance performance in her practice-based research through being dragged naked in an American Civil War battlefield; several months of collecting her bodily fluids and spending long hours in the darkness of a photographic darkroom; and collecting images and sound of animal carcasses being butchered while in a refrigerated unit on a regular basis for several months. Through this accumulation of mediums that are historically linked to proof of trauma, such as photography, sound, and video, Solomons fragments, refigures, and destroys their assumed validity of events. She shifts the emphasis from the results of her creative methods to her experience of making them.

In this body of work, Solomons highlights the need for interpersonal compassion towards individuals who are isolated with their trauma. The artist was intrigued by how NSSI was, and to an extent still is, judged as a behaviour of moral shortcoming; like a characteristic defect from who a person is. However, Schema theory points out how messages from parental figures in childhood become embodied, and over time turn into instinctual truths, i.e. schemas. Therefore, the foundation of a person's understanding of their human worth is initially informed through interpersonal relations with parents and peers.

The repetition of being dragged, self-induced vomiting, spending hours in close to total darkness, as well as stillness and numbness at the butcheries was consistent exposure to dehumanising sessions that were emotionally coped with. This process is about learning how to cope with durations of feeling like the human aspects of a person are dying, or, even worse, that these parts deserve to suffer. A corpse does not have to handle living with trauma. If anything, dead bodies are humanised out of necessity for the living. As a result of feeling less than human, a person can feel like a living corpse. This emotional state has the potential to change through increased interpersonal experiences of compassion, validation, and support. We are however human we allow ourselves to be.



## Interviews

## Appendix O

**Kathryn Meier**

**by Erin Solomons (2016c)**

**Meier:** This happened famously at Petersburg, directly following the experiences at Cold Harbor; but what's important to realise is that Cold Harbor was a replay of Spotsylvania Court House, in regards to the trenches and massive assaults. It was a replay of the Wilderness, which originated the use of the trenches. It was not novel. Everything that happened in the Overland Campaign had been an experience with new trench and continuous warfare; which led people to be like "Well I don't want to do this anymore."

So basically entire units would refuse orders and they wouldn't be disciplined. And the officers were like "Okay, it's not going to happen. We'll use this new group of heavy artillerists, who have just come down from Washington and have no idea what combat is; and we'll send them in instead."

The heaviest casualties of the entire Civil War is from one of the new units at Petersburg. So all of this to say: Starting in the Overland Campaign, there's very little space to take care of yourself. Soldiers still do it, but it's much more difficult. I think, they reach their breaking points much more often, much more visibly, and sometimes en mass.

**Solomons:** I was wondering if you came across soldiers who, who struggled with mental health, I guess at this point it would be characterised as hysteria, and things like that - as a result of experiencing battle.

**Meier:** Yeah, I mean so that's real hard for me say. It's difficult to say that "its the battle itself that created the reaction". You have a whole person, who has a whole life, and a whole mental landscape of their own.

Certain again in the Overland Campaign it was much more common to see people have an immediate break in reaction to what, what was occurring at that moment. But again, I would stress the sort of long experience of the person; and their specific circumstances leading to it. Which I think affects when they break and how they break, and what that looks like. So if you're looking at veterans, they seem to break together. They're not going like going over to the side and shoot themselves. They're looking at each other, and ask "Are you gonna do this? Are you gonna this? Nope? Okay. We're not going to do it."

So that's the way they have a break. Whereas, with some of the newer guys, you'll see them do something more drastic, like desert or be desperate to get out of the army. And again look at Diane Miller Sommerville's research, because she's going to really going to look at the most extreme acts, and rate of suicide.

**Solomons:** Was there a different cultural perception about soldiers who relied on the land and kind of straggled; versus ones, who trusted the fraternal, industrialised system?

**Meier:** I think the more they change, as the war goes on, soldiers become more used to the military structures. So they become more used to the fact that they're gonna have to go to the hospital. For instance, if you look at Joseph Glatthaar's book on Lee's army, he talks about, I can't remember the exact precise number, but its something like 83 percent [sic] of Lee's army became casualties, so meaning, they became wounded, missing or died. I'm pointing this out to say that people ended up going to the hospital. It was unavoidable because there were so many wounds, in certain armies. In other places, like Arkansas, there was so much disease that it became unavoidable. I think over time people did become more used to the hospital structures, doctors, and things like that. I think it was more a kind of mass acculturation rather than, some soldiers who would fall into the malingering category.

They just were less interested in doing the job. Which is not surprising at all, because what you have is an exact replica of society in the armies. My point here was that the armies are replicas of society, so you have people who are malingerers and less willing to work in society and in the armies. But the majority of people just do the job they are paid to do even when it's hard. However, the medical officers accused many more men of malingering than actually did. I think many soldiers felt

sick much of the time. There are definitely those guys, and they were looked down on. Very much so. They were called malingerers, they were deemed to be like disgusting fools.

**Solomons:** I remember reading at one point that a number of doctors or surgeons would lump people, who complained of depression or melancholia, into the malingering category when there wasn't anything physically apparently wrong. It was like, "you're malingering, go back".

**Meier:** Yeah, that was real common. There was, so, such limited diagnostics tools available to them to actually diagnose the mental ailments. So if you are an extreme case, you might be lumped into nostalgia, if you feel homesickness. But for most of the people who are dealing with a kind of regular day-to-day things, they would immediately be accused of malingering and be put back to the ranks.

**Solomons:** Could you expand on nostalgia a bit, and that fatal homesickness?

**Meier:** There's this very little information available about mental health; and a lot of legitimate mental health cases, so the extreme ones are left. People were either cared for at home, before the war, or they would be institutionalised. And institutional care was getting somewhat better, but it was a very, very strange situation in America before the war. The diagnostic tools available and the treatments available were just severely limited. Nostalgia was the most common

category, at least on the Union side, which soldiers would get lumped into if they had some kind of debilitating mental ailment. There was also mania, and I'm blanking on the other one, but it was like an extremely crazy category, then nostalgia. So nostalgia was a form of homesickness that made soldiers become so despondent that they would become physically ill. They would usually have some kind of gastrointestinal distress and fever; and they could eventually die. This was conceived of as a mental problem. And clearly, from our modern vantage point, there is a disease going on. It could have been something like malaria, because malaria is accompanied by malaise and lethargy. So it could easily be something like that was happening; but they were conceiving of it as homesickness. This was in line with their cultural ideas about mental health at the time.

When you went away from home for the first time, you could become debilitatingly [sic] lonely and homesick, and this is why letter writing was so incredibly important to them. It was their connection to their loved ones. It kept their spirits up. You'll see, if you look at the medical records on the Union side you'll see a number of deaths from nostalgia; in medical reports too.

**Solomons:** Yep, absolutely. If soldiers learned that something was off with someone in their unit would, would they encourage them to straggle? Did it depend on the dynamic of the group, if there was more cohesion in it?

**Meier:** Yeah, sometimes. They would definitely take care of each other. They act as

each other's nurses. So sometimes that meant finding them a place to rest, and taking them to find better food. You could conceive of that as encouragement to straggle. They decided that they were acting as this person's companion. But certainly they would be view as stragglers, by the higher-ups.

**Solomons:** Was it the same on both sides? That kind of dynamic.

**Meier:** Yeah, I think that's a matter of unit cohesion, and camaraderie. As Union regiments faced turnover, and new people coming in, that did have an effect on unit cohesion and camaraderie. That would have been a problem for them, but not on the Confederate side.

**Solomons:** Did class determine how a person interpreted nature? In the uneducated classes, they had the folk knowledge, etc.; whereas I imagine that the more educated class had knowledge of the American sublime of paintings. Could there have been a romanticised view of the Wilderness?

**Meier:** You know I saw romanticisation [sic] of landscapes all the way down through the ranks. I looked at common soldiers, so I would not be the one to be able to speak to about people connecting to actual authors, but I know they did. That evidence is there that they would be much more willing, or likely to do that. So the lower classes weren't making like explicit connections with Romantics, but they

were looking at landscapes and idealising them. So they would look at Shenandoah Valley and say, “well this is the most beautiful land I’ve every laid eyes on”.

**Solomons:** So there would still kind of be spiritual nourishment through that connection? It wouldn’t be just limited to, “This is my environment, I connect with it”.

**Meier:** Yes, definitely, there was always that idealistic impulse WHEN the location was worthy of kind of exaltations. But places that were like swamps, like on the Virginia Peninsula, you’ll hear people saying that it’s just like the worst. In my Masters work, what I found interesting there was that people who returned for a second battle to the same landscape seemed much more aware of the environment the next time. They perceived it as extremely hostile under the circumstances of combat. So I think there are interesting nuances to be gleamed from when people perceive the environment a certain way, and, under the terms of combat, it can quickly become an enemy; but it can also serve as an ally. Edmund Russell and Richard Tucker’s ‘Natural Enemy; Natural Ally’, I think that framework for thinking about soldiers and their interactions with the environment is very useful, because the environment can be both. It can be both at once. It can be one or the other, under certain circumstances. You think that given you’re more likely to see the Romantics ideal landscape, versus hostile Dante’s Inferno description.

**Solomons:** At this point, are you pursuing the follow-up about the later stages of



soldiers' lives that you mentioned in your book?

**Meier:** I'm not I'm not doing any work on that right now. But, I think that there are some new tools that might be emerging as well. The hard thing, in looking at a soldiers' life cycle, is that you're often going to need to turn to things like pension records. You're not going to find as many personal writings, when they're not at the war front writing home. So finding the kind of descriptive quality that is available, especially in the lower classes, is going to be really difficult in the post-war period. And, I, personally, am a military environmental historian so my interest tends to be confined to the military sphere, which goes away for most of these people. I think that's a really worthwhile endeavour, and much harder to get at.

**Solomons:** In Chancellorsville/Wilderness, the soldiers projected their feelings about the destruction of bodies and nature onto the landscape. Why do you think that is; do you think they were reaching a breaking point to where they needed to process this trauma somehow?

**Meier:** Aaron Sachs at Cornell might have more thoughts about this because he's so grounded in the literature about the sublime. He might be able to speculate more accurately about what this meant to Americans at the time. But it seems to me that they did it under extreme stress. They found themselves identifying their experience with the parts of nature that were involved in the battle with them. So, I think about this one soldier, who came back to the famous tree at Spotsylvania Courthouse that

was filled with bullets. It was this huge tree and filled entirely by minie balls. It's now in the Smithsonian, but a year after the war, some local person was charging money to see it. And a veteran came back and was like "this is unacceptable".

I think what was happening for him there was like this tree had been a part of his experience, so essentially it had been a casualty of that battle. And I do think that it took on this symbolic meaning for him. He found it disgusting that someone was capitalising and trying to make money off of the horrors of this experience. Nature became a participant in the battle and suffered casualties as well; and they felt a kind of affinity with those physical markers. And it symbolised their greater experience, and also their divide from civil society that civilians couldn't understand what they'd been through.

**Solomons:** Do you think that by the time of 1864, the Battle of the Wilderness and Chancellorsville, that the soldiers were still keen to ascribe to the reasons that the war was happening, or were they possibly becoming so rundown by how long the war was taking?

**Meier:** So, I think they were definitely weary. But, I think their will to continue in the ranks remained for the most part strong, because of the cohesion, and Earl Hess talks about this in his book. Their feelings of attachment to each other, and military discipline, and different reserves like religion, ideology, commitment to their causes, I think helped them remain strong. On the Confederate side, you have a little bit of a

different situation, we're talking about Robert E. Lee's army, so the Army of Northern Virginia. You have to keep in mind the larger picture of Grant. He became general and chief in March of 1864. His strategy was to collapse resources that were keeping these armies alive; and it took a while for it to work, but it does start working. Particularly, it starts working around 1864, but especially early 1865 you see the last closure of ports in the North. Sherman is marching through the Carolinas, and ports start closing and then Philip Sheridan collapses the Shenandoah Valley, which is a major source of food. Then in Petersburg, Grant is working on shutting down those railroads in the area, so that Lee's army gets starved out. Lee's army DOES get starved out, and in addition, his army is people with families.

For the North Carolinians, for instance, in these ranks, the war had not touched their families until 1865; and then their wives started writing to them and saying "Now I can't get food for our kids.". That does inspire more of the soldiers to start leave the ranks. I don't think that they're leaving the ranks because they don't believe in their cause. In fact, I think the issuing of the Emancipation Proclamation in 1863 reinvigorated the Confederates. They did not want to see slavery end. They did not want black soldiers to be in the ranks.

There are famous accounts of incidents such as the Battle of the Crater, where there are black soldiers on the US side; and Confederates become particularly enraged. I think their commitment to cause remains strong, but that may not be the overriding factor for them, if their wife or child is starving at home. It's a complicated picture.

For the most part I think ideological commitment remained pretty strong on both sides, and that military discipline and camaraderie keep the people in the ranks.

**Solomons:** If war is torture, which can eventually break any man, then how can the dense fragmented landscape of the Wilderness be defined out of that idea? If war is this really dehumanising, traumatic experience...I was looking at how the density of the Wilderness battlefield individualised that experience. If that makes sense?

**Meier:** I'm not sure understand. One of my reactions to that is that I think war has repercussions for everyone, but it certainly doesn't, well it depends on your definition of 'break'. I think people can have a temporary breakdown, a permanent breakdown. They can show outward signs of not breaking at all; but be suffering on the inside. I think war has different effects on different people; and again I think that resources that people have to fall back upon in this time period were THAT actually. Some of the things we disparage about Americans, at that time, like their Victorian morals.

We were both kind of like "Oh this is horrible", but the truth of the matter is that they helped. By telling someone "Boy you look sad. You should really cheer up, otherwise you're not going to get better." Then they faked it, 'til they made it. We may not think that's a great idea nowadays. I mean we think "You should go to your therapist and work it out", but who are we to say that its actually better to do one or

then other? So that's how my response is. I don't understand how what you're asking relates to actual physical landscape, so explain that to me.

**Solomons:** I was thinking about with the Wilderness, specifically, the disorientation of the space, and how that trauma was individual for that space, what the particular characteristics that people projected, because of how broken up and disorientating it was.

**Meier:** So a specific landscape, the Spotsylvania Wilderness where the Battle of the Wilderness, and the Battle of Chancellorsville, had taken place a year before, is a very specific site of trauma, I think, which makes it very interesting. This was immediately apparent to the soldiers in Hancock's second corps; because they camped on a former graveyard from the Battle of Chancellorsville, the night before the battle. It was raining and skeletons rose up from the mud. Have you seen the photographs of this before? I think you should definitely look into it.

These soldiers looked at it, and found it was very eerie. It was a reminder that they had this battle there a year before. So I think that did colour their experience; and that it was... The trauma of the landscape was just very palpable. In addition to all the weird circumstances, like Stonewall Jackson being shot by his men at Chancellorsville; and James Longstreet being shot by his men in almost the exact same place. Its like there's this vortex you go into in the Spotsylvania Wilderness, that if you go in there and you're a really important officer in this army you're gonna

get shot by your own men. Also, come close to dying or die of your wounds. So there are weird things that weren't lost. They described this particular landscape as threatening. They saw themselves as more animalistic in it. I think that in the Battle of Chancellorsville there are forest fires that consume people's bodies, and the same thing happened the second time around. Horrible things happened because of a specific landscape.

**Solomons:** When soldiers were disorientated by the trees, and would come across the bones from the people before, did a number of them write about that weird space, like the vortex you were mentioning? Here is this traumatising reminder of what happened.

**Meier:** The battle was extremely disorientating; and soldiers became particularly disoriented. If they were wounded, and trying to get back to their lines, or crawling around if it was dark. A key component for being able to rescue themselves from this state of disorientation and despair were comrades. Comrades would either find them, occasionally a civilian would stay on a farm in the area, or something like that, would find them, and help them. So they would often turn to someone for help. Another thing they would do, especially if it was dark, and they were wounded or lost, and disoriented, they would look for the badges of their corps and division. You can look at them up online if you wanted to know the specific ones.

**Solomons:** Did a number of the soldiers who were wounded die from that?

**Meier:** I don't know the numbers, but enough to an extent where soldiers were afraid of getting wounded because the woods could catch fire, and they could die. I've seen a number of accounts of soldiers saying that they could see the fear on wounded people's faces, because the forest was on fire. At Spotsylvania Court House, there was terrible rain, and again people were afraid of being wounded in the trenches, because they would be trampled. And then they would drown in the rain and the blood; and soldiers would just talk about just finding men stacked up four, five, deep in the trenches having drowned, because they were wounded and no one could get to them in time.

**Solomons:** Did the soldiers possibly carry a particular gun or knife with the intention of possibly killing themselves so that they wouldn't have to experience being wounded, then burning, or being trampled to death?

**Meier:** I haven't seen that, but I wouldn't necessarily be too surprised, if they had enough warning, to know that some kind of fate like that was coming. I think that a majority of humans in those situations would hold up hope for being rescued. I haven't seen it; but that would be interesting to know.

## Appendix P

John Inscoe

by Erin Solomons (2016b)

### INSCOE'S ANSWERS TO SOLOMONS' QUESTIONS

1. In your work you investigate morality in the landscape and empathy in the Southern narrative, what is your opinion about battlefield parks as a way to remember the War, in contrast to memorials of the War? **I think they're very important as means of providing a tangible sense of place, of a spatial lay of the land in which one can visualize how and why battles unfolded as they did, which may make them more meaningful than memorials.**

1a. And, how do you feel Civil War re-enactments function as a form of remembrance? **When done well, they can provide an effective means of conveying the realities of what took place on the battlefield . . . up to a point.**

2. Do you think that the unburied bodies from previous battles can add another level of morality and trauma to the Battle of the Wilderness? **It could certainly prove traumatic; not sure how combatants would view these in moral terms.**

3. In contrast to the positive connections related to the Southern highlands, and "dark and sinister" connotations about wilderness, how do you think a place, like the manmade forest in the Wilderness, sits between these two reference points? In other words, do you have any particular views on moral views of manmade landscapes, which had an imposing presence in the battles on the land? **I'm not sure there's anything that's morally relevant to a particular landscape on which one is fighting. Much of what's "sinister" about a thickly forested or topographically rugged site has more to do with sight lines -what can and cannot be seen in terms of an enemy's presence and movement. Hard to get a sense of the whole, and thus one's bearings and that of an enemy as one can in more open, pastoral farmland, where broad vistas allow a more comprehensive visual sense of what's happening where. The threat of forest fire is also a practical concern that can add to that sense of nature as hostile, dangerous in wilderness settings. (These issues come into sharp perspective in recent work on the Battle of Kennesaw Mountain that you might find worth looking at.)**

4. Do you think that intrusive elements of nature during battle can act as a reminder, about how close humans can be to animals? (By close, I mean that a person's existential value can be devalued to be on par with the existential worth of an animal. A person's humanness can be taken away during battle.) **Not sure I get what you're asking here. No real opinion.**

5. Can you expand on your perspective about the paradox between the sublime and brutal violence associated with the wilderness? **Much has to do with the function served by wilderness; if one is a fugitive or seeking refuge from hostile forces of whatever sort (runaway slaves, escaped prisoners, etc.), wilderness areas, such as mountain forests and rugged, often inaccessible terrains offer protection and comfort, despite the hardships of actually surviving for long in**

Figure O1, John Inscoe interview, page 1 (Solomons 2016b).



such settings – living off the land. The same is true of swamps as well. For guerrilla warriors, these same features provide advantages for ambush and other hit-and-run type tactics, etc. – esp. when they're combatting traditional forces untrained and/or unprepared to adapt to what they find most inhospitable settings and conditions. The sublime aspects of these same settings seem to be more a function of literary treatments (at least as I've dealt with them) rather than a reality perceived by those actually in those roles of fugitive or combatant . . . though occasionally one does see such commentary from their own narratives (as noted in my essay in Brian's *Blue, Gray, & Green*.)

6. In your view, what is the difference between projecting a morality onto the wilderness, and connection to, via learning from, the wilderness? I've not really thought in these terms. But I should point out that the so-called "moral geography" of Appalachia was shaped by the basic fact that terrain and climate prevented a large-scale cash crop production, and thus plantation slavery from taking root in the mountains, which in turn led to generalizations of the region as an anti-slavery, pro-Union anomaly in the South, which journalists and literary treatments played to the hilt during and after the war, thus glossing over a much more complex reality on both fronts. So it wasn't the wilderness per se that drove these attributions of moral superiority to the mountain South, but rather an demographic and economic reality that drove much of the judgments and conclusions drawn about its populace.

Yet indirectly those vast stretches of forested acreage throughout the region contributed to yet another perception that played out more in post-war, turn-of-the century "discovery" of Appalachia – that it was the last remaining part of nation clinging to the Jeffersonian ideal of pioneer-like yeomen still living off the land and nature's bounty while so much of the country, by contrast, was becoming increasingly urbanized and industrialized and foreignized (much was made of the Anglo-Saxon purity of southern mountaineers). So this too was as much bound up in economic, social, and political realities and perceptions that infuse these relatively undeveloped areas (wilderness) with so much moral meaning.

7. Do you feel like there is another landscape that is the contrast to the refuge of the South highlands? **Swamps served much the same purpose, though I imagine without the sublime contexts that are so often attributed to highland settings.**

8. What is your opinion about the emotional sentiments that Brady's photographs were designed to trigger? **This is not something I've paid much attention to, though I assume much of his post-battle scenes of carnage and corpses were meant to convey the horrors of war. Do you know the new book on Civil War photography *Lens of War*? It offers some interesting analysis of these issues.**

9a. Do you think documentation of the Civil War could have happened without a skewed moral perspective of the events that took place?

Figure 02, John Inscoe interview, page 2 (Solomons 2016b).

9. When the differentiation between enemy and victim breaks down in battle, such as in the Battle of the Wilderness where soldiers couldn't see their enemy and at times shot blindly into the woods, what do you think happens next either emotionally or morally? **Good question, but not one I can really answer.**

10. You've noted in James Watkin's *Southern Selves*, where he discusses how Southern identities are bound up in relationships to others. Has the comparison between Northern and Southern soldiers' letters been a part of your research? If so, can you comment on the key differences. **Only in a limited way; I've written about escaped Union prisoners who moved through the mountains and wrote much more sympathetically about the highlanders they confronted and who aided their efforts because of their Unionist sympathies, without the disdain and condescension often applied to them by other southerners. By the same token, scholars have attributed much of Northern interest in and "romanticized" views of southern highlanders after the war to their war-time loyalty and lack of slavery (which they saw as an intentional choice) and to their white racial purity.**

Figure 03, John Inscoe interview, page 3 (Solomons 2016b).

## Appendix Q

**Brian Allen Drake**

**by Erin Solomons (2016k)**

**Solomons:** My first question is, how do you think nature reflects, reveals, human experiences in a more multi-faceted way instead of the traditional historical perspective? ...In context of the Civil War...

**Drake:** That's an interesting question. I'll come at it from a slightly different angle. I don't think there's a traditional historical perspective outside of maybe art historians. People looking at landscape painting, the Hudson River school. Civil war historians think about nature in very pragmatic and tactical terms. It's an obstacle to be got around, like geography in your strategy. They certainly don't look at it as an active agent in human history itself.

**Solomons:** What I meant of traditional historical was that militaries used people as a mass to manoeuvre in nature, whereas when you hone in on individual interactions with nature there seems to be more of a depth to that experience.

**Drake:** Well, it's a kind of a truism, but the way people look at nature is always a reflection of other cultural values. And I'm interested for instance in how the Civil War changed that. Aaron Sachs argues that we look at nature new ways because of this traumatic experience.

**Solomons:** Do you think nature can be used as a medium where people can project their unprocessed trauma onto it?

**Drake:** In the 19th century, it was full of meanings and I suppose that if you suffered a traumatic experience, it's going to be especially important for you to find meaning. I think people go to nature all the time for that. There's a historian named William Denevan, who writes about the West as a healing landscape. On an individual level, and on a social level, we're projecting our trauma, projecting our need for healing onto the landscape.

**Solomons:** What do you think the difference can be between the landscape and projecting onto an object on a psychological level of making associations? I wonder if the ambivalence of nature, like what you see in the sublime is something that is there, but it can also destroy you. This kind of unknown is what gives it that depth of possible human emotion, instead of just being an object that you possibly bond.

**Drake:** In a nutshell, yes. I think all environmental historians we've always had this kind of complex relationship with nature. I don't know that the war changes that. Maybe it reconfigures it, reemphasises it, maybe become simultaneously scarier while it's also a healing landscape. I think the thing about Aaron Sachs is that it's sort of impossible look at nature and think about it being benign. After and experience like that you learn in a really savage way that nature's birth is ruthless

and doesn't care, right? I think these images of your soldiers writing while they're, not necessarily in the Civil War, but while they're fighting there are birds fluttering around. Nature is going on about its business. No matter what happens, right? And that's huge.

**Solomons:** That made me think of investments into leisure parks after the War. It makes sense. But I guess part of my fear of kind of what stemmed from that is this culture of detachment in a way. It's almost like the war happened, then "We're gonna go west" or "We're going to abandon the broken landscape of the South, the broken infrastructure of the South, and just kind of press on."

**Drake:** Right, right. But in embracing it you kind of abandoned history, and the consequences of history. You know the environmental movement, generally speaking, has often taken that kind of criticism. That's been motivated by his kind of return to Eden fantasies. And Bill Cronan has written a lot about that. I don't always agree with him on that. I think that there's something there but there's also some constant escape in wilderness preservation, in particular. That we can erase history. We get can start over again, and we don't have to think about the social consequences, or the environmental consequences, of what we've done. Yes I think you can make that criticism although again maybe escapism is natural and warranted. Certainly. On a more pragmatic level lots of things were abandoned after the Civil War. You know, mainly the fate of the freed slaves. And maybe this is a parable to that. You fast-forward fifty years, after the Civil War, and having the

wilderness and the national parks to what extent are these dynamics playing out? I don't know anyone who has really done any work on that.

**Solomons:** It's something that's been coming up, as far as a lack of acknowledgement, possibly, is that here we are over 150 years later, possibly one of the last generations to have a great grandparent who was in the war, or had stories that come down. They're dying now. You don't know if their legacy, if that legacy, is going to go on or not. So it's almost like it's furthering that detachment. Is it just this escapism, or are there other possibilities?

**Drake:** Yeah. There's a lot going on in the wilderness movement and the national parks. Usually most historians will say, "Well it was more an escape from the consequences of industrialism from urbanisation...from the fast, modern age and whatever. But I think you're on something. There's a lot of Civil War stuff going on. I think it's kind of amazing we don't think about that. Environmentalism as an abdication of social responsibility, sure.

**Solomons:** My next question is that, in regards to the battlefield images of the Civil War, do you think that the posed corpses, do you think they find function in a similar way to the landscapes?

**Drake:** Do you mean how much should we care about the manipulative aspect of that? Because they're not they're not falling where they fell. They were moved.

**Solomons:** Do you think that the corpses kind of joined and became the landscape to become one overall picture? Or do you think there is a separation between the corpses, like the corpses could still be people?

**Drake:** God that's a great question. Like how do I feel or how do people or observers feel?

**Solomons:** Your opinion.

**Drake:** My opinion? God that's a great question. They always seem separate to me, because my eye always goes to them. And I think the usual stuff, "who are these people? Where do they come from? What was their suffering like? As you look at the sky, as they breathe their last, but I mean the setting is important, right? I mean there is that feeling that kind of theatre for their demise, and somehow picks up a kind of significance that I can't even put my finger on. It's both separate and together, right? Which is of course, always, at the heart of my discipline, right? I mean are we separate or are we not, really? I worry about this all the time. Like to what extent are we a part of nature, or are we separate? Clearly we're not the same as other animals.

Of course, there are these pictures of horses too. There are pictures of the dead cavalry. Again, they look the same. What's the message there? It means that through

power they've been reduced animals. That's the great tragedy of this is that is that we are. In the end just like dead horses and cattle, its fascinating.

**Solomons:** Yeah absolutely. Its amazing how something that came up in these photographs is the face. The face is always the thing that can humanise, even if it's a horse. You see that face, that connection. And when you see some of the more mangled bodies, and there aren't faces, it is on the edge of grotesqueness. And they're almost grotesque landscapes that happened because of the mass of dead. So its that question of "Is this, is there still a human element or is it projection? Do you have any thoughts about the grotesque landscape in the shift from the sublime to a rotting landscape?"

**Drake:** There is a weird sublime to the destroyed landscape. Certainly, you get the fear element. It is undeniably beautiful in a weird way. It is powerful. It moves you not unlike the classic sublime stuff. Have you read Megan Nelson's book?

**Solomons:** Yes, *Ruin Nation*.

**Drake:** She starts with the burning ruins, she'd probably be better than me to pine on what that means.

**Solomons:** With these destroyed landscapes, it's 150 years later, and a lot of these spaces are protected and not changed. Do you think that there is just as much worth



in trying to protect them? In these battlefields, thousands and thousands of men died. Its like the landscape is making up for the humanness that was lost. It still shows the extent to which the war happened, and how it affected places.

**Drake:** My sense is that it would be so esoteric that people wouldn't get into it. It really is death right? Its the sort of area of sacrifice that we have to have right?

**Solomons:** So its going back to the notion of sacrifice?

**Drake:** Yeah, I can't imagine people getting thrilled about the staging areas. Not to mention the pragmatic stuff. You know you get Walmarts on battlefields these days. My sense for most Americans is that its the violence that anoints the landscape, as a special place.

**Solomons:** Yeah, so, only violence to humans, not violence to animals, to the land.

**Drake:** Sure It heals pretty quickly, right? You'd be hard pressed to tell, few years after, if there had been a battle...(incomprehensible)...It is progress, although at the same time, I think, that was the power of the destroyed landscape. We're stunned in our own destructive tendencies, right? Even a culture that blindly rips through every forest, and plows every field, and dams every river, its kind of shocked by its own rapacity. We're tremendously violent. Its not ultimately about...People talk about the violence the war has done to nature, but its (incomprehensible) ...so you

know what's preserving Gettysburg is that the landscape wasn't destroyed. You've probably heard, there's this attempt to recreate the landscape and how it was in 1863.

**Solomons:** I've heard that, and in the past they killed off deer, and things like that, just to keep it in a particular state. Which is...I don't know if this is a good thing or a bad thing, because using the landscape as almost a monument is interesting because it can open up a narrative, whereas you get a single monument, and its going to anger someone, because of a particular narrative.

**Drake:** Exactly, it brings up all kinds of interesting possibility. Freezing history first of all. Trying to freeze ecological history in place is just not possible. As traumatic as the war is, life goes on. They're limiting the deer right? The deer are interlopers in this kind of narrative so...I think its endlessly fascinating. Especially, in an organisation like the National Park Service, which is meant to keep these lands unimpaired for future generations. Anyways, how we doing do far? I think its very pragmatic as an environmental historian, and am interest in nature as an active agent in human experience.

**Solomons:** I totally understand. On that note, my case study, the Battle of the Wilderness, nature seemed to be a very active agent for soldiers to project their positive, negative experiences onto it, like it was considered a third opponent. Have

you looked at that?

**Drake:** A little bit, sure. Above and beyond the kind of basic stuff, terrain matters, the environment of the area becomes symbolic of the viciousness of the battle, I think is really interesting. The choice and the name of the Battle of the Wilderness has awful connotations in that period. I think nature is incredibly useful for metaphor purposes. I get really intrigued in the nuances in how nature is shaping an experience. Not just landscape, but epidemiology, beyond the battlefield, the idea of ecological resources, and in mobilising those. I'm interested in wars for ecological change being a picture, like does the country look any different after 1865?

**Solomons:** Absolutely. Do you think this might be going back to Megan's book again, how people considered nature after that? It seemed to take this abrupt shift from, a place of spiritual renewal or closer to those connotations, than after the war?

**Drake:** I think this is interesting because you're entering into the great period of American industrialisation. Industrialisation requires that you look at nature, that you detach yourself from spiritual side of it, that it becomes a collection of resources. It becomes something to exploit. But I wouldn't be surprised if the war didn't help that along, because ultimately it was a battle of resources. Again, the first soldier looking for stuff, I mean spiritual renewal is not maybe the highest thing on your list... Getting the stuff you need is the highest thing on the list. And I wonder if

that becomes an attitude. So, war helped to facilitate that attitude across society.

Nature is this thing to be used in a great battle or war.

**Solomons:** That's definitely one of those theories behind medicine. Medicine would not have evolved as quickly as it did if it wasn't for the war. People just tried things out.

**Drake:** Right, right. Is there a vindication thing? Like we have to extract some good from the muck? And so I imagine these older soldiers becoming business people and trying to build the nation up. Maybe its a weird answer to the trauma. We can get over the trauma, if we make the place better than it was...when it started.

**Solomons:** But a number of veterans would come back to the battlefields to kind of pay their respects. But with the Wilderness, that wasn't necessarily the case. Less people came to it. And if anything, it was possibly avoided. That's speculation. But, this is what is intriguing me, because the Wilderness that they fought in. That forest was purpose built. Not all of it, but a lot of it was for the industrial means of the second growth forest. So it feels as through there's almost this odd kind of metaphor there.

**Drake:** Well that's an interesting question. Why go to some and not the other? Was it just, you know those famous stories of people burning to death? Is it simply pragmatism, and you can't get in there? Or maybe you can get around those

battlefields. I don't know enough about the Wilderness and the particulars or the memory of the Wilderness to be able to weigh in on it.

**Solomons:** Do you think that the reaction to preserve the land, after the war, was done possibly to re-instill views that people had prior to the war - of that kind of sublime landscape? Or was it more of a reactionary gesture to create a space where people can find hope again?

**Drake:** Well I don't think its either or. And the end, I would say it was the latter, but I would also say it was the former. I mean as powerful as the war is it doesn't actually shake, in the end, as much I wish it did, cause that would be a great book, I don't think it shakes people's ultimate view of nature in this period.

**Solomons:** Do you think that's in the North though? Because the South was destroyed in a lot of ways, but from what I understood with the North they were fairly detached. They went on with life.

**Drake:** Yeah, I can see that. What I was getting at was whatever views of the sublime as well as the muse of nature as a source of economic growth, before the war, and continues after... I don't know ultimately if the war changed Southern views. Certainly there are plenty of people before and after the war who look at the soil as a source of wealth. I mean the war doesn't destroy the rotation mentality. It

doesn't destroy the urge to basically use cotton as a straw to suck dollars out of the soil.

**Solomons:** So the battlefields were a bit like the decay of the bodies would have enriched the soil?

**Drake:** I guess, I guess. Whether that would be long term, I don't know. I don't think it would have really mattered much. You know, how many millions of tons of bat guano are they shipping from Peru just to keep it going? That's the thing. That's another interesting story, Southerners used versions of the Lost Cause...

(incomprehensible) any culture that ships bat guano to itself to keep it going is fairly dedicated to (incomprehensible).

**Solomons:** Yeah, I didn't know about that. Was that the Lost Cause?

**Drake:** A little bit before, but certainly after, fertiliser becomes a really important part of the Southern production afterwards, because it is so bad for the soil. The soil around here, like you probably know, is not that great. It's really acidic. You have to add (incomprehensible) to it. You won't find more people interested in sucking dollars out of the land than Southerners. They're masters at it.

**Solomons:** Do you think it was hindered after the war, because there was so much destruction? I'm thinking of a book saying that the Southern infrastructure was

totally destroyed and never really recovered. But what you say is another point, as well. Do you think they shifted to the Northern mentality, in a way?

**Drake:** Did Southerners become more Northern?

**Solomons:** Yeah, afterwards, since they never really recovered from the war. But they still are keen on profit.

**Drake:** Boy that's a question Jim Cobb would probably answer better than me.

**Solomons:** Cause there is farming in Georgia, but its a lot less. It's like 1 percent [sic] of the state.

**Drake:** I love the idea. But the thing about landscape, all these forests around here basically 20th century. Second, third growth. That happened because cotton moved on. Moved onto Egypt, India, Pakistan, and other places. I don't...Did the South become more Northern? Certainly there was a movement people associated with what was called the New South; which was the idea that "The war is over. Now we have to move on. We have to make ourselves economically in the Northern way. We have to reach our capital." I think the land is a great example of that. I'm not sure that ultimately world views were all that different.

**Solomons:** This is coming from my perspective, is the trauma of it. Its the kind of

who won, who lost kind of thing. The biggest difference is that there are some people where the trauma still lingers and they just can't let it go. My worry is that with that, if you're detached from your history, then you can cherry pick your history and create a new history. And it becomes, like the shootings in South Carolina, you can get situations like that were its out of context. That's what I'm worried about with the National Park Service. It can become a spectacle, but not...the awareness of the weight of that land.

**Drake:** Sure. And I don't know if the Park Service has always can with its (incomprehensible) make people ask questions about their...

**Solomons:** It might not even be their place. It might be how education is approached. It could be another thing. Its just something I've been thinking about in general.

**Drake:** Yeah, now I'd get Jim Cobb and the Lost Cause. He would be a lot better than me. I feel like white Southerners, we don't need...they had to come up with the Lost Cause either way. They did need that to sort of spur them along. Economic loss in the form of racial superiority.

**Solomons:** I'm just throwing this out there. Do you think that human experiences with nature have the potential to possibly generate more empathy with historical subjects? So like with the battlefield parks, and stuff like that. If you do go through



this space, even if its not the space that it was in the 1860s it can possibly create the potential for empathy. I'm not saying that we can empathise with the soldiers...

**Drake:** Oh yeah. I think for sure. There's nothing like the tangible, right? Case in point, I went down to Andersonville cause I had a relative who died in the prison camp. I wanted to go see where my relative died. Its not what it was. Species of land have come in and the landscape has changed. But I felt an immensely powerful...simply because I could put a terrain to match my intellectual terrain of the place. I could see the spot where Providence Spring happened, it was huge for me. I'm sure this was just my mind playing tricks on me. But the heaviness of it was intense. The only other place...cathedrals do that. Ellis Island. And things like that. It was very powerful for me. Empathy, I thought constantly about the suffering there. It was almost like weird markers all over the place. It was all my imagination.

**Solomons:** Did you find the terrain, or the monument with all the grey stones, more impactful?

**Drake:** It was the terrain, actually. I remember being this kind of V shaped thing surrounded by the forest. It was a hot day; and the sun was out and it was really oppressive. You could easily imagine yourself there. Without shelter. Starving. Milling around in this thing dying. Yeah, for me it was absolutely the landscape. There was an odd clinical-ness to the stones; they actually did speak to me. There

they were just in the ditch. I mean I found approximately where we thought our guy was and that was about it. But when I think of it... I think of the landscape.

**Solomons:** Do you mind if I ask why you went out there to see the space where that relative died?

**Drake:** Oh no, I don't mind.

**Solomons:** Was it out of curiosity?

**Drake:** Oh, its historical curiosity. That's the thing with the Civil War, [its] really American. [I] had a connection, a relative. What's the greatest connection, what's the greatest event in American history? I don't feel any mischief. I don't have any...Lost Cause style, I'm a Northerner so... I'm reconstructed hard-core abolition as a sail. I am actually very proud of the North. And I absolutely...I do have a weird pride...but it was more out of historical curiosity. I guess the trauma thing, I don't connect. I don't think of it as my heritage in the way you're talking about.

**Solomons:** I mean this is an interesting thing that come up with a couple other people was that the meaning of heritage and that connection is typical to the South, and possibly some New England areas. But its not really as much of a Northern thing. And it could be possibly because they won the war.

**Drake:** And its weird because Northerners were every bit as dedicated to the war. Maybe even more. New England is the hot bed of this stuff. My home state of Michigan was very dedicated, and yet the descendants have let it go. I want to take the heritage thing back. I don't want to be a jerk about it, but I don't apologise for being proud of the Union army. You know being proud of my part of the world. I was very connected to the US to the environmental...but I went to Andersonville, again, and it was a lot of historical curiosities as much as anything. I felt like I should go anyways, I was a graduate student at the time. As an American historian in training, you take advantage of these things right? Go to Philly, go see the Liberty Bell...

**Solomons:** Of course. What do you think are the difference between how the Civil War is interpreted through the battlefield images, so what you see - the land, the people, the bodies, this very visual thing, in contrast to written experiences

**Drake:** My first inclination is [that] the main difference is the clinical tactical character of so much description of the war - such and such a regiment went up such and such a hill, or were repulsed. That doesn't put a meaning to what happened when you were repulsed in the way a picture works. I don't know if this helps, but take some minor little battle...you name it. That no on ever talks about. Maybe a hundred people died. Of those hundred people, that was the end. And the description of a hundred casualties doesn't mean anything, but if you see a picture

of it and they're all dead. For me, that's really powerful. I think there's a huge difference. Visually.

**Solomons:** Do you think it can be manipulative in different ways?

**Drake:** I fully recognise when I am being manipulated. There's always a tangible reality. There is a body, there is a place...that is less...obfuscatory [sic] than the clinical, such and such a regiment went up a hill. I do like the tangibleness [sic] of the image, even with all its problems. For whatever that's worth...it can make something you can't get out of text.

**Solomons:** With the images, Alexander Gardner and Timothy O' Sullivan seemed to draw from landscape painting, [and] possibly Roger Fenton's work of the Crimean War. So they were very aware of composition; and how to make things look good. They have more of a photojournalistic edge, than Brady who was very formal. There is a difference between the formal landscape as a composition, compared to a more subjective experience. So there were some photographs, where they're going through with trees out of focus, you see bodies out of focus, you see one in focus. It's like a subjective experience in being there. Do you think one of those could be more truthful than the other? Or are they both equally manipulative?

**Drake:** Yeah, that's a great question. You mean you don't get away from the elation do you? You don't get away from...or from a limited perspective, maybe that's different than manipulation.

**Solomons:** What intrigues me about that is how the landscape is utilised. Because in some images like the Slaughter Pen you don't know where the bodies are. You don't know where the land is. It's being utilised to say something.

**Drake:** I'll ask you a question... these formal things are they manipulative in a way that you don't like? Is the landscape being used to comment on the sacrifice?

**Solomons:** I do not know. What I'm trying to figure out is if it is going more formal because that is the time - this is how we do things. Or if the subjective thing is being possibly more progressive for the time, but its still manipulating.

**Drake:** I can't put an answer on it; maybe less manipulative. You know these photographs were displayed in a gallery, places, in the North. By people who were fully vested in the war, they see it, and they want the war to be validated. You can't separate the formal images especially from this need to validate this experience. So I guess it's a regular snapshot. I mean they're not going to have that. What is less manipulative: Can the observer get beyond their own feelings about the war? No.

**Solomons:** Thinking about Brady's tradition, it feels that it carries on a bit, and kind of reaches it's head in Ansel Adams, and the West where you have 'its all about beauty and form'. Very superficial things, very immaculate to the extent that they even created some of the landscapes. They weren't even real. Its at the same time Walker Evans was doing his photos of the South, in these derelict conditions.

**Drake:** Question for you. My understanding is that most people have liked 'Let Us Now Praise Famous Men' because it is not manipulative, not modern...The funny thing is that the first time I saw them I thought they were kind of as posed as anything I have ever seen. It's funny to hear people talk about it as if they're not. I think your fears are valid. I mean creating landscapes that didn't exist Ansel Adams... was so closely associated with the Wilderness movement. The Wilderness movement - which is again I've done wilderness activism - They're guilty of detachment. They're guilty of weeding out all kinds of people's history. Ansel Adams is most occupied with trying to capture a pristine landscape. It's not cool modernism. It's all form and back and white. The light and all that, it didn't exist. It may have existed for a second on that particular day. And of course there's no hint of human history in places like Yosemite. There are people living there. So... Yes, I think you're right. What ultimately are the consequence are of that?

**Solomons:** There's propaganda on both sides: One can possibly be used for escapism, can be used to avoid, and the other it can condition a particular kind of connection, which is very different.

**Drake:** I love those FSA photographers. All of them. Are they manipulative? Are they propaganda? Hell yes. I mean that's their social criticism, was their goal right? I mean I say this out of love. I happen to be a fan of Franklin Delano Roosevelt. But this was an FDR New Deal thing. Even showing reality was manipulative, is what I was trying to get at; if you have an agenda. So I'm not sure how to get around that. The Wilderness movement, environmentalists...I always have this problem with students because they tend to come in as environmentalists, not able to recognise that the movement is not all sunshine and glory. Everything has a cost. Even environmental protection, has a human cost. Someone pays somewhere for it.

**Solomons:** Absolutely.

## Appendix R

Stephen Cushman

by Erin Solomons (2016a)

**Solomons:** My first question is a broad question, what is your link to the Wilderness battlefield, and how has it changed over the years?

**Cushman:** My link to the Wilderness battlefield is that I wrote a book called *Bloody Promenade*. Every day I drive home I pass a sign that says Wilderness battlefield, Wilderness X 51 miles. So I am always aware of living in the orbit of it; but in 1997 I really started to focus on it, spend a lot of time there, and did a lot of reading and writing about it. So my link is a geographical, psychic, literary, and an imaginative one.

How's it changed? There are all kinds of things. The National Park Service of United States is badly underfunded, and most of these places are green and beautiful and so they're places that people want to develop.

There's a wonderful story I once heard; I was in Fredericksburg, with a tour, and a woman asked the Ranger: "Why is it that Civil War battles were always fought in national parks?" And what's interesting about these places, the more time you spend on them the more you realise they are very much used by locals for recreation.



A lot of jogging, picnics, things like that, which you know, how can you blame? Not everybody has this time sense and history obsession that I do. In the case of the Wilderness it the big thing is that route 20, which was the Orange Turnpike, goes through it and that's a major north-south artery, so there is a huge amount of traffic that goes through there. It's been nibbled away at by a lot of things, a lot of development we call the Sheetz the gas station at the intersection, we call that Grant's Sheetz.

**Solomons:** There's Wilderness around but then there's.

**Cushman:** Yeah, this one is Fawn Lake, which is along the Brock Road and Brock Road is hugely important usually important in the war. What I was trying to say was is, if I lived in Fawn Lake I would never sleep. I would feel haunted all the time.

**Solomons:** It's an awareness of that history and they might not have that...

**Cushman:** Or *sensitivity to*, something like that. And then the other things you've probably been told, the trees on all of these battlefields, it's a really interesting ethical question, because the tree lines are... all of this land was open. Not the Wilderness so much, but a lot of it was open for a) farming and b) anywhere that the Army of the Potomac went. It was the second largest city in the South and wherever it went all woods all forests, had to be cut down it had to be used, right? You needed that way.

So these places like Petersburg was a moonscape, but you go there now and it's not easy to re-create the battle, because of all the woods. Well, if you tell people we want to cut down the woods to restore the wartime, now you're cutting trees and I am an environmentalist, but history would trump I think in this case.

**Solomons:** It's that weird give and take, I remember reading something this, was it in Gettysburg when they were replanting certain trees, and culling back certain animals. This is that weird play that I've seen when I've gone to the Wilderness and other parks is that people that come to this space that aren't necessarily aware that this isn't the space that was there before. In the Wilderness what's there now is nothing like it was. There are no trees from the Civil War era at all and...

**Cushman:** You know that in Saunders field there's that gully or cut and that was more pronounced, because we have records of people seeking shelter there and now I don't think you could seek a whole lot of shelter in that.

**Solomons:** But this is the interesting fragmentation... or a lack of...it's like where do you give context, but not skew to a particular narrative?

**Cushman:** Now one of the things obviously that's changed are the monuments. None of those were there. But what's interesting about the Wilderness. I mean the

first National Military Park in Chickamauga is down your way and what's interesting is that if you go to Chickamauga...Have you every been?

**Solomons:** When I was young.

**Cushman:** Yeah, well if you go again now, on this swing, what you'll see is, it's a great place to go, because every unit that was there has a monument. So you can stand and you can see the battle lines because all the monuments are in place. Well, everybody had a monument, because it was the first park and everybody was into it. The Wilderness is a late park. There are many fewer monuments in the Wilderness.

**Solomons:** Weren't a lot of the monuments made because land was donated to the Wilderness park? So it's a bit awkward.

**Cushman:** Yeah, the Wilderness Park is a creation of the CCC and the Depression and Public Works, and so on.

**Solomons:** That's right. Yeah.

**Cushman:** Ok, how did we do on number one?

**Solomons:** That was great. That was amazing. Are there aspects of the battlefield, of its history, that you feel people are particularly unaware of and kind of struggle to

connect with?

**Cushman:** Sure yeah, I mean basically anything that's not clear. I mean Saunders Field that you come into. You've been right?

**Solomons:** Yes.

**Cushman:** So Saunders field is on route 20 there. They have the little shelter. You have the Monument of the Zouaves, then you can drive up and see where Ewell was and look down. You get a pretty good thing there. What you have to do, so if you're Ewell, the Yankees are coming this way, you know your lines just for a tourist expand to the trees, but then it extended into and through the trees.

There are little sidewalks for example there's a walk you can do on the left flank, Yankee right flank for John Gordon's evening attack of May 6th. Well, 2 things happen when you do that. One is you realise: "No wonder this battle is a disaster. You can't follow anything". I mean you're on the trail. You're on the maintained trail with markers and it's still impossible to get your bearings. It's still really hard to know if you've turned around or twisted around. And then the other you find out right away is that that kind of effort. Most people don't want to do that.

**Solomons:** Yeah?

**Cushman:** Most people don't want to go out in there. So on that end that's very tough. On the other flank, basically all you got is the Brock Road intersection. You can stand there, Getty, Hancock, you know right I get it all. They rolled us up like a wet blanket, but the important move there is Longstreet's people come up the railroad cut - the unfinished railroad cut. Well that's all in Fawn Lake.

I went to Fawn Lake and I went to the property people and I said: "I'm just a geek. Can I walk around?" And I did it with a very experienced person. One thing I write about in Bloody Promenade is finding the Parker Store Road, which I don't want to keep using all these names if they don't mean anything, but that's the one that if it had gone as it should have, from the Union point of view, everybody would have gotten through. Well, finding that road trace that's hard. I think now I've done it with some locals, who have all the digital GPS and have figured it out, but back to our first topic, this whole activity of reconstructing the past, is one part of a massive study.

Right, you've got to just read your brains out, one part going there and a big part: Imagination. The average person is going to break down on one of those. Right? Either they won't do all the reading or won't make the visit or doesn't have the imagination. And still you're only going to get a partial image. Any of the woods trails are tough. So for example the whole route that poor hapless Burnside would have gone where he's just sent through the woods and where he got completely bollocks-ed up. Well, so will you.

If he couldn't do it, right, you're going to have a tough time too. So, this is what I think is truly fascinating and unique about the Wilderness is: It's not been made user-friendly.

In that way, it's you, it's not like Gettysburg, where every inch is, well that's not even true of Gettysburg. There are new parts all the time for Gettysburg, but the whole reason; *the whole reason* Lee wanted to fight there is the same reason it makes it hard to understand. Everybody was lost. Everybody was stumbling around.

**Solomons:** I've done two trips now and something that I keep finding...I've gone to where the Wilderness shelter is, and the trail through there. When you actually see peoples' houses, and you're like: "Ok, there are dogs coming out.". It's amazing how it's called the Wilderness, and it feels like people still treat it like a kind of cultivated wilderness.

**Cushman:** Green space, yeah.

**Solomons:** Absolutely. This is the thing that kind of worries me, in a situation like the Wilderness, it's easy for that to kind of crop up, because of our legacy with wilderness and what its meant in this country.... this romantic view of it to where it's like a lack of history...

**Cushman:** Yeah, that's a very good point. I think that the word is a slippery word for us. There's definitely the wilderness of the West. The word wilderness means "wild beast-ness", right. And so we talked now about pristine wilderness, not that any exists, but when we do that what we mean is Alaska, or something like that.

What they meant was a very specific thing, which was the second growth that grew up because everything had been logged to the mining and furnace operations. So I don't think anybody was pretending that that was Yosemite.

But then there's another layer, which is: "Don't forget that the most important book in the 19th century was the Bible". And we've lost that totally. There's major literary-historical blind spot for us. If you don't know the Bible and so many sermons were preached after that battle on both sides, where that double meaning of *Moses going through the wilderness* is being tapped. And what the Hebrew word for wilderness meant to Moses was: *The place where nobody lives*.

An unpopulated area and the place where you got sent to if you were being exiled from the community or the place for spiritual renewal. After Jesus is baptised he goes out into the wilderness for 40 days and is tempted by Satan. That's at the beginning of Matthew and Mark.

**Solomons:** That always mystified, this idea of being exiled, being isolated is either seen as something drastically good or bad.

**Cushman:** Exactly.

**Solomons:** It does between something that is almost sublime, that's almost sinister, but this amazing kind of 'close-to-God'-ness comes out of it.

**Cushman:** Absolutely, that's absolutely true. I mean where does Moses see the burning bush? In the wilderness. Where does Elijah hear the still small voice, it's in the wilderness. Where does Jesus go to be tempted by Satan. It's in the wilderness. They weren't thinking of it as vacation. Let's take a vacation, when in Leviticus, when you want to atone for the sins of the people you take a goat, which is where we get *scapegoat* you load it with all the sins, and you send it out in the wilderness. So any 19th-century person is going to have that set of associations.

**Solomons:** So their associations would be more biblical, instead of...

**Cushman:** Pristine wilderness.

**Solomons:** Well, I guess I was thinking of the; I'm guessing more educated people would be more aware of landscape painting at the time. Like Winslow Homer. In contrast to battles, like Gettysburg and Antietam, both which had a large amount of photographic documentation, how do you think using text to understand the Battle of the Wilderness is similar, or different, to how the aforementioned battlefields are



understood and remembered?

**Cushman:** Okay to remember...you have to think about the arc of war weariness. When Gardner, it was actually Brady, who took the credit, but when Gardner's Antietam photographs were shown in New York, nobody had ever seen anything like that. You could say that right there in October 1862, were born the photographs of the concentration camps after the allies liberated them.

So everything changes. Shiloh was interesting, because that was the first battle where people went: "Yikes, the numbers are rather high here!", but then came Antietam and then we had this visualisation of Antietam. So Antietam is September '62. You get the Emancipation Proclamation on January 1st '63, then fought in the Wilderness at Chancellorsville. That's the other huge thing about the Battle of Wilderness, it's a huge repetition. We've seen this movie. We've been on this ground before. Soldiers were marching through shallow graves with all these bones. good photographic record of Chancellorsville. Then comes the Battle of Gettysburg. Well, by the time you get to Gettysburg, Gardner and Brady have split so there is a lot going on at once. The Battle of Gettysburg is so narratively satisfying. It's got a beginning, it's got a middle, it's got an end and it's just a great story.

It's much more complicated than any of those versions and the aftermath goes on, but it's a great story. Meanwhile while this great story is happening, that we don't quite know yet, these two photographic competitors are trying to scoop each other,

and that's one reason why we have those great photographs. It's like a space race. They're trying to each outdo the other. Well, so then Gettysburg, what most people don't know much about is this long period in Virginia, which is stuff like Bristow station, but it's still Meade, it's still Mine Run campaign, it's still in the Wilderness. They are still up there. Come around, Grant's starting it on three prongs. Sherman's not going to get off till this weekend, but he's getting ready and by the time you get to this, it's not new anymore. And nobody's having a good time and it's not going the way it should be going for anybody and the novelty of more body photographs. I mean Gardener's *Sketchbook* you probably know was a failure.

Yeah. It was a commercial failure. Nobody wanted to look at that stuff. One of the things I say about in this book is, you know there were no Vietnam buffs in Saigon in 1975. There were no Blitzkrieg buffs in London in 1944, nobody wanted that. So, I think you're getting into that. So, we don't have the photographic record. It's also really hard to take the photographs under those conditions. Also remember what has to happen for those photographs is, you got to stay in one place and Grant is already moving and they're going to keep moving for 40 days, so what we have tends to be much more.

**Solomons:** But do you think with the text that is available with the Wilderness though, it's easier to get a personal perception of it, instead of places like Gettysburg, I imagine with most people, they're going to be drawn to the images first. As a visual reference, with a particular narrative.

**Cushman:** I see, so what you're saying is that the images over determine it. Okay, I agree with that completely. There's much more room for, and need for individual supplementing. I brought something for you. I can't give it to you, but I want to tell you about it. I'm not sure, I just don't know if it's a book you know. But it's a book you should know about. Have you read this book?

**Solomons:** Somebody told me to get this.

**Cushman:** So here's the deal. This is Frank Wilkeson, and this is a memoir of a guy who joins the Army of the Potomac for the 1864 campaign. What you have to realise is, Grant's army in 1864 is nothing like McClellan's army in 1862. McClellan's army in 1862 was volunteers, made of a lot of smart people, a lot of individuals from Harvard. By the time you get to the 1864 army, a lot of these people are criminals. A lot of these people are draftees. A lot of these people are pretty hardened folks and there's no glory in it. And what's interesting here is that, I marked the passage for you, Wilkeson joins and goes to the Wilderness, through Spotsylvania, Cold Harbor, and Petersburg.

He says: "I had had enough of marching and fighting; enough of seeing good men's lives squandered in assaults against earthworks. The continuous strain was greater than the soldiers poorly fed and exposed to the weather could bear. As I had said I got heartsick and got weary of the fighting and believe the Grant could not capture

Petersburg until he had disciplined his army, which would take months, as by far the larger portion of the troops were now to the field and were bounty paid recruits."

So, that is late 19th century language for PTSD. The guy is finished. He's completely fried. He can't stand it anymore. And, you know, I think you have to use, it's a discipline to make the translation from our hyper-exaggerating, psycho-babble, magnification, and Victorian understatement, where what's being said is monstrous, but you're not necessarily going to get in Technicolor or surround sound or anything like that.

**Solomons:** This is what I was wondering with the Victorian ideals, and which is why Katie, seemed to be such a great source is that she looks a common soldiers. The more common they were, the more likely their emotions could come forth instead of someone who's a bit more disciplined in Victorian ideals.

**Cushman:** Yeah, Maybe so, but don't forget Grant wept at the Wilderness.

**Solomons:** He didn't write that himself.

**Cushman:** Grant wouldn't write that. No, the closest you get to Grant in any emotion is when he writes about Appomattox he said: "I had a migraine headache that suddenly cleared up when I got news that Lee wanted to surrender". But you know,

Grant on the first day of the Wilderness Grant smoked twenty cigars. You ever smoked one?

**Solomons:** Yes.

**Cushman:** Did you feel really good after?

**Solomons:** I've been better.

**Cushman:** He smoked 20. I mean he's, the guy is slowly killing himself.

**Solomons:** Isn't that what he died of?

**Cushman:** Absolutely, cancer of the soft palate. Yeah, throat cancer. I think you're right. I think two things are happening. One: Since there is less photographic intrusion, one is more reliant on words, and I have to say, I hope we can still be friends after I say this; I hate "One picture is worth 1000 words.". I think it depends on whose picture and whose words. So, but what's useful about the saying it shows the cultural bias and probably the cognitive bias toward visualisation. It just does.

**Solomons:** Ok, since the nature that stands today at the Wilderness battlefield is not from the Civil war era or visually similar to it. The density of the trees, and the

second growth isn't the same. What were you looking at connecting to: the space, the spectral evidence, or particular intense trauma that took place there?

**Cushman:** I'm a huge believer in connecting to the space. When you read Virginia Woolf's *Mrs. Dalloway* in London, it's great. When you read it there then you walk all around that day, who cares that London doesn't look exactly the same as it looked in her day. Well, Parliament, there's lots of things do. But just, "Uh, the scale." And we took students to Petersburg just 2 Saturdays ago many students said: "Wow, I get it now in a way that I didn't get it when we read about it." You know, this is how far apart they were. Never mind that it's a Park Service reconstruction. This is how far apart they were. This is this is what the curvature of the land looks like, and so on. So, absolutely, connecting to the space. The vibe, I had the guy who took me out there many times just said: "Come out here at dawn, when there's nobody here and this place will talk to you." I believe that for sure and there many times I've been out there alone, because, who's there on a Wednesday morning especially if the weather's bad.

Any place where human beings have died and suffered in large number seems immediately different from other places. I have a friend who is a photographer and with whom I got into a really good conversation and I said: "Well, ok. So what is it that makes you a photographer?" And he said: "Sensitivity to light." And I have a friend who's a historian and I said to him: "What makes you a historian?". He said: "sensitivity to time." And what makes me a poet is a sensitivity to words. Sensitivity

is probably another word for vulnerability and in the case for me of being both a poet and a historian, I just get that double exposure every time I'm out there. I just do.

**Solomons:** Do you think...As you were talking I was thinking about what we talked about before. People who do very much go there as a leisure activity. Do you think with a number of people that possibly visit there without the historical knowledge or interest almost lack a kind of attachment or indigestion of processing the trauma that happened?

**Cushman:** This is about being at Spotsylvania.

She lopes upon the frenzy of the past  
in blue running bra, red running shorts,  
her ponytail keeping time in steady stride  
like a metronome as yellow as new buttercups  
along the road beside these earthworks.  
Her shoes and music cost more dollars  
than some who died here made in a year,  
but dollars meant something different then,  
and if she gives no thought to men  
calf-deep in mud and purple puddles  
From foggy dawn till long past midnight,  
when the shot-up oak crashed down in rain,

it's only fair. They gave the same to her.

An idea space giving a little more life to those who sheltered a few minutes there, even better for her detachment. We locked in on this right now with this presidential election, because...

**Solomons:** I think the elections are a really fascinating thing. I think a number of people have said... Something like this has been coming for a long time with a particular group of people, wanting to be heard. Particular amounts of what I think is possibly pain and fear that nobody's acknowledged. That they've been told by possibly intellectuals, etc. to be dismissed or disregarded.

**Cushman:** This is a very bloody country. All you have to do is stand in the Washington Mall and look at the monuments and realise that we...I'm including you....we are deeply schizophrenic, because of the one hand we have a nice day, my teeth are perfect, watch me smile. And you get that in London watching Americans come through all the time. You can tell them a mile away. So, we're the world's children. We're nice, but on the other hand; the only reason you and I are sitting here having this conversation is because of all these wars.

**Solomons:** Yeah, I've lived away from the US visiting regularly. It's a weird thing what I see in America. It's a kind of detachment. I'm also approaching my research in a very psychologically detached manner. We're not being taught how to process



things, sit with things, the things you learn as a child. We aren't learning on that scale anymore, which is kind of worrisome to say the least. And something like the election is bringing that out.

**Cushman:** Well, and I can tell you this. Classes ended yesterday. Exams start tomorrow. The number of students I have, who suffer from crippling anxiety has shot up in the last few years. I think some of their thoughts are: I'm always attractive, I'm always happy, I'm always successful. Or dear I'm not, now what happens. But I also always think...I always ask my students what your first historical memory is and they all say September 11th, 2001. You know, minus Cuban Missile Crisis and the assassination of Kennedy, so it wasn't that much more cheerful but it was different. And in your terms for your project, what I would say is we are at one and the same time a deeply traumatised collection of peoples and resolute deniers. And that is not a sustainable combination. It's ok, one can be traumatised and survive. Right? But one cannot be traumatised and deny it for generation after generation and generation and not expect some kickbacks.

**Solomons:** And this what I'm interested in, is how this trauma is passed down. I think there's already been some research showing soldiers who survived the Civil War, that the more they kind of self-cared, straggled, things like that, the more likely they were to go on and have prosperous lives, after the war.

**Cushman:** Now do you know, are you aware of the work about the West in the field?

**Solomons:** With the photography or the frontier?

**Cushman:** No, that this is a recent thing in Civil War studies in the last two or three years. The national parkification [sic] - I'm just making that up - of the West, some people are starting to argue is directly resulting from Civil War trauma. In other words, I teach a course in literature law and the environment and I always thought it was a really amazing coincidence that Lincoln signed the Yosemite Bill in 1864. I thought, wow what a busy guy. He's handling the Wilderness, and he signed the Yosemite bill. A major architect of the Yosemite was Frederick Law Olmsted, and all of the language is about: *We need alternative space where people can come and get sane again*. And that was true of the Yosemite and that's true of Yellowstone, and unfortunately it's rigidly gendered. Women who freaked out were supposed to stay home and drink milk and do nothing; gain weight. Guys who freaked out were sent West and this still exists. If you know people with bad substance abuse problems, a lot of them get sent to programs out the wilderness [West]. Have you noticed that? Well if you go and read you find out, it's the same myth. I don't know if it's myth. But it's the same narrative of the Wilderness, the uncivilised part will cure the traumas precipitated by the civilised part.

**Solomons:** But that was present even before Civil War though, this idea that you could go to nature was still a transcendental thing. Not to that scale.

**Cushman:** Yes, but just remember how the timeline works. Lewis and Clark are 1804 to 1806. That's the first look we get at the West. We, white people. We Jeffersonian-like people. Then Romanticism happens in Europe, gets imported through Emerson and Thoreau, but now you're 1830s-1840s. By 1850s the war's already starting. There certainly was a Romantic thing there, but it didn't have a very long shelf life. I mean Kansas and Nebraska is 1854, same year as *Walden*. So, these things are happening simultaneously. I mean I think Walt Whitman; I read *Songs of Myself*, and *Leaves of Grass*, first edition, as his writing in to hold the country together, because it's already starting to fray.

**Solomons:** In the Battle of the Wilderness nature was perceived to be an intrusive third opponent. The close and chaotic combat, which was the result of the dense underbrush, was intimately violent and highly stressful. Do you think, that this helped to dehumanise opponents or magnify their humanness?

**Cushman:** It comes down to the intimacy of shooting somebody you can see versus shooting somebody you can't. There is a great Vietnam film, years ago, called *Hearts And Minds*. At one point they interview this guy who was a high-altitude bombardier and he said: "You know I went out there and dropped bombs and I looked down and there were these little white puffs and I never thought about the people." and then in the course of the interview he starts weeping, because clearly he thinks about it now. So much of the Wilderness has many different parts. There are frontal attacks,

like the Widow Tapp field, like Saunders field, Fawn, so there are some Gettysburg-style: "This is happening in a field."

I would think if you're there, it probably looks a fair amount like what you're used to. But I think probably when you're in the woods, disoriented and turning around and ticks and snakes and vines and thorns, I think there's probably a level of fear or an added ingredient of fear and panic, anger. I would think might make the reality of the person opposed to you less. So I think I if I had to check one, I would say; I don't know if dehumanises is quite the word I would use, but I would say the natural enemy, to use your word, probably distracted from the reality of the human enemy, would be my guess. You know, it would be easier for me to get mad at you, sitting like this than it would if there were pouring driving rain between us and lightning, in which case we're suddenly thinking about other things.

**Solomons:** So possibly there's a different, there's almost a primal survival state....

**Cushman:** Absolutely.

**Solomons:** ...and then there's the cognitive possibly more human state.

**Cushman:** Yeah, where's the enemy, right?

[We were looking at two black-and-white photographs of the D-Day landings on Omaha Beach in June 1944.] I mean they're just little people, dwarfed. Yeah, so that

suddenly, I think probably this is what's happening, Yeah there are huge, I mean here are some other images I keep around for light relief. You know, if you're that guy, you're thinking: "WTF? How do I get...there's water." You know, that you're also being shot down at. Or these guys, right? I mean you know all you know is that at some point this is going to drop down and you're going to have to run and a lot of those people are going to drown between here and the shore, so it's not the same as: "I hate you I hate you I hate you." You know, boom, where all of the...like Cain and Abel, right? It's not that. There's now a third term and the third term is insistent. That's just come complete conjecture, but I think it probably is true.

**Solomons:** I mean if you're going to look into philosophy, how we define humanness, which seems to be through interpersonal connection; how we interact with each other. If that space is taken away to do that we're almost limited to becoming primal animals again, which is a shame but that could be part of that. Do you think the connotations of being a history buff, specifically with the Civil War?

**Cushman:** You know that I went after that?

**Solomons:** I saw some interviews, that's why I bring it up. Do you think that's still the case today compared to when you first published?

**Cushman:** Do I think there's still buff-hood? Oh Yeah. That doesn't go anywhere. You know, the part I haven't told you about, which is in here, is - I connect my

interest in the Civil War with a personal trauma, which is that my mother's father was killed in World War II. I think that my awareness of the Civil War at age 5-6 coincided with my learning from her about this man who had been killed in World War II and is buried over there. He's buried in Italy. So I think that that I've always had a kind of double exposure with respect to the war of you know: "This is not a hobby. This is not an interest of intellectual study for me. This is a recurrent nightmare. And the nightmare basically is, here you and I are sitting, talking, we have, here is a piece of paper, a due legal agreement. Here are all these things, these props. I have a schedule you have a schedule. Right, my sense of what.... the first inklings I had of the war was realising that that could all just be shredded and still could right now. You know whether it be...I mean the most sensational version of this is terrorist attack, but you know if Donald Trump is elected a lot of people in the United States are going to feel like the way a lot people in the United States felt when Abraham Lincoln was elected. Different end of the spectrum, but it's basically: "No one cares about me." And those feelings, we call them political, but they are deeply; they're in us from childhood.

I mean that is the primal trauma and you don't need Freud, that's just - 'my world isn't secure. I'm fearful. I'm anxious'. You know we're comfy most of the time here, but to me the war is always here and when I think about the people in Savannah Georgia or the one that's always easy to talk about is Charleston in South Carolina. I mean that could happen again right now and to me that's a very traumatic thing. I feel as though I have traumatic memory.

**Solomons:** Yeah. The. As you were talking I was thinking about the ruins of Charleston - in years after the war was that possibly this is part of America's legacy, *keep moving forward*. It seems like the lack of acknowledgement of the trauma happened on both sides but with the North it seemed to be very much about progress. In the beginnings of the war where Northerners, I think they were going after Virginia and have picnics and watch it like was a spectacle.

**Cushman:** First Manassas Bull Run.

**Solomons:** In the re-enactments as well, those who participate typically have a legacy more often than not, and are parts of the Veterans of the Union and the Confederates. It feels very much like this weird jumble of fragmentation; there's still this lack of connection to basically vulnerability. The fragility and vulnerability of being human.

**Cushman:** Yes. I mean if I said right now: "Okay, here it is. I can make you feel that you are in Saunders field on May 5th 1864, would you want it?"

**Solomons:** Probably not.

**Cushman:** Of course you wouldn't want it. You would cry. You'd be vaporised. Okay so then the question just becomes of degree. How far in are you ready to go? And the

answer of most people is: "Uhm. Not very.". Some not at all. People who say history is just about dates and I can't handle that, but some are willing to go in a little bit, because it's interesting and you know it's like a soap opera. It's like a sporting event. You know Grant versus Lee and so on, but if you go all the way out and use whatever powers of psychic conjuring or imagination or sympathetic identification or whatever available to you, you don't want that, and yet sometimes it happens. When I was writing this book, I had dreams, because all day you'd be doing it all day and then you go to bed at night. They weren't all nightmares necessarily, but they were dreams. You know, it was in there. It was in saturated. Same thing's probably happened to you.

**Solomons:** Yeah. I think this is tying into a bigger, overall cultural critique of the place of empathy in our culture, which is kind of what I'm looking at. Where is our capacity and want to empathise?

**Cushman:** Yeah, I agree. Empathy is one part, but what is the pace of empathy in the face of a legacy of historical violence and exploitation? How much can a white person empathise with a black person? How much can I empathise with you? I'm a Northerner. You're a Southerner.

**Solomons:** Once again this is just a general societal statement, but it seems to be easier to make reasons, have hang-ups, instead of looking to have a genuine connection. I've seen this at conferences, where people say: "We're in this academics



and we can't have empathetic connections, but my them stating that and forcing people into that situation they ruin the potential for it. I'm not saying I have an answer by any means, but I feel like there's a bigger issue going on and it might be tied to how we look at trauma.

**Cushman:** But I also I think it's also spiritual. I mean somebody hurts you. How do you turn around and forgive? You know other examples of this that are going on are the Truth and Reconciliation committees in South Africa. After the Apartheid, Desmond Tutu was very important. They're trying to do the same kind of thing in Bosnia - truth and reconciliation. We could use a lot of that. But it's going to be a really tough sell for us, because we have this very aggressive blinding myth of - I was just behind a car today with Trump's bumper sticker, you know: "Make America great again." Well a) when was it and b) when did it stop being? But just the very idea that that would be something that you could get somebody's attention for and that would be a thing to aspire to. Why doesn't the bumper sticker say: "Make America empathetic." That would be a bumper sticker. I'd vote for that person. But you wouldn't have a chance.

**Solomons:** At least in my opinion, I feel he almost personifies people's fears. He's giving people who don't have a voice, a voice in the most spectacle-based way possible. He is, I guess when someone is in that deeply angry mode, he's just putting them all out there.

**Cushman:** Absolutely. Hitler did the same. Scapegoating. That is the miracle if Lincoln. Lincoln did not scapegoat. You know, I've gone through many cycles on Lincoln of revering the icon then busting the myth, debunking and now I've swung back and I realise this guy was severely above average. And Jefferson Davis was not that kind of person. I've read now, Davis a lot. He was a hater, he was a scapegoater [sic] and it's hard to hold a country together with that. It really is. Well, but I mean it's not hard to rile people up, but it's hard to bring it together in any kind of empathetic way.

**Solomons:** What's that comment that goes: "It's always easier to criticise than be compassionate." Could you elaborate on your experience of the re-enactment of the Wilderness?

**Cushman:** It's like theatre. You know when I've been I went to London theatres the best moments there several consecutive minutes when you forgot you were in a theatre. You weren't aware of the lady with the hat in front of you or the person coughing behind you or your back aching because you're in the Globe and you know everything is wood. When those minutes happen, it's just direct transmission, you know that's, the sublime. That's the identification sublime. So, re-enactments, that's the moment I'm looking for; because you're completely aware of all the artificiality. That is not Grant. All those guys are way too tubby to be confederate veterans in 1864. There are the Portapotties, but if you're lucky and I that happened to me that day, there'll be that one moment where you look around and there are no telephone

wires, no planes in the sky, there's no road visible. There are all these cannons going, there's the smoke, and your guard drops a little bit. You have some small inkling; very small inkling of what may have been real. That small inkling is plenty. You don't want any more. And that's what I would say happened to me that day.

**Solomons:** Am I correct in assuming that the people, who are re-enactors, organise through the Sons of Confederate Veterans?

**Cushman:** Anybody could be a re-enactor. There are some hard-core people whose great, great granddad followed Master Lee. There's a lot of that and I've talked a lot of those people. I go to church with a guy whose grandfather rode with John S. Mosby. You know, father was really old, grandfather was really old when he had a son, father was really old when he had my friend. And my friend is in his seventies. So, there is a lot of that. But a lot of it is just, it's a need thing to do with the guys - take your sleeping bag and go out to Gettysburg, learn a little history, and march around. So as long as there is a spectrum. Some people are really hardcore. Have you read Tony Horowitz's *Confederates in the Attic*? He's good on some of those people too. Some of them are really into it and know a ton. You know they're not into academic theory at all, but they've read everything there is to know about the 32nd Georgia or something like that - exactly where they stood, and all of that stuff. Very impressive. But other people are very kind of cultural suntan, once over lightly.

**Solomons:** Yeah, and this would, I guess this is where there could be a potential of empathy and connection. But this is a weird push, pull space that, even theatre has, of when is the spectacle entertainment, and when can it be something real?

**Cushman:** Exactly. When is the spectacle entertainment really voyeurism? One thing that's really important is, what's the line between pornography and trauma? In this case the pornography of violence, not sexuality. At what point are we thrilled by saying things like: "Cold Harbour, 7000 people killed in 18 minutes." Now, kind of titillating, and then does that go over to: "God. Imagine." And I think that's a tough line. Because I think for people who are really safe; yeah, take a walk on the wild side; it's a little bit about: "uhhh. violence." Oh, and now time for a pizza, right? Now time for Netflix.

**Solomons:** I think this is going back to the detachment we were talking about where that kind of the experience in phones, or whatever else, is always about: what's now a distanced, entertaining experience.

**Cushman:** That's the thing about going to the place, it puts it in 3D. And that's why theatre is always better than television. You don't know what's going to... anything could happen. You know there's a script, but anything could happen.

## **Appendix S**

**Kira O'Reilly**

**by Erin Solomons (2018b)**

I created a questionnaire for performance artists who regularly use their own bodily fluids, or animal fluids (such as blood). Below is one example from Kira O'Reilly.

1. What would you like the viewer to take away from your performances, where you mix your autobiography with blood?

I do not work with any autobiographical material whatsoever, I am not concerned with any personal or narrative material or structures. Neither do I have any intended experience for any viewer, everyone is so different and those differences inform each persons experience. I've never been particularly interested with didactic work or the idea of a message.

There is quite a bit written about my work that might be more helpful than my answers in this regard.

2. How do you make the decision to use animal blood or human blood?

I have only worked with my own blood, I am a human but I am also an animal in the sense that all organisms that are not plants are animals, but perhaps plants are animals too, who knows, taxonomies are created to certain commonalities, and subtlety change over time as understandings of species categorisation changes. But in terms of animals that have blood, I would include homo sapiens in that category. Often I adopt the terms 'human animal' and 'non-human animal' in order to convey this. It is difficult to look at the tree of life in any of its forms, be they recent or the

very first ones visualized by Darwin and hold onto the idea that humans are somehow exceptional to the rest of the non-human animal kingdom. Therefore the question of animal or human blood is a moot point to some extent.

I don't think artists make decisions, or at least I don't, the realisation to work with a certain material or action emerges through a process, through trying things out, through exploring and testing ideas on the material, discussion and reflection level. Then an idea suggests itself and if it is strong enough, compelling or in some way necessary it is tried out and perhaps becomes part of an art work.

I have never worked with blood in isolation, it is always in context of a body (mine), actions or tasks, an occasion, a place/situation, an audience, the blood and other matters all inform each other as to the meanings, ideas and associations they carry. Prior to the HIV/AIDS epidemic blood and bleeding carried a vastly different meanings, ones that did not connote contagion and fear in the same way as they did in the later '90s. So meanings change over time as well.

Working with concepts of subjectivity, identity, gender, difference during the mid 90s to mid 2000s, many artists used their bodies and others to explore and rupture received ideas of all of those things. What is it to scratch below the surface and reveal an interior, to perhaps suspend the skin boundary between inside and outside? To query where do I cease to be a private subject and become a social object? What is it to manifest what is often considered a sign of alarm due to a wound, or some abject reason ie harm or menstruation? How we reveal the body as a biopolitical site via performance and the jurisdictions that are made visible when behaviours such as cuts and bleedings are implicated into a visual vocabulary? And how can we explore ideas of ownership and autonomy of bodies. These were questions circulating in the visual arts not just in performance but in sculpture, painting, printmaking, video and media arts during the '90s. These performances were not happening in isolation. Not only was HIV/AIDS informing some artists

such as myself, so too were the wars breaking up former Yugoslavia and other major political events.

Personally I was informed not only by my love of sculpture and the mutability of materials including the body and my own body, but the influence of artists whose work I was excited by; Ron Athey, Franko B, ORLAN, Jana Sterbak, Cathy de Monchaux, Mona Hartoum, Kiki Smith, Rebecca Horn to name a few. Concepts around transgression, and abjection were some of the main preoccupations, and where and how one might understand the limits of the body as explored by Stelarc and ORLAN.

3. Can you name or describe any particular hardships with Ethics Committees or Healthy and Safety officers, in regards to the showing of performances with human and animal blood?

I have never consulted with an ethics committee in regards to working with blood. How institutions, be they ones of education such as universities or galleries and museums often operate via the disciplinary operation of ethics and health and safety, particularly in the UK in regard to health and safety. It is useful to consider these as situated in particular cultural, political and economic contexts, these are not neutral operations but are informed by belief systems and their enforcement. I think it very important and useful for artists to be very aware of this and to make decisions accordingly about where and when their art work happens, including perhaps to work outside of institutions and the reach of ethics committees and health and safety processes. Artists and indeed other makers, need to consider their own perspectives on ethics, health and safety; what is informing these, where and how? What are the power dynamics at play be it legal, ethical, safe, sane, consensual etc. and how best to make informed and appropriate decisions.

There was an entire palaver in Nottingham, perhaps this is a better reference for it:

<https://search.proquest.com/openview/100d8688d702510c470b7c5c4c67c1ed/1?pq-origsite=gscholar&cbl=2026363>

4. How do you think the illusion of a fragmented human body can help an audience process or avoid an intimate and emotionally loaded topic, like menstruation or domestic violence?

I don't really know what that means, the illusion of a fragmented human body and I do not know how to comment on it. It sounds like a concept and I would need it to be explained to me in order to respond.

Figure O4, Online questions filled out by Kira O'Reilly (Solomons 2018b).



## Questionnaires

## **Appendix T**

### **American Civil War Legacy and Re-enactor Questionnaires**

As secondary research I created two questionnaires about the Battle of the Wilderness. One set of questions is for individuals who had family members that fought in the Battle of the Wilderness. The second questionnaire is designed for ACW re-enactors who either have participated in re-enactments of the Battle of the Wilderness, or their re-enactment regiments are based on actual regiments that fought in the Battle of the Wilderness. Cushman explains that now that all veterans and witnesses of the American Civil War have died (Cushman 2001: 8), legacies are passed down without experiential ties. The questions about legacy are intended to reveal what American Civil War soldiers told their families, and how the present day family members regard their American Civil War legacy. In a similar manner, the questions for re-enactors look at their intentions for participating in re-enactments, and their views on the potential of experiencing American Civil War history themselves and for the audience. The goal of both sets of questions is to gather evidence about what elements of trauma are kept alive through generations that are increasingly detached from the initial events. I constructed the questions to be objective and open-ended. This can give participants more freedom in their interpretations of the questions and answers. In order to locate the appropriate re-enactors in the United States, I created a list of all the brigades that participated in the Battle of the Wilderness. I contacted the appropriate brigades through the American Civil War Association's website listings. For individuals with a family

member who fought in the Battle of the Wilderness I contacted the Sons of Confederate Veterans, Daughters of the Confederacy, and Sons of Union Veterans of the Civil War to place a listing in their magazines and websites. I have also worked with The Friends of the Wilderness, who also have a community of people with a familial legacy.

## American Civil War Legacy Questionnaire

Disclaimers:

If you do not have an answer for a question, please answer 'not relevant'.

If you do not want to answer a question, please give a short answer why.

If you require additional space for answers, please attach more pages to this form.

Name: [REDACTED]

Date: November 14, 2016

1. Please list the name of your family member who participated in the Battle of the Wilderness.

[REDACTED] - Great, Great Grandfather

[REDACTED] - Eben's Eldest Son

2. Please describe their role during the battle.

Soldiers for the Confederate Army.

3. Please describe their characteristics as an individual.

Unknown

Figure T1, American Civil War legacy questionnaire, participant 1, page 1 (Solomons 2017-2018b).

4. How were they affected after the war?

■■■■ was killed in the Battle of the Wilderness

It is unknown how ■■■■ was affected after the war.

5. How does your family recall his/her memory, i.e. how is he/she portrayed in stories that are passed down to generations?

After ■■■■ was killed, ■■■■ came home as a deserter to feed the family. It was said that provost marshals knew that he was around, but they could not catch him.

6. Did this family member have any particular physical or mental ailments or illnesses after the war? Please describe or list, if known.

Unknown

7. How do you feel about having an individual link to someone who experienced the Civil War?

Very, Very Proud

Figure T2, American Civil War legacy questionnaire, participant 1, page 2 (Solomons 2017-2018b).

8. How does your family feel about its Civil War legacy? If anyone has a strong perspective, please describe how you understand their thoughts and feelings.

First of all, this was not a civil war (refer to any definition of a civil war). This was a war for Southern Independence, equivalent to the American Revolution. The South declared their independence from the US just like the 13 colonies declared their independence from Great Britain.

Prior to this war, the states were individual countries (ie: states) that joined a *federal* union for protection and other reasons, with very limited powers given to the federal government. In fact, the US was similar to the European Union of today, with its members being individual countries that joined and able to exit at any time, such as the United Kingdom. When Lincoln and the northern states invaded the South to keep these states within the union, this would be the same as if other states of the European Union were to invade the United Kingdom to keep them in.

This war WAS NOT about slavery. Lincoln tried to make it about slavery when he tried to free the slaves in the South so as to start a slave insurrection, which never happened. It should be noted that the slaves in the north and conquered portions of the South were not freed at this time, as slavery was protected by the Constitution. Great Britain did the same during the American Revolution, but the slaves did not revolt.

I am very proud to be a Confederate. I am not now, nor will I ever be a member of any hate group that has stolen my Confederate flag and reputation.

My grandmother [REDACTED] who was [REDACTED] granddaughter, was disciplined in school for calling Yankees "Damn Yankees", as this is how they were portrayed when she was a girl.

My father and uncle both hated Yankees, but my aunt (father's twin sister) does not have an opinion that I ever heard. When I was about 7 or 8 years old I asked my daddy why the South lost the war. He replied that the South did not lose and to never bring that subject up again.

I am the only one descending from my grandmother that holds contempt for Yankees, unless they think as Southerners, as well as contempt for Southerners who take the Northern viewpoint. I am confident that the South was right in its succession. I also am aware of the many war crimes that Lincoln and his cutthroats perpetrated against the Southern people, which continued after his assassination in the form of "Reconstruction". In my opinion, the only difference between Lincoln and Hitler is that Hitler committed his war crimes on a grander scale, but Lincoln was cut from the same cloth.

I have joined the Texas National Movement to succeed from the US, as I think Texas would fare better on its own.

Figure T3, American Civil War legacy questionnaire, participant 1, page 3 (Solomons 2017-2018b).

9. If you have any other information, thoughts, or feelings in regard to this subject matter, please write it here.

When Sherman's army came through Montgomery County, NC, one of [REDACTED] young sisters hit a Union soldier upside the head with a corn cob. They tied her up and was going to hang her, but an officer let her go saying "a girl with that much spunk ought to live". Of course the story was told as if Sherman himself was hit on the head and that he was the one to let her go, but I am sure that this is an exaggeration on my grandmother's part.  
Please send electronically or via post to:

Email: erin.solomons@gmail.com

Postal Address:

Erin Solomons



UK

Figure T4, American Civil War legacy questionnaire, participant 1, page 4 (Solomons 2017-2018b).

Disclaimers:

If you do not have an answer for a question, please answer 'unknown'.

If you require additional space for answers, please attach more pages to this form.

Name: [REDACTED] *Walter Smith*

Date: July 8, 2016

1. Please list the name of your family member who participated in the Battle of the Wilderness.

William Torpes aka Torpe aka Toerps, after the war spelled Thorp, great granfather

2. Please describe their role during the battle.

Private, 7th NJ Volunteers, Company D

Figure T5, American Civil War legacy questionnaire, participant 2 e.g. 'Walter Smith' in my handwriting, page 1 (Solomons 2017-2018b).



3. Please describe their characteristics as an individual.

Five feet eight inches, Irish, immigrated to Walker's Forge (Mays Landing) Atlantic County sometime prior to 1860. Enlisted Aug. 22, 1861 at age 25 in Egg Harbor City.

Figure T6, American Civil War legacy questionnaire, participant 2, page 2 (Solomons 2017-2018b).

4. How were they affected after the war?

In June 1864, after surviving the Wilderness and the Bloody Angle fight at Spotsylvania, he was captured on picket duty at Barker's Mill, Va., and spent six months at Libby, Andersonville and Florence prisons in Virginia, Georgia and South Carolina, respectively. He was released with other prisoners in Charleston in December 1864 and spent time in hospital at Camp Parole in Maryland. He collected a pension of \$4 a month for fever contracted while at Andersonville, diagnosed years later as a form of meningitis. He worked as a sailor before the war; afterwards, when he attempted to resume, he got dizzy while aloft and fell out of the rigging and through the roof of a schooner's galley. No one would take him on after that. He subsequently set up as a logger.

5. How does your family recall his/her memory, i.e. how is he/she portrayed in stories that are passed down to generations?

Very few stories, other than eating his belt while at Libby Prison out of hunger. He also reportedly told people they were reduced to eating rats. When he was asked what rat tasted like, he said he didn't know, he was never lucky enough to catch one.

Figure T7, American Civil War legacy questionnaire, participant 2, page 3 (Solomons 2017-2018b).

However, that's about it. Everything I know beyond that I learned from research. My family has a pattern of men marrying later in life - late 30s, early 40s - so my father was born in 1913, about 20 years after his grandfather died. My father married late also, I was born in [REDACTED] and my grandmother, William Torpe's daughter, died in 1953.

6. Did this family member have any particular physical or mental ailments or illnesses after the war? Please describe or list, if known.

Headaches from meningitis. He was injured three times, including a shell wound on the buttock at Gettysburg, but the only thing that appears debilitating is the headaches and dizziness that apparently never went away for good.

Figure T8, American Civil War legacy questionnaire, participant 2, page 4 (Solomons 2017-2018b).

7. How do you feel about having an individual link to someone who experienced the Civil War?

It is interesting, and since he was apparently one tough son of a bitch, it's inspirational when life gets burdensome.

8. How does your family feel about its Civil War legacy? If anyone has a strong perspective, please describe how you understand their thoughts and feelings.

We are generally proud.

Figure T9, American Civil War legacy questionnaire, participant 2, page 5 (Solomons 2017-2018b).

9. If you have any other information, thoughts, or feelings in regard to this subject matter, please write it here.

Figure T10, American Civil War legacy questionnaire, participant 2, page 6 (Solomons 2017-2018b).



Figure T11, American Civil War legacy questionnaire, participant 2, page 7 (Solomons 2017-2018b).

Disclaimers:

If you do not have an answer for a question, please answer 'not relevant'.

If you do not want to answer a question, please give a short answer why.

If you require additional space for answers, please attach more pages to this form.

Name: [REDACTED]

Date: 15 August 2016

1. Please list the name of your family member who participated in the Battle of the Wilderness.

Two & many more  
1 [REDACTED] McJure (my Grt. <sup>grandfather</sup>) for North  
[REDACTED] McJure (my Grt Uncle his Brother South)

Many more not researched as much as  
Bakers-Williams-Priest-Calhouns-JeHaws - most  
all with prefix Mc or Mac - or Son on end as  
Williamson

2. Please describe their role during the battle.

lower rank riflemen grunts few officers working farmer Class  
few Catholics most protestants

[REDACTED] died after year in Weston WV thinking  
killed brother [REDACTED] at Atlanta but did not  
[REDACTED] wounded drop mt died from wounds -

Figure T12, American Civil War legacy questionnaire, participant 3, page 1 (Solomons 2017-2018b).

3. Please describe their characteristics as an individual.

I knew them not only my great grandmother lived till I was 6 or 7 yrs of age telling me of them -

[redacted] was a farmer - business skills I feel as bought land ran Grist Mills - passed down to Children as they aged married left - tall thin direct speaking - very little humor spoke - religious but not a strict type - love outdoors as God Created it

4. How were they affected after the war?

in defence of all things happening not understood and he died in mental hospital 1 yr 1912-13 thinking killed his Brother who fought for South -

his son my grandfather [redacted] married a Bland Her father [redacted] was a Cullpeper Va - Slave Broker went South also to fight for Rebels - no doubt in Wilderness battle also

But slaves to them were humans in need of ways to survive willing to work farms etc like wild west settlement afterwards humans went to work Ranches Cattle sheep wars indian etc

Figure T13, American Civil War legacy questionnaire, participant 3, page 2 (Solomons 2017-2018b).



5. How does your family recall his/her memory, i.e. how is he/she portrayed in stories that are passed down to generations?

More authoritative families more respect morals values  
what wrong done more hidden not so promoted  
smaller population & areas than more of one  
following - or in common - as farmers & merchants  
from other than inter breeding into many  
mythos as today mostly Native & settling pioneer

6. Did this family member have any particular physical or mental ailments or illnesses after the war? Please describe or list, if known.

yes as I wrote  
his last year - 1912-13

not mental really but  
felt could have killed his Brother  
aged with drawn - family  
sent for care in ole Vets  
hospital for year

Figure T14, American Civil War legacy questionnaire, participant 3, page 3 (Solomons 2017-2018b).

7. How do you feel about having an individual link to someone who experienced the Civil War?

deep respect a person of deep courage and fighting for what they felt was right against wrong -  
one great grandfather [redacted] fought both sides with other neighbor farmers due stealing livestock crops etc they called squirrel hunters but in middle of war 1863 or about when Va became state he joined first Brigade under Gen Kelly of Loyal Virginians for last 2 years as a Guard little to no combat also one of my favorites - His land - Church graves yet in family or some is - also War Vets - Korea on -

8. How does your family feel about its Civil War legacy? If anyone has a strong perspective, please describe how you understand their thoughts and feelings.

A mixture over land invasions and government to take over personal property - materialistic Pea using Slavery - as Cause for All had Slaves of some type and northern States wanted succeed first (mass, etc)

Figure T15, American Civil War legacy questionnaire, participant 3, page 4 (Solomons 2017-2018b).

9. If you have any other information, thoughts, or feelings in regard to this subject matter, please write it here.

yes many of what many now thought here now  
by those who invaded - use it to take over  
federal schools tax paid to teach their system  
to us now using 9-11 to finalize it into  
World Power

as God also wrote or had written saying  
it to happen and is - for while  
than end with a cleaning of them  
& Eden now called Earth - soon -

Respectfully with no offensive  
meaning at all

God Bless -

P.S.

We in America now  
working class seeing it  
scraped polluted over developed  
used abused are so disgusted  
Even military as I due under oath  
to be loyal now to Scandrels & garbage builders of destruction  
- Sorry to say - we love our  
land as God made it

Figure T16, American Civil War legacy questionnaire, participant 3, page 5 (Solomons 2017-2018b).

Disclaimers:

If you do not have an answer for a question, please answer 'not relevant'.

If you do not want to answer a question, please give a short answer why.

If you require additional space for answers, please attach more pages to this form.

Name:

[REDACTED]

Date:

10/10/16

1. Please list the name of your family member who participated in the Battle of the Wilderness.

[REDACTED]

STEWART

THOMASON

2. Please describe their role during the battle.

I do NOT know

Figure T17, American Civil War legacy questionnaire, participant 4, page 1 (Solomons 2017-2018b).

3. Please describe their characteristics as an individual.

IN THEIR BOOKLET 1 1/2

4. How were they affected after the war?

IN THEIR BOOKLET 1 1/2

Figure T18, American Civil War legacy questionnaire, participant 4, page 2 (Solomons 2017-2018b).

5. How does your family recall his/her memory, i.e. how is he/she portrayed in stories that are passed down to generations?

No stories passed down

6. Did this family member have any particular physical or mental ailments or illnesses after the war? Please describe or list, if known.

Not that I know of ✓

Figure T19, American Civil War legacy questionnaire, participant 4, page 3 (Solomons 2017-2018b).

6. How does your family feel about the Civil War legacy? If anyone has a strong perspective, please describe how you understand their thoughts and feelings.

7. How do you feel about having an individual link to someone who experienced the Civil War?

HISTORY OF THE FAMILY -  
IT IS GOOD TO KNOW ABOUT  
YOUR FAMILY - TO BE ABLE  
TO PASS IT DOWN ✓

8. How does your family feel about its Civil War legacy? If anyone has a strong perspective, please describe how you understand their thoughts and feelings.

WE ARE SOUTHERN - WE  
DID WHAT WE THOUGHT WAS RIGHT.

Figure T20, American Civil War legacy questionnaire, participant 4, page 4 (Solomons 2017-2018b).

9. If you have any other information, thoughts, or feelings in regard to this subject matter, please write it here.

EVERYTHING I HAVE IS IN  
THE BOOKLETS, I AM SENDING.  
I HAVE BEEN WORKING ON  
MY BOOKLETS FOR THE LAST  
3 YEARS ✓

Figure T21, American Civil War legacy questionnaire, participant 4, page 5 (Solomons 2017-2018b).



## American Civil War Re-enactor Questionnaires

Mark  
Johnson

Please fill in the questions below.

If you require additional space, please attached the appropriate amount of pages.

If you do have an answer for a question, please right 'not applicable' or 'n/a'.

If you prefer to not answer a question, please explain why in one sentence.

1. Have you been a part of a re-enactment of the Battle of the Wilderness? If so, can you list the details of your role, such as which army, regiment, or specific person, if applicable.

Yes i have participated in this battle reenactment many times. First time was as a private, though i have done many since them probably about 2 as a captain we as a reenacting organization usually dont get told on who we are going to portray as a specific organization, We were never designated to be a certain regiment, company or as a individual to portray a spacific person. in most reenactments its is a generic or just a mass of regiments to give a small view and experiance of a certain campaign or battle that is being portaraid at the time, though in most battles in the east coast in wich we partake, we do represent the Army of Northern Virginia also known as the A.N.V. Also known for its commander General Robert e. Lee

1a. If your regiment fought in the Battle of the Wilderness, and you have not participated in a re-enactment of this combat, then please list the role of your regiment or soldier you portray, if applicable.

N/A

Figure T22, American Civil War re-enactor questionnaire, participant 1 e.g. 'Mark Johnson' in my handwriting, (pseudonyms were assigned to some questionnaires to ensure anonymity) page 1 (Solomons 2017-2018c).

2. Are there aspects of the battle you connect to, or feel deeply about?

In most Battles u can get a connection, when u read and research certain regiments, or battlaions or even companies, though our regiment fought at the wilderness u really connect with the whole battle, when ur fighting and ur watching the maneuvering og companys going through what ur going through or retreating or being flanked, at times ur taken back and u really get a sense of maybe what they experienced, or heard, felt, smelled, or taken by suprise by a regiment or men coming and flanking them, its the realization that ur creating what happened and it gives u a deeper understanding and admiration for the men that fought.

Figure T23, American Civil War re-enactor questionnaire, participant 1 e.g. 'Mark Johnson', page 2 (Solomons 2017-2018c).

2a. If you connect with a specific soldier please explain.

The last captain of company h 13th virginia whom we portray is probably the one i connect with the most, for several reasons.

1. we are a reenacting unit of the same designation

2. after reading his memories in a book he wrote later in life u really get to know the person and persons on a more personal level, the bravery the more micro history of the soldiers as well and thus it helps to portray the regimen or peson better.

3. What is one of the most important things for a viewer to learn while watching a re-enactment?

The sacrifices that men gave for at that time was there ccountry, and beliefs. as well as what these men had to endure, the tactics that were outdated for the weapons used, as well as standing firm for most men and taking musket fire or cnonn fire and still keeping ranks tight or to just keep going fwd, as well as men dying with family members, friends etc. and just the mass of troops shoulder to shoulder in hot weather, or rain with wool uniforms and by todays standards primitive weapons.

Figure T24, American Civil War re-enactor questionnaire, participant 1 e.g. 'Mark Johnson', page 3 (Solomons 2017-2018c).

3a. If you have participated in a re-enactment of the Battle of the Wilderness, what is one of the most important aspects of this event that a viewer could learn about?

how fierce the fighting was, how a battle could happen by chance, not all were planned as say an invasion or a trap, that a battle can change very fast one moment a reegiment could be on the verge og getting rolled up and then for no reason that we may see it changes on the word that could be miss info and momentum can change sides very fast.

4. What inspired you to become a re-enactor?

the love of history, to keep it alive, to experiance what happened, to teach the truth about why most fought, it also adds to what ur reading, u can actually relate and visualize what men were doing and seeing as u remeber vback to reenactments and diferant sinarios to what i have been involved in, and to meet peaple.

Figure T25, American Civil War re-enactor questionnaire, participant 1 e.g. 'Mark Johnson', page 4 (Solomons 2017-2018c).

4a. If you have a familial legacy from the Civil War please explain.

I have had 4 members as of right now to have fought for the union, 13th Pennsylvania cav, 53rd Pennsylvania , 76 Pennsylvania Keystone zouaves.

5. Is there a certain aspect or event about the Battle of the Wilderness that affected you the most? If so, please explain.

No, after doing it for 20 years after so long its starts to kinda run together.

Figure T26, American Civil War re-enactor questionnaire, participant 1 e.g. 'Mark Johnson', page 5 (Solomons 2017-2018c).

6. In regards to the experience of the battle, do think there are any misconceptions about the battle? If so, please explain.

yes the biggest is that all were heroes all the time, and that they just plain hated each other, its always said that today heroes could have been yesterdays cowards. the men had respect for each other but they also knew the cost of losing for both sides its what kept them going, and that that it was always executed perfectly, there was a lot of things that went wrong, miss steps, orders, maneuvering information, it all came into play and a lot of outcomes reflected it so.

Figure T27, American Civil War re-enactor questionnaire, participant 1 e.g. 'Mark Johnson', page 6 (Solomons 2017-2018c).

7. When you are scheduled to re-enact, does your Civil War research concentrate on the particular battle, or after the war as well. If you have another answer, please write it in.

small events if we try to micro reenact an event or battle its usually at a company or battalion level of a particular battle, for example we portrayed a georga regiment at one where they actually ran out of ammo and started to grab rocks and threw them at the yankees, this is something that is researched th bigger battles is researched by event coordinators or event commanders, we just do what our orders r given at these.

8. Have you ever been emotionally affected during a re-enactment? If so, please write how often, and give an example.

Yes, probably my first big event at 135th Antietam, we were in formation going up over a hill after hearing thousands ofreenactors just fighting away and we crested a hill to see it actually happening, then getting involved with a yankee regiment in front of us, and after about 15 minutes watching my brother fall fwd and take a "hit" and having to leave him on the ground and go fwd, 20 yrs ago and i still remember like yesturday, i had a feeling im sure close to what most of them felt on a battle to battle basis

Figure T28, American Civil War re-enactor questionnaire, participant 1 e.g. 'Mark Johnson', page 7 (Solomons 2017-2018c).

9. Is there anything that you have learned from the Civil War or re-enacting, which you have applied in your personal life? If so, please explain.

N/A

10. If you have seen the Civil War images of bodies laying in battlefields, then can you explain how they compare to the rest of your knowledge about the Civil War?

Figure T29, American Civil War re-enactor questionnaire, participant 1 e.g. 'Mark Johnson', page 8 (Solomons 2017-2018c).



I have seen many photos of the dead on battlefields, iv visited many of them, also seen where terrain and weather play big roles in a battle, ive seen areas of mas graves r still believed to be, ive actually researched those photos for uniform authenticy so we can portray it correctly, even our cloth or buttons, or what the wore in battle.

Figure T30, American Civil War re-enactor questionnaire, participant 1 e.g. 'Mark Johnson', page 9 (Solomons 2017-2018c).

## Appendix U

### Photography Assistants' Questionnaires From the Wilderness

Please answer the questions below.

You can determine the length of your answers. There is no minimum or maximum requirement.

Please answer in a typed or handwritten format.

Please answer before you assist on the planned and agreed video shoots.

Question 1:

Why did you decide to assist in this project?

I had always been interested [REDACTED] and am excited for the opportunity to help in a first hand experience. [REDACTED]  
[REDACTED]

Figure U1, Questionnaire from assistant 1, before filming in the Wilderness Battlefield (Solomons 2017b).

Question 2:

(The second question is only meant to further clarify the initial question. Only one answer is required. You may address both questions, under question 2, if you like.)

At present, what preconceptions do you have about the video shoots?

In other words, do you have any particular thoughts or feelings about the video shoots, at this point?

As of now, I do not really have any preconceptions at the moment

[REDACTED]

[REDACTED]

Figure U2, Questionnaire from assistant 1, before filming in the Wilderness Battlefield, page 2 (Solomons 2017b).

Please answer the questions below.

You can determine the length of your answers. There is no minimum or maximum requirement.

Please answer in a typed or handwritten format.

Please answer after you have participated in the planned and agreed video shoots.

Question 1:

What was your experience of the shoot?

I felt the need for restraint of empathy [REDACTED]  
[REDACTED] It required of me an emotional and physical payment. The exertion of my body between periods of filming was not too taxing and found myself more ready and able to go longer after each documentation. I did as much as I could [REDACTED]

Figure U3, Questionnaire from assistant 1, after filming in the Wilderness Battlefield (Solomons 2017b).

Please answer the questions below.

You can determine the length of your answers. There is no minimum or maximum requirement.

Please answer in a typed or handwritten format.

Please answer before you assist on the planned and agreed video shoots

---

Question 1:

Why did you decide to assist in this project?

To better understand what it is that Erin has devoted herself to [REDACTED]  
[REDACTED]  
[REDACTED] she has had pluck and sand [REDACTED]  
[REDACTED]  
[REDACTED] I would  
[REDACTED] want to be involved [REDACTED] to help forge a new history and see her [REDACTED] hard work continue and come to fruition. I do not expect this to be easy or even palatable from the description of this part of the project. She just seems to be getting nearer and nearer to her ultimate statement and so, yes, with time and other limitations, weather, geography etc. the work is becoming more intense and graphic. How could anyone not want to help someone who is so dedicated and committed to the body of work she is developing. Having seen some of her prep work of her prep work of course my curiosity was peaked, because her vision was perhaps becoming a little more in focus for myself as to how her work is collated and the importance of the evidence and proof that she is toiling to bring to light.  
[REDACTED]  
[REDACTED] From what I have read so far the merit of the work dictates the desire to help. I am sorry to have been so wordy. I didn't have time to make the answer shorter.

Figure U4, Questionnaire from assistant 1, after filming in the Wilderness Battlefield, page 2 (Solomons 2017b).

Please answer the questions below.

You can determine the length of your answers. There is no minimum or maximum requirement.

Please answer in a typed or handwritten format.

Please answer before you assist on the planned and agreed video shoots.

---

#### Before Dragging Sessions

##### Question 1:

Why did you decide to assist in this project?

#### After Dragging Sessions

##### Question 2:

(The second question is only meant to further clarify the initial question. Only one answer is required. You may address both questions, under question 2, if you like.)

At present, what preconceptions do you have about the video shoots?

In other words, do you have any particular thoughts or feelings about the video shoots, at this point?

Figure U5, Questionnaire given to assistant 2, before and after filming in the Wilderness Battlefield (Solomons 2017b).

[REDACTED]

she has had luck and sand for some time.

[REDACTED]

I feel surely as much as I am able to participate,

[REDACTED]

If this piece of her work with me involved will help her towards her goals and objectives

[REDACTED]

I ~~do not~~ do not expect this to be easy or even palatable from the description of this part of the project. She just seems to be getting nearer and nearer to her ultimate statement and so, yes, with time and other limitations, weather, geography etc. the work is becoming more intense and graphic.

[REDACTED]

Having read some of her prep work of course my curiosity was peaked, because her vision was perhaps becoming a little more in focus for myself as to how her work is collated and the importance of the evidence.

[REDACTED]

From what I have read so far the merit of the work dictates the desire to help. I am sorry to have been so wordy. I didn't have time to make the answer shorter.

Figure U6, Questionnaire from assistant 2, question 1 answers, before filming in the Wilderness Battlefield, page 2 (Solomons 2017b).

My feelings about the video shoot are apprehension and hope  
I can only imagine that there will be a very large range of  
emotions created so there is some anticipation and some  
anxiety, but I expect nothing but good to come from the shoot  
because the road has been long in preparation to get to this place, so,  
yes I feel good about the place where hope will become fact.  
There is trepidation because there will always be unknown  
elements until the process goes from beginning to end. My thoughts  
are that this is going to be tough because it is going to involve  
pain and suffering, trying physical, emotional, [REDACTED]  
[REDACTED]

Figure U7, Questionnaire from assistant 2, question 2 answer, after filming in the  
Wilderness Battlefield, page 3 (Solomons 2017b).



My experience of the shoot was: I had no idea what to expect. I sensed there would be periods of tremendous difficulty, both physically and emotionally for Erin and myself, [REDACTED] the yield of the process would far outweigh any [REDACTED]

[REDACTED] I had full confidence that Erin and myself would lend our best efforts to the research at hand, and so, had a knowing that though very capable and inspired, the unknown would be prevalent. [REDACTED]

[REDACTED] To help document the physical piece of the shoot was almost surreal. Taking pictures of the wounds, applying unguent to the cuts and abrasions put forth a very real emotion of vulnerability and trust. These were much harder to verbalize or express [REDACTED]

Erin provided a very succinct, clear, safe environment by her laborious prep work for this research, that though scary at first, I feel I gave 100% of my conscious efforts to let her know how her work was affecting me and what it brought up for me emotionally. Someone or Something I feel has to prepare me for such openness and honesty, and Erin being the person that she is, provides that playing field. Her communications on when to start and when to stop were very clear, taking into every consideration of our physical and emotional well being. [REDACTED]

[REDACTED]

The deeper we got into the process, as the days wore on, the greater degree of understanding I got about how we could work together better as the process seemed to disclose the goals as they were developing. I knew going in that this was going to be a no nonsense prospect and due to Erin's diligence, [REDACTED]

[REDACTED]

Figure U8, Questionnaire from assistant 2, further answer to question 1, after Filming in the Wilderness Battlefield, page 1 (Solomons 2017b).

My observation was that this type of research demands that you be 100% in the present because of the inherent danger and uncertainties of the Wilderness, [REDACTED]

[REDACTED]

[REDACTED] An opening of [REDACTED] compassion, and understanding ensued through some tough but very considerate dialogue between Erin and myself.

[REDACTED]

[REDACTED] but Erin's efforts have certainly shown the need for addressing arrested development and abuse as it correlates to being able to grow and function in a very challenging inner world, the soul, if you would.

I had very high expectations going into the shoot that surely could lend to a detrimental let down if those aspirations were not realized. In complete honesty and candor I can say those expectations were far exceeded. to the point that words would not do justice to try and explain or emote the experience.

I believe there is a Greater Good beyond synthetic human knowledge and there are times in life when it is more present than others (though I believe it is ever present). This was such a time. [REDACTED]

[REDACTED]

It was an [REDACTED] pleasure to be asked to be part of this work [REDACTED]

[REDACTED] An opportunity to help was turned down by

Figure U9, Questionnaire, question 2, from assistant 2, after filming in the Wilderness Battlefield, page 2 (Solomons 2017b).

many, promised and then not heard from again, or not responded to at all, [REDACTED]

[REDACTED] Were we the two best for the job? Only God knows

that. [REDACTED]

[REDACTED]

Erin, I feel I overshot the mark on question one, and so it incorporated question two also. [REDACTED]

[REDACTED]

Figure U10, Questionnaire from assistant 2, after filming in the Wilderness Battlefield, page 3 (Solomons 2017b).

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