Spring 2010

Wearing my heart on my sleeve

Sam Hunter

James Madison University

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Wearing My Heart on My Sleeve

Sam Hunter

A thesis submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Master of Fine Arts

The School of Art and Art History

May 2010
Dedication

I dedicate this monograph to Gill Harding, Frank J. Mika III, Jules Dorsey, and their families. Their enduring grace, strength, and humor in the battle for wellness are constant inspiration.
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Abstract

*Wearing My Heart On My Sleeve* is a collection of fabric and fiber works that focus on issues related to my recovery from a heart attack. Using the hospital gown and other garment forms as templates for self-portraiture, I explore the emotions surrounding the diagnosis and subsequent management of my chronic health condition. My art-making process combines tradition and technology, using modern, high-speed sewing machines and computers to create the fabric for contemporary interpretations of traditional garment and needlecraft forms. I am also concerned with the use of language and words as critical design elements for the fabrics I create. The resulting work is an autobiographical investigation that aims to speak universally to the challenges of living with a chronic disease.
Wearing My Heart on My Sleeve

And now, who am I?

– Alice, from Lewis Carroll’s Through the Looking-Glass

My artwork is concerned with adapting traditional fiber forms to express conceptual ideas. I have been intimately involved in fiber arts and needle crafts since childhood, and consider fiber to be a versatile and complex medium for the subjects that engage me. I am also deeply interested in words, word usage and wordplay, and often use text and appropriated images in my work to heighten the visual exploration of verbal expression. The effect of words on an individual’s perspective equally concerns me, as the human body is a component of my work, both as a supporting structure for the garments I make, and as intended wearer of those garments’ conceptual themes. In general, I am interested in making work that creates commentary and discourse about social issues, addressing the politics that surrounds those issues. I am fascinated by the differences between what is said, what is meant, what is withheld, and what can be distilled from language.

My early education straddled both masculine and feminine traditions: while my grandmothers were teaching me how to sew, my father was teaching me how to re-build engines. This schooling was reinforced by a patriarchal British grammar school education

2 Margaret Mathews-Berenson, Reading Meaning: Word and Symbol in the Art of Squeak Carnwath, Lesley Dill, Leslie Enders Lee, and Anne Siems (Santa Barbara: Perpetua, 2004), p.13: Regarding the work of Leslie Enders Lee, Mathews-Berenson writes that Lee’s “…forms contain the essence of language and summarize, perhaps, the artist’s self appointed task as visual communicator.”
that considered my capabilities as a seamstress to be as important as my prowess in mathematics. My family encouraged me to eschew the arts and instead pursue the then-new field of computer electronics, leading me to tool-making and electronic engineering apprenticeships, and a subsequent career in information technology. The practical aspects of such a diverse education inform my work in the combining of tradition and technology to create fiber pieces. For example, I design and print my own fabrics on computers, and consider my sewing machine to be a highly specialized “power tool” beyond its humble home-craft status.

My early experience with the structure of trade apprenticeship has given me a deep appreciation for the similar traditions surrounding craft education. I aim for precision and a high standard of finish in my work, believing that it is necessary to learn the rules of good craftsmanship in order to artistically challenge them. At first glance, many of my works appear to be mass-produced, yet closer inspection reveals that they are in fact handcrafted through their conceptual twists. I enjoy creating the trompe l’oeil effects that result in such visual surprises for the viewer. My engineering training also informs the project management-style planning of my art practice. Both methodical and logical, my process incorporates significant research and the making of many maquettes.

I consider myself to be a feminist, and yet find that this self-definition is complicated, and has sometimes been fraught with anxiety. Out of a fear of being constrained by the negative, unfeminine associations of “feminism,” I spent a good portion of my early art career resistant to making work that had any evidence of feminist
I also grappled with the need to reject fiber as my primary medium because of its association with “women’s work,” and because of the perception of fiber as a having the lesser status of “craft.” It was through my study of the leading feminist artists and art historians of the 1960s and 70s that I came to understand how fiber, regardless of its craft origin, can be a fitting and versatile medium for the ideas that interest me.4

Art historian Linda Nochlin, author of the seminal 1971 essay “Why Are There No Great Women Artists?” recently re-assessed the expression of feminism in art in a 2007 ARTnews interview. She states that there are now “many feminisms” and that it is “important to recognize how the notions of womanhood and femininity are constructed in different societies by different people.” As a late comer (by birthdate) to the first wave of feminist theories, I closely identify with this more complex and contemporary definition laid out by Nochlin.6 By embracing the myriad of influences, interests, and experiences of my upbringing and artistic career, I am able to express a richer self-definition in my work. I also leverage these experiences to push my work past the traditionally feminine boundaries of what can be created with the fiber medium.7

In the last two years, I moved away from the generic socio-political focus of my work and began to make work that was personally political, and also very

4 David Revere McFadden, Pricked: Extreme Embroidery, (Dalton: Studley Press, 2007) p.9: “Another major force in bringing fiber to the forefront is the social, political, and artistic revolution promulgated by first-wave feminist artists from the 1960s forward. These artists reclaimed the fiber and textile traditions that had been sidelined as humble handicraft and dismissed as “women’s work.””
7 Annette Weiner and Jane Schneider, Cloth and Human Experience (Washington, DC: Smithsonian, 1991), p21: “Cloth is a symbol of female power”.
autobiographical. In May 2008, after a heart attack, I was diagnosed with two heart conditions. The first condition, apical hypertrophic cardiomyopathy, is a rare occurrence in which the heart muscle is overdeveloped and distorted in a way that restricts blood flow to the body. The second condition, a cardiac bridge, is a situation in which a major coronary artery is buried under the heart muscle and is therefore pinched closed with every heartbeat. Both conditions are genetic anomalies with few proven cures beyond a heart transplant, and their chronic natures dictate the need for ongoing treatment and medication. This life-changing event has become a focus in my work, both as a way to understand the conditions and to cope with the ensuing limitations and emotions that frequently take center stage in my daily existence. To refer to sociologist and critic Julia Kristeva’s influential statement about abjection, I am attempting to come to terms with being “ejected beyond the scope of the possible, the tolerable, the thinkable” and am worried that I might always be in the place where my health issues “cannot be assimilated.” I find myself in agreement with Kristeva’s statement that it is “not a lack of… health that causes abjection but (that which) disturbs identity, system, order.” Such a disruption of health certainly upsets the order in my life, and it changed the focus of my art-making from broad socio-political issues to an equally political yet more personal material exploration of understanding and assimilating the new identity that my health has insisted I create.

In the weeks after the heart attack I took refuge in quilt-making, going back to the techniques of my conventional craft and needlework upbringing as a way to comfort myself. In order to calm the raging emotions and fears surrounding the battery of tests performed on me (and their increasingly somber results), I returned to my sewing

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machine to make a quilt. I made it specifically for my son who, affected by my diagnosis, was also in need of comfort. Fiber and needle arts have a longstanding history of providing comfort, both to the makers and to the recipients of their works.9 The repetitive busy-ness of stitching provides the makers with a way to channel their need to do something for those in need of consolation. In the words of feminist author Bell Hooks, my return to the needle was “… a way to calm the heart and ease the mind.”10 It soon became apparent to me that I was stitching in order to hold myself together.

When I returned to the studio after making this quilt, I found that my world had narrowed to taking care of only myself, and that I did not have the emotional capacity to continue making art about the socio-political ideas that had concerned me to that point. In a striking departure from my previous work, I discovered that the only creative ideas I had were frighteningly autobiographical. In the first piece I attempted after the heart attack, Enlarged Heart, I worked in a style that was counter to my usual method of precision-planning and execution (Fig. 1). Unable to keep my mind still or focused for any length of time, I began to make small pieces of fiber assemblage, where each step was considered intuitively, in the moment, and with little forethought given to an outcome. As the pieces amassed, I felt a need to make them coalesce into a larger statement about what I was feeling, and after several rounds of chopping and

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9 Nancy Gildart, “Torn & Mended”, from *The Object of Labor: Art, Cloth, and Cultural Production* by Joan Livingstone and John Ploof (Chicago: School of the Art Institute of Chicago Press, 2007) p. 253: “Using hand labor to note the loss of both the World Trade Center and the victims of all the attacks of that day helped ease both individual and collective pain. The many needlework projects connected with the events of September 11 demonstrated a need to do something, to have control over some small activity and have something positive come of it. Simple hand labor does more that simply provide warmth or distraction…. it also makes space for reflection. There is time during the formation of the stitches to meditate on an untenable situation…”

reassembling, the large fiber heart appeared. The work is chaotic, confused, emotionally swirling, and raw, which is an apt description of my state of mind at that time (Fig. 2).

It was also in *Enlarged Heart* that I began to use several images that continue to appear in subsequent work. Culled from antique etchings, vintage health texts, and historic anatomy books, the images have become iconographic shorthand for larger recurring themes. The image of heart is my heart, my health, my identity; the ribcage signals the discussion of surgical consent (as it will be violated if I opt for a surgical solution); the skull/skeleton is a traditional *momento mori*, functioning as both fear of death and a reminder to fully live the life I have; and the anatomical Venus de Milo, with her ribcage exposed, represents the question of whether I, with such a serious medical history, can be considered attractive to a potential mate.

While stitching on *Enlarged Heart* I began a pair of drawings titled *Apical Hypertrophic Cardiomyopathy* (Fig. 3) and *Median Sternotomy* (Fig. 5), which are based on etchings from an 1884 student health primer juxtaposed with contemporary medical terminology. They provided a tightly controlled contrast to my more intuitive fiber work on *Enlarged Heart*, almost like a retreat to an obsessive place of soothing repetition when my chaotic emotions became overwhelming. Unable to stop thinking about my heart, or the discussions of experimental surgeries and transplants, I pushed my obsessive thinking into obsessive writing. The heart drawing is made up of the words “apical hypertrophic cardiomyopathy,” the name of the major genetic defect of my heart (Fig. 4). The rib cage drawing contains the words “median sternotomy,” the technical terminology for surgically splitting the ribcage at the sternum to access the heart (Fig. 6). In the case

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of both drawings, I was attempting to reconcile the absolute lack of emotion in these clinically accurate terms with the fact that language was failing me as a vehicle for expressing the wordless dread I was experiencing.

I used the heart and ribcage images in the next piece I created, a layered hospital gown titled *How Do You Mend A Broken Heart?* (Fig. 7). It is comprised of computer printed layers of cotton, chiffon, and gauze that represent the layers of my body that would be breached in a heart surgery (Fig. 8). This is the first garment in what has become an extensive exploration of the hospital gown as a template for self-portraiture, where I consider each gown to represent a facet of my new, medically constructed identity and its ensuing emotions. I am aware that this work lies in the realm of “the body” as a sphere of contemporary artistic practice. By presenting these garments without my body in them, I am also speaking to the “out of body” experience of dealing with the impact of my medical diagnosis. *How Do You Mend A Broken Heart?* explores my deliberation of experimental surgery, with an acknowledgement that such experiments are not necessarily successful, nor their outcomes predictable. It also deals with the layers physical and emotional exposure to which I will have to consent if I choose to go forward with any surgeries.

The idea of garment-making has long held my fascination, in part because the wearing of a garment implies owning it, and by extension, owning the concepts it embodies. In an interview with art historian Arlene Raven, artist Lesley Dill states that

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13 Joyce Henri Robinson, “Foreword” from Sarah K. Rich, *Through the Looking Glass: Women and Self-Representation in Contemporary Art* (University Park: The Pennsylvania State University Press, 2003), p. 1: “Self-portraiture has long been a staple element in the construction of an artist’s identity, for the genre has historically helped to define the artist as artist... (and) has allowed for a rich exploration of selfhood by many artists.”
“Clothing establishes privacy and the possible violation of it.”14 Raven likens some of Dill’s garments to “internal psychic skins” (Fig. 9). Author Peggy Phelan, in *Art and Feminism*, describes artist Annette Messager’s framed garments as metaphorical stand-ins for the body, with the cloth acting as a second skin (Fig. 10).15 In the case of a hospital gown, which one wears only when interacting with medical professionals, the garment serves as both boundary and denial of boundary. In our willingness to doff our clothes and don a gown there is an implied surrender to the impending violation of procedures. There is also a resulting confession of fragility that accompanies it.

Cultural critic Susan Sontag in *Illness as Metaphor* quotes Dr. Karl Menninger as pointing out that patients often resent the label of their diagnosis.16 My two versions of *Just a Heart* express not only what it means to be given the label of “a heart disease,” but also of being reduced, at times inhumanely, to that label in the doctor’s office or hospital bed. The first gown is an oversized heart constructed entirely of 30,000 yards of thread in the form of a hospital gown that, if worn, would engulf the body (Figs. 11, 12). The second is an actual gown that I wore in the hospital, unraveled to shreds, with the shreds reformed into a heart (Figs. 13, 14). Both reference my feelings of being treated like an object by medical professionals, and my struggle to claim an identity that encompasses so much more than the distorted pump beating in my chest.17

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16 Susan Sontag, *Illness as Metaphor* (New York: Doubleday, 1990), p. 6: “Patients who consult us because of their suffering and distress and their disability, “he (Dr. Menninger) continues, “have every right to resent being plastered with a damning index tab.”
17 Kristin Chambers, “Loose Threads,” from *Threads of Vision: Toward a New Feminine Poetics* (New York: Distributed Art Publishers, 2001) p. 9: “In contrast, these artists (Ghada Amer and others) are adamantly not about being labeled… the personal is no longer political. They are about expressing the complexities of their own lives. One focus of this expression is certainly sex and gender, but these artists also mine a rich geology of politics, patriarchy, mythology, history, religion and culture. Their remarkable
The next gown I created is *The Best Defense is to Stay Out of Range*, whose title is based on an old Italian proverb that rightly speaks to avoiding a fight when at all possible (Fig. 15). It conveys my interest in words, which stems from a fascination with proverbs, adages, and the kinds of sayings my grandmothers used. Such phrases, although softly expressed, often carried the big stick of teaching important life lessons. The words of my doctors have has equally powerful effects. When my cardiologist first mentioned “transplant,” I reflexively covered my chest. While I possess a fair number of surgical battle scars, this surgery (should I choose it) would be the first to crack bones and I found myself reacting defensively to the idea of such a violation. Thinking protectively, *The Best Defense* relates not only to the Italian proverb, but also takes its inspiration from the leather tunics worn under medieval chain mail. Using the surgeons’ tools as a talismanic defense, it incorporates a breastplate of 1400 scalpel blades (Fig. 16). The inside of this garment is a comfort zone of soft flannel that I will have to leave behind, along with the protective armor, if I consent to a transplant surgery.

With considerations of surgical consent heavy in my thoughts, the concept for the *Transparency in Disclosure* gown began to develop (Fig. 17). In our current climate of heightened assignment of medical liability, the surgical consent form has become the mediator between patient and doctor. Its function is to fully inform patients of the risks that they will undertake, with the idea that they will be in a competent frame of mind to assess those risks. However, the form’s complex language, combined with the pressure placed on patients to sign it, add to the vulnerability of wearing little more than the skimpy gown. The patients’ questions or objections are often silenced by their fears, and

and innovative artistic products address the complex and multifaceted roles women occupy in… the societies they have called home.”
by the intimidating authority leveraged by doctors. As Mark Twain quipped, “Clothes make the man. Naked people have little or no influence in society.”

Inspired by such sentiments, *Transparency in Disclosure* highlights the inadequacy of protection that the medical consent form actually offers. These concepts are also emphasized in the sheer gauze material and words of the gown. As might be sensed in the sarcasm and humor I chose to use in the text, the initial shock of my diagnosis was waning, which gave rise to more coherently analytical thoughts. By “translating” the text through these ideas I was able to entertain playing with language again in my work (Fig. 18):

“I acknowledge that all of the descriptions of “pressures” or “pinches” I might feel are euphemisms for greater degrees of pain than described. I understand that if I am offered sedation for my comfort, I will probably be stoned out of my gourd with something that will make me hallucinate wildly.”

– Excerpt from *Transparency in Disclosure*

The concept for the *Try It On* gowns is also based the giving or withholding of consent as it relates to identity, and the relationship between action and consequence. In taking an action with known consequences or risks, it follows that there is tacit consent to the potential consequences of the action. While some diseases that affect the human body can potentially be avoided or cured through action (such as obesity-based type 2 diabetes), others are tragic mishaps (such as transfusion-contracted AIDS), or, like mine, the results of an unfortunate roll of the genetic dice. The images printed onto the semi-transparent fabric of the twenty-eight *Try It On* gowns are those of the cellular structures of various diseases, some avoidable and some not (Fig. 19). The gowns are intended to be tried on by viewers, creating a tension between the beautiful images and the awful

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diseases they represent. In trying the gowns on, the viewers can see their own bodies through the semi-transparent image of a disease which can compel them, if only briefly, to consider what it could mean to accept or reject a disease in their identity. These gowns are also part of my effort to make some of my work more physically accessible and interactive. The sense of touch matters to me, and in using fabric, I engage the tactile invitation that resides in our material memories of cloth and fiber based experiences. Fiber is an ideal material platform for medical ideas because of its close relationship to the body. The Try It On gowns were created using silk chiffon, for example, as a way to seduce the viewer into interacting with the difficult subject matter (Fig. 20).

The conceptual basis of the next group of garments is based on an alternate consideration of the concept of “transparency in disclosure,” and further exploration of the idea that we all have the potential for a scarlet letter of disease lurking in our genetics. In these works, my thoughts had turned to how my medical conditions might affect my chances of finding a life partner. While I certainly did not ask to have a diseased heart, the fact that I do must be honestly disclosed at some point. The ideal construct of beauty is a picture of good health and strength, wrapped up in an attractive bow of sexuality. The painter Marlene Dumas remarked that “One cannot paint a picture, or make an image of a woman, and not deal with the concept of beauty.”

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19 Susan Sontag, p.3: “Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.”

20 Vick Halper and Diane Douglas, Choosing Craft: The Artist’s Viewpoint (Chapel Hill: The University of Chapel Hill Press, 2009), p. 51: “Nick Cave received his M.F.A from Cranbrook Academy of Art I Bloomfield Hills, Illinois in 1989. In his master’s statement that year, he writes that by using seductive materials he can make difficult subject matter, like sexuality or social ostracism, approachable.”

precarious and has robbed me of my strength, which in turn makes me question how what is left of me can be attractive to a prospective mate.

These questions are illustrated in the three garments that take their titles from conventional wedding vows, the traditional goal of courtship. The first, To Have and To Hold is a classic “little black dress,” the acknowledged symbol of a woman at her publicly-attractive best, and a costume of implied courtship (Fig. 21). Through the added stitching of a “scar” that represents a median sternotomy procedure (Fig. 22), this garment poses the question of “How attractive can I be if I have a visible surgical history?” The second garment, In Sickness and In Health is a reversible hospital gown that pokes fun at the way “truth” is presented in online dating profiles (Fig. 23). It asks how much “truth” I should reveal, or how much “truth” a potential suitor should believe. By wearing this gown, I can choose my dating persona: either I can disclose nothing about my health, leaving potential suitor exposed to choosing the wrong mate, or I can disclose everything up front, leaving me exposed to out-of-hand rejection before I can be seen as more than my condition. The culminating piece in the group, Until Death Do Us Part, is the wedding gown – an iconic garment that proves that a woman is attractive enough, in our society, to be chosen as a partner (Figs. 24, 25). However, despite the satin fabric that signifies luxury, perfection, and health, the back ties on the gown make public my ever-present need for medical care, as do the subtle skulls buried in the dress’ printed floral pattern which hint at a shortened happily-ever-after (Fig. 26).

While I have hope to one day find a partner willing to take me with my illness, I acknowledge that I am already married to my condition, divorce from which is not possible. This recognition is illustrated by a group of three “endless” hospital gowns that
tell the continuing story of my current and future medical history (Fig. 27). Collectively, they are an accumulation of actual medical records and bills, stretching out in front of me like the misdirected train of a wedding dress waiting to be tripped upon, and also waiting, in their unfinished, state for new documents to be added. In *EME: Endless Medical Expenses*, my medical bills are printed onto fabric and sutured together, in the anxiety-provoking red of the debit column, to become the fabric of the gown. In *EMR: Endless Medical Record: Their Version* my medical records receive the same treatment, but are sewn in blue, the color of the last sutures I received in a surgery (Fig. 28). While blue is used to make such sutures easy to find for removal, the sutures in this garment amass permanently, emphasizing the endless repetition of documents. In *EMR: Endless Medical Record: My Version*, I rewrote by hand the official, sterile record of *Their Version* in my own words, adding back the emotion, correcting the story, and filling in the details (Fig. 29). In this work, I also ask questions of the terse and official documents that hint at evidence of potential malpractice through flurries of “stat” orders for drugs to counter allergic reactions, and the omissions from the record that could have explained the reasons for such orders.

The three “endless” gowns exemplify my love of words, for which I credit a formal, British, Shakespeare-laden education. These garments represent both sides of a fence I frequently straddle; moving between using my own words and those of others. Like artist Jenny Holzer, I too am often thankful to find the perfect phrase rather than to craft it.22 Language like any other material, can also be used as a found object, and can

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22 Jenny Holzer and Art:21, “For 7 World Trade” and Redactions.” *Art In The Twenty-First Century, fourth series*, 28 February 2010, accessed at http://www.pbs.org/art21/artists/holzer/clip1.html : “I stopped writing my own text in 2001. I found that I couldn’t say enough adequately, and so it was with great pleasure that I went to the texts of others.”
thus be modified from its original context to serve another application. Like Holzer, I find relief in the shortcut of using found words, which can sometimes provide respite from the emotional engagement with difficult topics. However, at times, it becomes necessary to use my own words, even if it is painful: the My Version gown, which is handwritten counterpart to the printed Their Version, is one of the most emotionally difficult works that I have created to date.

In the last group of gowns, the MINE series, I lay claim to my body through the use of my own language. The concept came about after a trying appointment with one of my doctors, in which I became aware of a tug-of-war between us over the ownership of my body. I had refused a medication based on my research into its side effects, as well as my given history of being susceptible to most side effects. My doctor seemed determined to have me bend to her authority and prescription pad, and in the ensuing impasse I became aware that the more exposed I felt in a doctor’s presence, the less able I was to advocate for myself. I created the MINE series to claim ownership of my own body, and to call a larger level of attention to this widespread struggle for all patients (Fig. 30). The fabrics illustrate my battle through use of repeating patterns of the words: “this is MY

23 Sarah R. Rich, *Through the Looking Glass: Women and Self-Representation in Contemporary Art* (University Park: The Pennsylvania State University Press, 2003), p.17, describing Pipilotti Rist’s use of John Lennon’s lyrics from “Happiness is a Warm Gun” in the 1986 video *I’m Not the Girl Who Misses Much*: “Rist delivers a peculiar kind of speech specifically not her own creation. Like anyone else who sings a song written by someone else, Rist channels that artist’s tune. Language becomes a found object, not composed but rather chosen by the singer because, one can assume, it applies to her condition.”

24 Jenny Holzer: “It has always been hard for me to write, as I think it is for anyone who wants to write well. I was pleased to leave it, and I have no idea whether I’ll write again. One reason why I stopped was because I tend to write about ghastly subjects. So it’s not just the difficulty of having something turn out right, but it’s also the difficulty of staying with the material long enough to complete it. It’s necessary to be emotionally engaged when writing about these topics. It’s exhausting.”
body (Fig. 31),” and with their diminishing opacity and shrinking statement of “MINE.”

The final works in this series offer comic relief. Having progressed through all the stages of grief, (as outlined by psychiatrist Elisabeth Kübler-Ross), I finally was able to find some acceptance with my condition. This enabled me to take a reprieve from the burden of serious autobiography and play with my beloved words as a celebratory vehicle. Indulging in my fascination for wordplay, I chose to illustrate sayings and adages surrounding the word “heart” as a way to explore the relationship between the suggested and literal meanings of the phrases. The works take inspiration from the traditional needlework sampler, one of the conventional devices of a girl’s schooling from the late 19th through 20th centuries. The sampler was a multi-faceted educational tool during this time: girls practiced reading, counting, and needle skills as they stitched out Bible verses, proverbs, and sayings. When displayed in the home, these works became the didactic instruments of morality for the family. The mastery of a sampler provided evidence of a girl’s progress on the ladder to womanhood, and was a selling point to her potential suitors in marriage. The sampler could also be a place of hidden codes and subversive thoughts: Mary Queen of Scots stitched hidden messages for her allies into her embroideries, and there are countless humorous examples of girls stitching about their hatred of needlework or their siblings into their samplers, instead of the expected,

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25 Peggy Phelan, “Survey,” from *Art and Feminism* (New York: Phaidon, 2001), p. 31: “In her 1976 book *Of Woman Born*, lesbian poet and theorist Adrienne Rich argued, ‘The repossession of our bodies will bring essential change to human society. We need to imagine a world in which every woman is the presiding genius of her own body.’”
seemly homilies. In his essay on artist Elaine Reichek’s work, curator David Frankel points out that Reichek’s embroidered works show that she “…knows that embroidery is a language, and that language, even or perhaps particularly when silent, is thought.” It is this reflective aspect of the creation of the sampler that appeals to me, and I take subversive delight in calling attention to the disconnections between the homilies’ figurative and literal meanings. For instance, as the survivor of a heart attack, the more metaphoric idea of “be still my heart” as an expression of excitement now has a very different meaning to me (Fig. 32).

I create my samplers from a hybrid of technology and handwork. The images are created using design software, and I incorporate text from research sources such as medical encyclopedias. I then hand-guide the fabric base under the machine needle to create the embroidery stitches of the surface. This allows me to exercise both the traditional and technological skills I have honed, and connect to a larger return to the hand-crafted in contemporary art practice. On this issue, curator David Revere McFadden in his catalogue for Pricked: Extreme Embroidery at the Museum of Art and Design, states that, “As the twentieth century entered its final decades, important changes in the cultural climate and in art practices – specifically, the return of hand-making – challenged the conceptual supremacy of modernism and advanced technologies.”

Appreciating the speed and accuracy that technology can deliver, my particular embrace of handwork is a way to hold onto the pleasure of making physical objects that the extended use of

29 Elaine Reichek, ...When This You See (New York: Braziller, 2000) p. 8.
30 David Frankel, “… Remember Me” from Elaine Reichek, ...When This You See (New York: Braziller, 2000) p. 8: “Or to quote another voice in (Reichek’s) still but articulate archive, the novelist Colette: ‘I don’t much like my daughter sewing… She is silent, and she – why not write down the word that frightens me – she is thinking.’”
technology can sometimes deny. I also enjoy the challenge of using and refining my handcraft skills to a finish that could look to be machine made.

In conclusion, the body of work I have presented for my MFA degree has posed a new set of challenges for me, compelling me to stretch my technical and intellectual capacities to find artistic ways to deal with the emotions surrounding my medical condition. This work has pushed me to shed portions of my feminist construct of invincibility, exposing my fears and my frailties for all to see. However, this “stitching” has truly held me together, helping me to explore the full potential of art as a language of emotional expression. Beyond the comfort of the stitch, I have found reassurance that coping with illness is a process shared by many, and this realization erases some of the isolation and powerlessness that is endemic to living with a chronic health condition. Most of all, my re-embrace of fiber in my work had added a new dimension to my self-definition: that of an artist with heart, in all senses of the word.
Figures

Figure 1. Sam Hunter. *Enlarged Heart*, 2008.

Figure 2. Sam Hunter. *Enlarged Heart* (detail), 2008.
Figure 3. Sam Hunter. *Apical Hypertrophic Cardiomyopathy*, 2008.

Figure 4. Sam Hunter. *Apical Hypertrophic Cardiomyopathy* (detail), 2008.
Figure 5. Sam Hunter. *Median Sternotomy*, 2008.

Figure 6. Sam Hunter. *Median Sternotomy* (detail), 2008.
Figure 7. Sam Hunter. *How Do You Mend A Broken Heart?* 2008.

Figure 8. Sam Hunter. *How Do You Mend A Broken Heart?* (detail), 2008.
Figure 10. Annette Messager. *Histoire des robes (Story of Dresses)*, 1990.
Figure 11. Sam Hunter. *Just A Heart I*, 2008.

Figure 12. Sam Hunter. *Just A Heart I* (detail), 2008.
Figure 13. Sam Hunter. *Just A Heart II*, 2008.

Figure 14. Sam Hunter. *Just A Heart II* (detail), 2008.
Figure 15. Sam Hunter. *The Best Defense is to Stay Out of Range*, 2008.

Figure 17. Sam Hunter. *Transparency In Disclosure*, 2009.

Figure 18. Sam Hunter. *Transparency In Disclosure* (detail), 2009.
Figure 19. Sam Hunter. *Try It On*, 2010.

Figure 20. Sam Hunter. *Try It On (E. Coli)*, 2010.
Figure 21. Sam Hunter. *To Have and To Hold (Little Black Dress)*, 2010.

Figure 22. Sam Hunter. *To Have and To Hold (Little Black Dress)*, (detail), 2010.
Figure 23. Sam Hunter. *In Sickness and In Health*, 2009.

Figure 24. Sam Hunter. *Until Death Do Us Part (Wedding Dress)*, 2010.
Figure 25. Sam Hunter. *Until Death Do Us Part (Wedding Dress)*, 2010.

Figure 26. Sam Hunter. *Until Death Do Us Part (Wedding Dress)*, 2010.

Figure 28. Sam Hunter. *EMR: Endless Medical Record: Their Version*, 2009.
Figure 29. Sam Hunter. *EMR: Endless Medical Record: My Version*, 2008.

Figure 30. Sam Hunter. *MINE*, 2009.
Figure 31. Sam Hunter. *MINE*, (detail of fabric), 2009.

Figure 32. Sam Hunter. *Heart Samplers: Be Still My Heart*, 2010.
Exhibition Installation Images: *Wearing My Heart on My Sleeve*.

MFA Thesis Exhibition, Sam Hunter. April 15, 2010

Sawhill Gallery, Duke Hall, James Madison University, Harrisonburg, VA.

(from Sawhill Gallery Door, moving counter-clockwise)

Figure 33. Sam Hunter. *Wearing My Heart on My Sleeve*, Installation, 2010.

Figure 34. Sam Hunter. *Wearing My Heart on My Sleeve*, Installation, 2010.
Figure 35. Sam Hunter. *Wearing My Heart on My Sleeve*, Installation, 2010.

Figure 36. Sam Hunter. *Wearing My Heart on My Sleeve*, Installation, 2010.
Figure 37. Sam Hunter. *Wearing My Heart on My Sleeve*, Installation, 2010.

Figure 38. Sam Hunter. *Wearing My Heart on My Sleeve*, Installation, 2010.

Figure 40. Sam Hunter. *Wearing My Heart on My Sleeve*, Installation, 2010.
Figure 41. Sam Hunter. *Wearing My Heart on My Sleeve*, Installation, 2010.

Figure 42. Sam Hunter. *Wearing My Heart on My Sleeve*, Installation, 2010.
Figure 43. Sam Hunter. *Wearing My Heart on My Sleeve*, Installation, 2010.
Bibliography:


