The Kind of Pictures She Would Have Taken: Jo Spence

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In Terry Dennett’s 1992 portrait of Jo Spence in her hospice bed, Spence - whose photographs often depict her own robust, middle-aged, working-class body - is gaunt, big-eyed, dressed in a hospital gown, covered by a simple patchwork quilt and propped up on pillows. She does not, as she did in so many of her self-portraits, play. She stares straight into the camera, skeletal. The way she looks is a surprise.

This photo, which Dennett describes as having been taken on a ‘good day’ shortly before Spence’s death, startles because the Jo Spence in it looks almost nothing like Jo Spence, or at least the Jo Spence available through her photographs, the one who called herself a ‘cultural sniper’, ready to take on the upper classes, wearing pantyhose as a mask, holding a slingshot, large and naked and covered in black and red war paint. Spence, who had documented her own image through a politicised mode of self-portraiture she called ‘phototherapy’, seems to have turned into someone else without warning, leaving no photographic record that would bridge the gap between Spence the sniper and Spence the terminal cancer patient. This is because Spence, as she was dying of leukaemia, no longer wanted to appear in her own work.

Spence’s Final Project (1991-92) - made up of ‘post-reality’ still lifes and layered photographs from her archives - are, according to Dennett, ‘the kind of pictures she would have taken’ if she had been well enough to do so. These photographs include studies of self-care (her ‘survival programme’) and phototherapeutic investigations of death. If these works contain her face, they do so by reintroducing earlier images of it and layering them with images suggestive of decay; and sometimes, instead of putting herself in the picture, Spence puts in a skeleton.

Skeletons are iconographic euphemisms. They aren’t like corpses: they don’t rot or smell. Unlike corpses, skeletons are not - at least as they appear in the symbolic vernacular - differentiated by the historical and social details of cause of death or manner of burial. Unlike a living body that is sometimes mutilated by disease or work or wear, a skeleton often retains the integrity, too, of being fully limbed, intact and seemingly mobile, with a jointed pliability that makes it appear ready at any moment to reanimate. Skeletons are easy and anonymous, at least compared to people in all their wounded particulars. Spence’s pre-leukaemia work, most notably that which she exhibited after her diagnosis of breast cancer in projects like Cancer Shock (1982) and The Picture of Health? (1982-86), was all about these wounded particulars.

Altered by surgery, showing all the fluctuations in weight of a self-described ‘emotional eater’, written on in surgeon’s ink or its imitation, with X’s to mark potential amputation, or with questions, like the one she wrote above her breast - ‘Property of Jo Spence’? - Spence’s body was a document inscribed by the conditions under which she lived. She was often naked in these photographs, her breasts exposed. But in the late work, what-would-be-Spence-but-is-now-a-skeleton - holding a camera against a bony, fleshless chest - is missing almost everything. There are no breasts, no wounds, no weight, no gender, no class, no words (like ‘Monster’) written across skin: there’s no skin left to write on. The skeleton, then, serves as a double thing; as a symbol of death as usual, but also as reminder of a specific identity’s
conceptual diminishment. Beyond the camera, the visual cues that made up the working-class feminist Jo Spence are no longer there.

To look at a skeleton - a human-like form that has shed the imposed visual markers of race, gender and class - is to see the erasure of social inscription, to look on a post-identity democracy of the dead. To see a skeleton in the picture where Spence's person would have been evokes the absence of the marks of identification that Spence once deployed to full effect. Identity and its representation were once Spence's primary political grounds for action, following from Antonio Gramsci's injunction as cited in her book *Cultural Sniping: The Art of Transgression* (1995):

> The starting point of critical elaboration is the consciousness of what one really is, and is 'knowing thyself' as a product of the historical process to date, which has deposited in you an infinity of traces without leaving an inventory.¹

A skeleton by Spence, for what it isn't, is something else. It is a potent identity's end: how knowing oneself is finally, at least, to be thrown into the brutal category mortal. In the skeleton, history's long exhausting product – identity – has fallen away.

Skeletons are photogenic. They are exposed exposures, compliant models, high contrast and delineated. They aren't like corpses: they aren't metabolic. And skeletons appear in the art historical record with a Platonic chauvinism of truth revealed: *all, a skeleton says, is vanity – but especially women.* If bone is not forever it is at least as solid as substances like stone and wood that seem less perishable than humans are, with our muscle, organs and skin. A skeleton looks almost teleological, or at least like a product, final and itself. A corpse, for which a skeleton often substitutes, is more accurate. A corpse is more a process than a thing, or at least a stage in a process. A corpse rotting multiply resists representation: it is disgusting, it is chronic and it is transformative. We smell it before we see it. A decaying corpse is something most don't like to look at and can't capture in a glance. Almost anything is easier to see than metabolism.

In Spence's late work, decay is not neglected: it's superimposed, if not exactly on her corpse, then on her corpus, with familiar images of her face and body now subject to the textures of a 'return to nature'. The work she once made of herself now moves 'herself into something else. The visuality of photography gives way to tactility, or at least a visual evocation of the tactile, just as the fixedness (or fixed falseness) of representation gives way to the metabolic.

The decay or 'return to nature' photographs in Spence's *Final Project* are not erasure, but instead a compounding and layering of Jo Spence, an identity, and photography, a medium, with a transformative metabolic process or at least its representation. In this late work, it's almost like what Spence is doing is teaching herself a dialectical mode of dying.

Spence's late work remains explicitly unfinished. It's the work of crisis - not just a crisis in health, but also a crisis of politics. Spence's *Final Project* occurred during a period in which she described the de-politicisation of an art practice that had for all of her life been explicitly political, a practice that she called 'the lonely path I continued to walk until I collapsed with leukaemia'.² Spence's breast cancer work had sought to expose medicine's ideological reproduction of class society; it instructed women in self-care, and traced the patriarchal burdening of women's breasts - 'the feelings generated that our body is merely a set of parts, and those parts are someone else's property'.³ But for Spence, the work she had done around breast cancer did little to prepare her for her diagnosis with leukaemia.⁴ In an interview with Jan Zita Grover in 1991, Spence noted the change in her relationship to politics:

> I've taken up tapestry and gardening because that's the only way I know how to have any peace in my life. It seems to me that choosing to go like an Amazon into the lion's den over and over again in order to be politically useful is just too energy-consuming and too conflictual. In the end it didn't seem to me to serve any function at all, so it feels at this point as if I will never do anything again except look after myself. The task

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¹ Ibid., p.96.
² Ibid., p.216.
³ Ibid., p.125.
⁴ 'Now that I have leukaemia, the language that worked with breast cancer doesn't seem applicable,' Ibid., p.215.
of looking after myself with leukaemia is like having a newborn baby to look after; the amount of things daily that I have to do to nurture myself... If there was a movement to belong to it would be a different matter; but I don't see one."

For Spence, whose work around breast cancer was relentlessly political, leukaemia brought a watershed of multiple exhaustions, both physical and emotional. "When you're as badly damaged as I am," wrote Jo Spence, 'you just want to have nice things around you. I don't really want to have to think about the politics of leukaemia."

In another photograph from Spence's Final Project, a make-up-smeared mask is shrouded by a purple tablecloth from the 1970s feminist movement, upon which is written: 'You start by sinking into his arms, and end up with your arms in the kitchen sink.' What appear to be dried plants sprout from the eyes of the mask, and the tablecloth is draped in such a way that the text silkscreened on the tablecloth is difficult to read. This is an image of, among other things, obscured sloganeering, a political material transformed into an asemic, ritual one. The eyes of the dead are of no use for seeing, and in this there's not much use left for art that might open them.

Under the conditions of death, the problems of hetero-romantic love and unwaged labour might well just be aesthetic, that is, deinstrumentalised. One thing that mortality has going for it is that when you are dead you no longer have to do the dishes.

Dying from disease, or at least certain types of diseases, is an experience that can appear fundamentally unavailable to the available politics. Serious illness can inhibit collectivity and impair mobility and the capacity to appear in public or do activist work. Johanna Hedva, in her recent essay 'Sick Woman Theory' (2016), frames the problem of illness and politics like this:

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

After her lumpectomy, Spence wrote a three-part series on breast cancer for the feminist magazine Spare Rib, which includes her description of the barriers to collectivity brought about by cancer:

How do we deal with the abject loneliness of the long struggle for health (the most boring of subjects to other people who are 'well')? How to present yourself as a subject in daily struggle?... Cancer may mean restructuring your life and society, but when you as an individual have it, the struggle is usually on your own! You have to get your priorities sorted out - if you are a feminist or a socialist it probably means that you are involved in half a dozen struggles which are no longer immediately relevant to your day-to-day life... This can cause a lot of internal conflict if not sorted out from the beginning. (I lay in bed worrying that I could not go to a rally at the Greenham peace camp the day before my operation!)

There are other barriers to politics inherent to the process of dying from illness: it is exhausting, painful, disabling and time-consuming; it can be repulsive to others, can smell bad or can look and sound repellant; and if the abject state of the sick person does not in itself keep others away, or turn all relations into ones of pity and dependency, the pain involved often creates an effect of

8 Ibid., p.217.
9 Describing her breast cancer work, Spence later said: 'I think to some extent I abused myself: I was so anxious to be useful that I exploited myself in some ways.' Ibid., p.212.
10 Ibid., p.217. Emphasis in the original.
11 'The situation for dissident cancer patients is not the same as it is for people with AIDS. There is no groundswell of loving dissidents surrounding cancer patients.' Ibid., p.214.
13 J. Spence, Cultural Sniping, op. cit., p.122.
heightened alienation all the same. To be reminded so frequently of one’s death – as terminal patients often are – can undermine the motivations of a politics based in futurity. To even speak frankly of one’s dying is often taboo; the dying are expected to pretend, for the sake of those around them, that they believe they are going to live. The ill, surrounded only (if they are lucky enough to have them) by their carers, are not often given opportunities to band together. And to be seriously ill, even without dying, is often to submit oneself to a set of insufficient and ideological optics: that of victim, or of ‘warrior’; that of a compliant patient, or a rebellious one; that of a person who wants to live and through strength of character becomes a survivor; or, for women who are dying, that of a figure who, it is rumoured, really ‘wants’ to die.14

Illness presents a problem for emancipatory politics, and likewise poses a challenge to political art. If an artist’s politics are expressed in an art based on corrective representations, like exposing the ‘real’ that lurks under the ‘idealised’, illness creates – at least – a double bind. Illness is, as Spence wrote, the ‘ultimate crisis of self-representation’,15 and part of that crisis is inherent in any attempt at making illness legible without reproducing the reductive heroics or violent sentimentalities attached to sickness. An image of a sick person – especially of one enduring the kind of illness, like cancer, that can render dramatic changes in appearance – can present upper-level pathos, but this is for a reason: to be a person who was once strong and vital and who now wastes away and dies is sad. How do you take a photo of a victim that doesn’t look like a victim or like a victim’s opposite? For Spence, it seems, the answer was you don’t.

‘My sex life’, Jo Spence once wrote, ‘was mostly conducted... in the cemetery.’ The cemetery was, in the housing project she grew up in, the only place in which young people could find sufficient privacy for sexual exploration. Sex in the privacy only available in the graveyard is a kind of pleasure that is necessarily opportunistic of death. I think, too, in some ways, that the politics that Spence arrived at in her late work – a politics whose articulation as politics was lost to her – could borrow this as an analogy in the ways it was similarly opportunistic.

The impossibility of representation that leukaemia presented, the sense of bafflement Spence felt before it, the lack of available collective politics to act on it, the exhaustion that prevented her from articulating it, the violent transformation of her appearance that made her move away from previous methods of phototherapeutic self-documentation, in fact presented a new potential for a mode of understanding the political beyond the modes of self and self-representation that had determined her earlier work. Spence’s oeuvre occupies a strange position in the cultural body of work made by the sick and dying. In one stage, it’s confrontational, didactic and explicit, and in another, weary, private and ready to let the known politics go. In its final stage, her work found opportunity to explore identity in its negation. It secured a place, too, for absence and unknowing, and the metabolic. The systemic effects of leukaemia brought a politics of representation to its limits. It might be the case, though, that what Spence found was not an end point of politics, but a point at which identity – which had previously provided a seemingly solid grounds for politics – began to give way, and a new ground – this one with a broader horizon – was exposed.

14 The commentary in a recent piece on the death of Kathy Acker from breast cancer in 1997 illustrates this phenomenon of attributing to those who die of breast cancer a death wish: ‘Ira Silverberg, who had, at various times, been Acker’s publicist, agent and publisher, was certain she wanted to die. “It was her exit strategy”, he says. “She was no longer as successful as she had been. Many friends had abandoned her. She wanted out.”’ Jason McBride, ‘Last Days of Kathy Acker’, Hazlitt [online journal], 28 July 2015, available at http://hazlitt.net/features/last-days-kathy-acker (last accessed on 27 July 2016). ‘Some people’, writes Spence, ‘have theorised that cancer is just another form of slow suicide.’ J. Spence, Cultural Sniping, op. cit., p.123.

15 Ibid., p.146.