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THE EMBODIED GENETIC PHENOMENOLOGY OF DYNAMIC IDENTITIES

ON THE ASSEMBLAGES BETWEEN RADIOLOGY AND SURREALISM

LA FENOMENOLOGÍA GENÉTICA ENCARNADA DE LAS IDENTIDADES DINÁMICAS: SOBRE LA CORRELACIÓN ENTRE LA RADIOLOGÍA Y EL SURREALISMO

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ABSTRACT • There are number of reasons why it might be problematic to compare surrealism and radiology and this article will address some of them. However, this does not mean that the embodied cognitive patterns that are involved in making and interpreting surreal images cannot be productively correlated with the specifics of radiology imaging. Thus, this article does not focus on diagnostic or aesthetic processes and goals but rather thematizes the experiences of embodied cognition, affect, self-apprehension, and embodied (perceptual) imagination which make the former possible. We show how a phenomenological-enactive perspective helps in understanding the constitution of and participation in shared meanings via possibilities structured by the specific ecologies of radiology and surrealist media. Hence, philosophical anthropology based on visual embodied cognition discloses structures that are not static but rather genetic in the process of the apprehension of such images.

In the article we use the arguments (especially those regarding embodied cognition) of both classical phenomenologists (Husserl, Merleau-Ponty, Patočka) and more critically minded ones who in one way or another extend or transform phenomenological ideas (Deleuze, Lacan, Gallagher). While the article aims to enrich philosophical discussions about the experience of images and the cognition involved, it also addresses the specific media of both radiology and surrealism and some assemblage-like relations between the two. For this reason, philosophical arguments are illustrated through the analysis of actual radiograms and surrealist paintings.

KEYWORDS: Surrealism; Radiology; Phenomenology; Imaging; Embodied Cognition.

RESUMEN • Existen diversas razones por las que puede resultar problemático comparar el surrealismo y la radiología, y este artículo abordará algunas de ellas. Sin embargo, esto no significa que los patrones cognitivos implicados en la producción e interpretación de imágenes del surrealismo no puedan correlacionarse de manera efectiva con las especificidades de la imagen radiológica. Así, este artículo no se centra en los procesos ni en cuestiones diagnósticas o estéticas, sino que analiza las experiencias de cognición encarnada, afecto, autoaprehensión e imaginación (perceptiva) que hacen posible todo lo anterior. Se muestra cómo una perspectiva fenomenológica-enactiva ayuda a comprender la constitución de significados compartidos y la participación de estos a través de posibilidades estructuradas por las ecologías específicas de la radiología y el surrealismo. De este modo, la antropología filosófica basada en la cognición visual encarnada revela estructuras que no son estáticas, sino más bien genéticas en el proceso de aprehensión de dichas imágenes.

El texto parte de los planteamientos (especialmente los referidos a la cognición encarnada) tanto de autores de la fenomenología clásica (Husserl, Merleau-Ponty, Patočka) como de otros más críticos que, de una u otra forma, amplían o transforman las ideas fenomenológicas (Deleuze, Lacan, Gallagher). Si bien el texto busca enriquecer las discusiones filosóficas sobre la experiencia de las imágenes y la cognición involucrada, también aborda los medios específicos tanto de la radiología como del surrealismo, así como ciertas relaciones de ensamblaje entre ambos campos. Por ello, los planteamientos filosóficos se combinan con el análisis de radiografías reales y pinturas surrealistas.

PALABRAS CLAVES: Surrealismo; Radiología; Fenomenología; Imágenes; Cognición encarnada.

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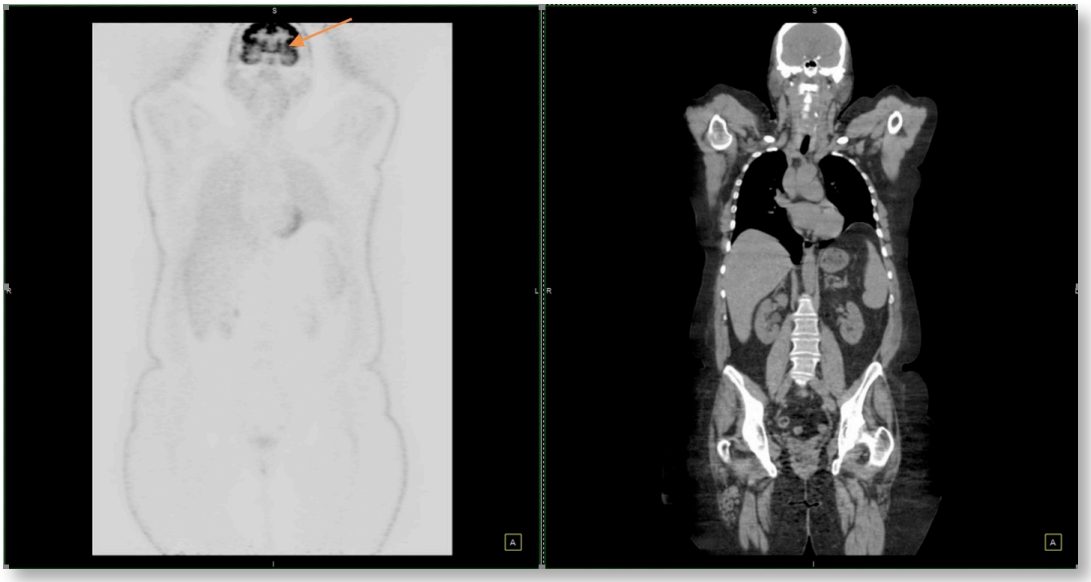
> Collages bring the miracle of the complete transformation of living beings and objects, with or without change to their physical or anatomical structure. (Ernst, 1948: 12)

INTRODUCTION: NATURAL, THEORETICAL, AND AESTHETIC ATTITUDES

When Wilhelm C. Röntgen reported the discovery of X-rays in December 1895, the news reverberated far beyond those disciplines traditionally understood as scientific. Marcel Proust (2003 [1913]) immediately regarded radiology as a form of *Wissenschaft* – a method for seeing essences. In Thomas Mann's celebrated 1924 novel *The Magic Mountain*, the inhabitants of the *Berghof* (a medical facility) spend their days in a mythical atmosphere, where the X-ray laboratory in the cellar represents Hades, the Greek underworld, and its head of the department, Behrens, acts as the judge and punisher *Rhadamanthys*. Needless to say, this scientific breakthrough was also a boon to surrealism in its quest for the superior reality of certain forms of association (Lamata, 2011; Fijalkowski and Richardson, 2016).

This mystical aura has always accompanied radiology praxis. Upon entering a darkened silent room and focusing on a multimodal screen, the radiologist is already bracketing the everyday natural attitude in order that something socially essential is manifested. These shades of gray, *prima facie* abstract geometries, and silent signs of hidden time passed, remind one of dreams,[1] and it is an ethnographic fact that many radiologists use the term «surreal» to describe their experience of the images with which they work (Briedis, 2019). On the other hand, an uncritical incorporation into the everyday and a theoretical understanding of the reality of «truths» borrowed from reduction-oriented, a-contextual sciences gradually became problematic for new generations of philosophers and artists because it formed a base (a «natural attitude», according to Husserl) which concealed the meaning-giving genetic structures of human embodied cognition (Deleuze, 1995, 2001) performing its accomplishments in close proximity to its relevant media ecologies.

1. This recalls Andrei Tarkovsky's colorless visualization of dream experiences.



Figs. 1 (left), 2 (right). Non-attenuation corrected (NAC) positron emission tomography (PET-CT) body images. PET (fig. 1) and CT (fig. 2) scans are performed simultaneously; and FDG-PET scan detects *metabolically active* lessions, and a CT scan can localize the lesion, which is necessary because a PET scan does not provide a detailed image of the body structure.

In the twentieth century, it was surrealism that started to question and, in its own way, even dismantle the natural attitude of human consciousness, everyday normativity, and the relations between image and thought. Surrealists looked beyond everydayness, which appeared to them in symbolic and imaginary forms (Lacan, 2001). Surrealism depicted many objects that were ripe for imaginative manipulation (as both an artistic tool and a research methodology). Free play –free association without the intervention of critical faculties– discloses things that are usually hidden by social typicality (Schütz, 1967). However, is it possible to achieve the diagnostic function of radiology without the control of reason, which surrealism aimed to reject? Unlike the usual approaches to visual experience, surrealism aspired to discover and record existing realities rather than create fictions. The fragmentary, non-linear understanding of the body that radiography images elicit speaks to the way that surrealism can offer new perspectives on corporeal narrativity that accord with contemporary reappraisals of the role narrative traditionally performs in the medical humanities (Woods, 2011).

Both radiology and surrealism place a dramatic emphasis on materiality, anthropomorphic features of trans-human reality (and vice versa), the absence of a clear demarcation between ugliness and eccentric beauty, among other things. Both show things that otherwise cannot be seen and which only show up through a specific medium.[2] Finally, both

2. In his house on the Spanish coast, Dalí painted heating pipes in order to conceal (or reintroduce to experience) the real ones. This is an example of the power of media to drag the object from perceptual oblivion into the light of manifestation. That is why imaging provides affordances (Gibson, 1950) to compare and evaluate (Ryle, 1962) while the «original just is what it is». In the case of radiology, the manifestation is produced by imaging machines in a surreal automatic fashion, without a conscious subject. Even if the radiologist or (more often) the technician guides the process of imaging, it is ultimately a de-subjectified happening regarding both the radiologist and the patient. Here, the passive synthesis of image-based media produces an unseen reality through the combination of elements, independent of any conscious subject. The camera's ability to record something of which its human

raised a technologically informed question: how did one visualize the invisible (Breton, 1978), when the «invisible» was already considered a part of «reality» by many traditionally scientific disciplines at that time? That is, how do particular media transcend the lived present and immediate perception when the visual field (Husserl's *Blickfeld*) of perception is accompanied by appearances that present something non-present which, although situated entirely outside of the visual field, is no less real?

In this regard, one of the more significant concerns about correlating radiology and surrealism, in our view, is the problem of *positionality* in experience (Husserl[3]). For example, when we go to the movies, the cinematic experience necessarily detaches us from our positional everyday situatedness. The experience of the media image becomes a second-order intentionality; it modifies perception on the basis of the givenness of direct perception in the natural phenomenal field, presupposing its aesthetic and anesthetic affection (Aristotle, Kant, Husserl). Likewise, in image-based medical diagnostics, forming a firm judgment that «there is cancer here and here» (positing act) is just the final stage of diagnosis (if it is successful). If there is a disappointment (Husserl, 1973) in the search, the radiologist goes back to the non-positional attitude to try to grasp that which is not directly given (imaged) –that is, the non-positional aspects of pathology *progression* [figs. 3, 1]). So, in a routine diagnostic session, an experienced radiologist will be more affected by higher non-positionality than, for example, a novice, who is usually guided by the goal to detect (position) positive imaged features related to cancer [fig. 4]. Non-positing ways of experience (for example, wondering whether your date will show up) operate in the field of possibilities, despite the givenness of actualities. As such, «the search» (the constitutional basis of a diagnostic act) is related more to imagination than perception, and accordingly, the former structures the latter. It is tempting to see the radiologist uncovering cancer as some discrete feature –a «mushroom» in the image – but actually the empirical status is suspended here by the logic of a manifestation of something else. Hence, it is important in this context that the process of diagnosing cancer, for example, despite all the inductive reasoning related to it, is a non-positional act which presupposes that both the surrealist and the radiology media are able to achieve some bodily-based (not inference-based) meanings beyond the empirical positionality (see below).

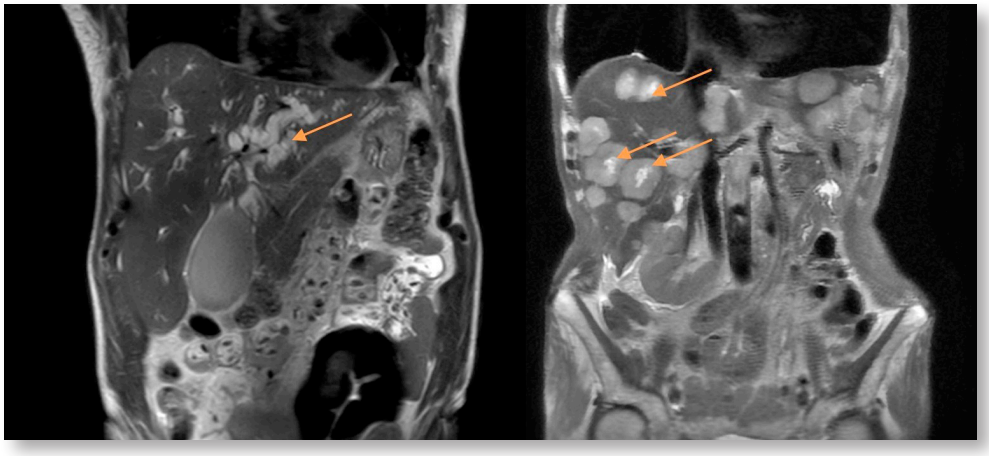
In turn, the question of (natural) positionality concerns a wider discussion regarding theoretical and aesthetic attitudes. Again, for Husserl (1973), as for Kant, aesthetic appearance is not given in any mode of positional consciousness; that is, it does not relate to objects in terms of *empirical* or *factual* existence. This exclusion of positionality in the aesthetic attitude signifies a relation to objects in terms of non-empirical or ideal existence. However, Husserl goes on to affirm an affinity between the aesthetic and theoretical attitudes in this regard. For him, in both cases there is a goal to «do justice» to the phenomena, but via the accomplishments of the imagination (including memory, image-consciousness, and the free play of modified perceptions), which identifies it as the common element uniting aesthetic and theoretical modes of consciousness.

Hence, despite the *prima facie* conflict between the floating signification of surrealism and the search for a stable diagnostic meaning in radiology, in this article we attempt to correlate these two modes of human praxis in order to delineate the corresponding strategies in seemingly mutually exclusive enterprises (artistic freedom and scientific method).

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operator is unaware was already familiar from modernist writings on photography. Already in 1927, Siegfried Kracauer (2012) wrote that for the first time, the static world presents itself in its «independence from human beings», and in 1931 Walter Benjamin spoke of photography's «optical unconscious» (1999: 512).

3. On positing and non-positing acts, see Husserl, 1973: V §§38–42.



Figs. 3, 4. MRI of the liver. In the first image, dilated bile ducts (arrow) are seen as branches of the bile tree, representing some cause of the dilation, which could be a tumor somewhere that is causing an obstacle in the dilation above. In this case, however, the obvious reason is not visible, and we see only the secondary signs of it. In the second image, the liver is full of tumors (arrows) that can be seen directly.

Of course, a number of differences between these two enterprises can be identified, even to the point at which it looks like a categorical mistake to put them together. There are obvious differences in their respective goals, objectives, methodologies, and social relevance, as well as classification issues. However, in what comes next, we are determined to create an assemblage between surrealism and radiology praxis [for example, fig. 5], a dialectic through which components are correctly combined in such a manner that they possess properties that their individual components do not:

> What is an assemblage? It is a multiplicity which is made up of many heterogeneous terms and which establishes liaisons, relations between them, across ages, sexes and reigns – different natures. Thus, the assemblage's only unity is that of a co-functioning: it is a symbiosis, a «sympathy». It is never filiations which are important, but alliances, alloys; these are not successions, lines of descent, but contagions, epidemics, the wind.
> (Deleuze and Parnet, 2007: 69)

DEFORMED AND FRAGMENTED IDENTITIES: ORGANS WITHOUT A BODY

> I paint things as I think them, not as I see them. (Picasso)

After Merleau-Ponty (1962), conscious experience is no longer viewed as fundamental to our being in the world. Human subjectivity never escapes being embodied; as a structure it is always under the threat of being dissolved into formlessness.



Fig. 5. S. Dali, *Lobster Telephone or Aphrodisiac Telephone*. Frankfurt, Museum für Kommunikation.

Merleau-Ponty introduced the concept of *body image* in phenomenology (Weiss, 1999) and psychoanalysts such as Freud and (especially) Lacan emphasized the importance of body image for one's sense of the self as a well-structured and autonomic whole. However, in radiology as well as in surrealism, we mostly deal with a more rudimentary form of embodied self-experience: the «body in pieces» (Lacan, 2001). Here it is not the body image (the intersubjectively sustained mode of self-apprehension) but the technologically produced image in correlation with the radiologist's body schema (Merleau-Ponty, 1962; Gallagher, 1986) that gathers the alternative identity and discloses its connection to the environment(s). Let's see how this plays out in radiology and surrealism.



Fig. 6. P. Picasso, *Woman in a Red Armchair*. Menil Collection.

Since the body in its multiplicity is the main object of this study, we must stress the importance of female surrealist visions. I recommend consulting the work of surrealist authors such as Meret Oppenheim, who explored her bodily identity through X-rays, as evidenced in her work X-ray of the Skull of M. O.; Marie Čermínová (popularly known as Toyen); or Man Ray, who created negative photographs of surrealist women such as Dorothea Tanning and Dora Maar, whom he immortalized through «rayographs» – snapshots whose result is a path between superficiality and essence. The work of Hans Bellmer

(particularly his fragmented dolls) provides a violent and intimate look at the essence of being, establishing a direct dialogue with the violence of illness and misogyny of the early twentieth century.

One of Dalí's principal techniques was the manipulation of body «pieces», such as, for example, in his sculpture entitled *Venus with Drawers* [fig. 12 for a later, painted version of that same Venus]. Here, the standards of beauty as a part of the symbolic order are brutally displaced-deconstructed, simply to remind the viewer that its founding stratum, the body, is always in the processes of becoming and of being in spirals of gathering itself and decaying, i.e. the facticity that radiologists witness every day. The exclamation «behind the beautiful surface lurked unsuspected, confusing and terrifying things» (Klingsöhr-Leroy, 2006: 42) means that not only the psyche but also the hidden and forgotten body may be disclosed, though this disclosure transcends the usual praxis of the natural attitude. Moreover, it also discloses social subjects; those bodies full of «drawers» are highly moving [fig. 12]. It also presupposes the ethical realm as those bodies (unveiled by surreal painting and radiograms) are maximally vulnerable (Levinas, 1998), reminding us that the essence of every picture –and especially those that explore embodied cognition– is death (Barthes, 1981).



Fig. 7. S. Dalí, *The Burning Giraffe*. Kunstmuseum, Basel.



Fig. 8. A brain MRI shows a big tumor at the top of the head, deforming the skull as well as leading to other in-brain symptoms. It is difficult to identify the origin of tumor from this image –is it growing from the brain parenchyma, the meninges, of the bone, and is subsequently involving other structures that surround it? Usually the growth is slow and both the tissues and the patient himself «adapt» to the «newborn» structure until more serious clinical symptoms or an obvious deformation of the skull appear.

There is also an impressive portrayal of subjects trying to maintain everyday social equilibrium while knowing that the «drawers» are full, and this is also an example of innovative social critique (figs. 6, 7, 9, 14), even blending the physical and the social [fig. 15]. Only with the help of various gadgets and mechanisms do those figures endure, thus disclosing the always unnatural and mediated nature of human life. Disease or any kind of bodily pathology appears unnatural for the social actor, in contrast with the giraffe which burns but remains in place alongside other natural elements. Nature endures in space (and also in the space of the human body) while the human decomposes in time.

As we can see, both surrealist and radiology media, in order to grasp movement as the ground of dynamic identity, often present subjects who have undergone a horrific metamorphosis [fig. 8]. As in surrealism, the radiologist witnesses, daily: 1) the technologization of the human body; and 2) the social (not natural) impairment that embodied pathologies will cause to the patient.

The image-based act of breaking the human body into pieces begins to resonate with bio-political and social issues outside the solely aesthetic or diagnostic realm.

Below, we will call those imaged faceless beings «Organs without a Body» (OwB), an inversion of the famous Deleuzean philosopheme, BwO (Body without Organs (Deleuze, 1990). For Deleuze and Guattari, every actual body has a limited set of traits, habits, movements, affects, etc. But every actual body also has a virtual dimension: a vast reservoir of potential traits, connections, affects, movements, etc. This collection of potentials is what they call the BwO. These potentials are mostly activated (or «actualized») through conjunctions with other bodies, which Deleuze calls «becomings» (figs. 1, 2, 8).

Here, organs are not clearly identified by concepts and/or images, but rather are seen as potentialities, as affects or connections a body can have, about which one is usually (naturally, pre-reflectively) ignorant. To make oneself a collection of organs without a body is to deprive oneself or another of a stable body image, to experience oneself otherwise. The OwB produces raw unstructured material, however, which is different from the rather vague Deleuzean *Body without Organs* concept (as the shared virtual plane for thought); the OwB expresses (via imaging modalities) guiding vectors for meanings and, as such, presents more affordances to actualize certain possibilities regarding a particular *eidos* (for example, cancer). It is always there as the disorganization but also conditioning of any focus. After organs are detected, thematized, rearranged, they provide some kind of identity, i.e. they determine the way we move (live), discipline the Body, and control functioning

and re-production, etc. Hollow radiology images are still testimonies to this formless plane before the trained (disciplined) gaze of the radiologist structures it. Leder describes the body as a field «in which certain organs and abilities come to prominence while others recede» (1990: 24), which means that the organs of the interior body largely recede from conscious experience. Organs without a body are free-floating signifiers that can incarnate a number of meanings, but for this they need to be stabilized by the embodied schema of the radiologist.

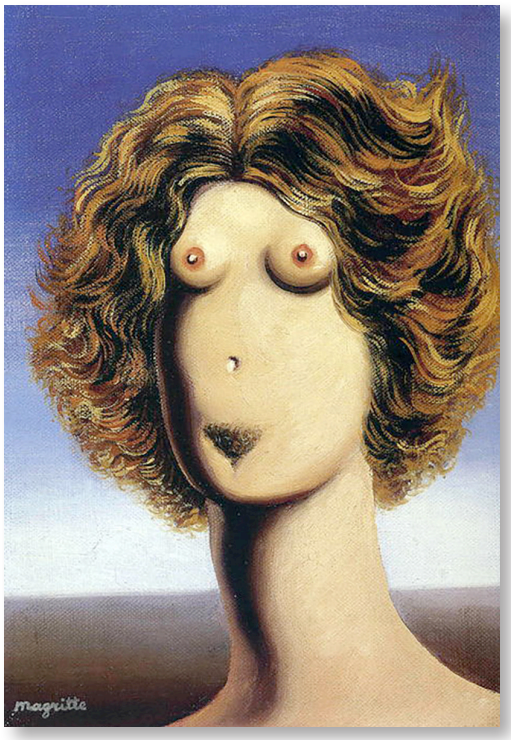


Fig. 9. R. Magritte, *Le Viol*. In this painting, a woman's face is made up of the essential features of her body. She no longer speaks with words but through the anatomy. Instead of having access to speech, she «thinks» through her body.

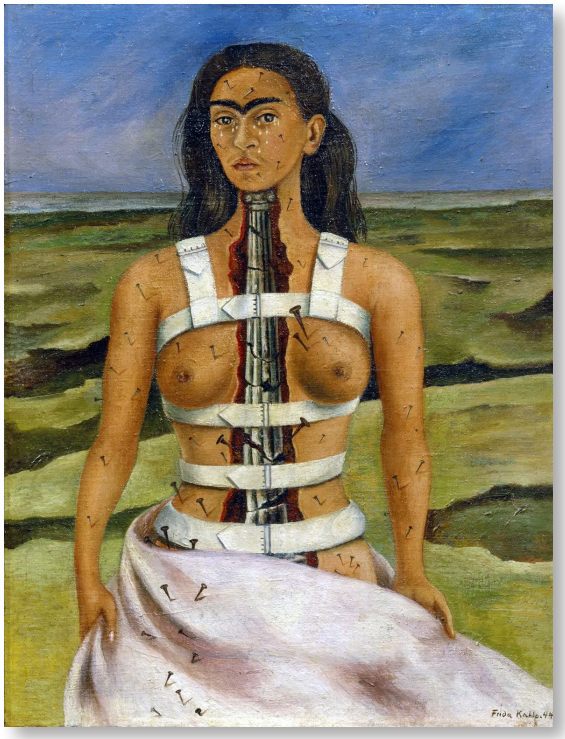


Fig. 10. F. Kahlo, The Broken Column. Museo Dolores Olmedo.

This conforms perfectly with another surrealist «obsession»: the non-stability of form; the floating of one thing into another. In radiology too, images of female and male bodies are in a constant processual change and, as such, are not static identities. Radiograms register change and radiological objects have relational identities and are always in the process of taking shape. A focus on the change fosters a cognitive and/or artistic reduction of the human whole to certain (body) parts, as does eidetic variation. As in surrealism, pieces of a body in radiology imaging, even in its most borderline distortions, reflect basic bio-pathological patterns (and a certain normativity, as a desire for health in the distorted organ, is operative). That is why the *different* means of expression provided by imaging modalities are able to signify *the same* basic structure. On the other hand, focusing on one part of the body brings to the fore the whole pathological situation and the image-based production of extreme close-ups amplifies this effect.

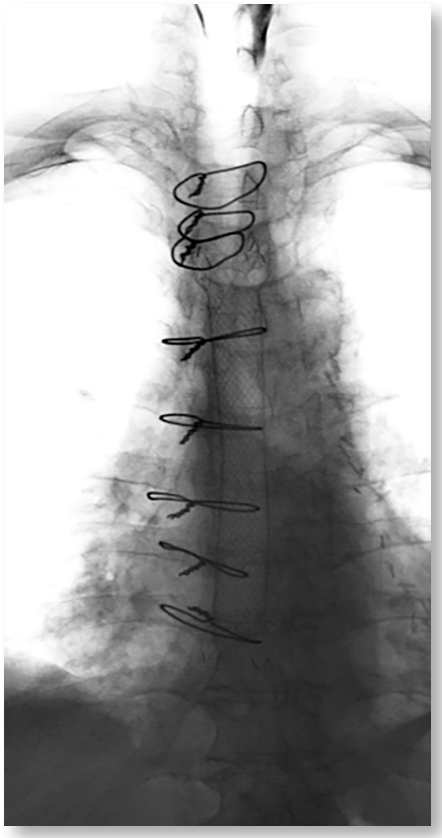


Fig. 11. A chest X-ray shows two kinds of foreign bodies, which meet as one in the midline. Multiple wires have been placed in the sternum, after it has been cut during a heart operation. The esophageal stent (which appears as a mesh tube) is placed in the esophagus in order to provide eating function in case the cancer obstructs the lumen of the esophagus.



Fig. 12. A computed tomography image of a body. In the right hip there is a prosthesis that appears like a metallic foreign body but is necessary for the proper functioning of the body.

Radiology objects better suit diagnosis by being very far (minimalization by imaging) or very near (close-up), like arabesques (more typical for Eastern than Western cognition; Huxley, 2017). Imaging, in terms of medium, average shots, is connected with optimality and quotidian, natural looks; however, the diagnostic act transcends this everydayness. The radiologist also enacts those size changes by skillfully managing the imaging modality (enlarging or reducing the image, see figs. 13, 14). Close-ups in particular serve as reminders that every life form can be put at the center of the universe and is independent from the human (ibid.). While medium shots are customary and are anesthetized (by visual habituality), the close-up can horrify (as in Antonioni's *Blowup*).



Fig. 13, 14. A whole body MRI visualizes the entire human body in overview sequences, which usually provide very general or large-scale anatomical information. For the detailed view, more precise or close-up imaging is needed. The radiologist can detect an enlarged prostate with hyperplasia and mixed signal nodes. When performing close-up detailed imaging (the right image is the dedicated prostate MRI), the radiologist can direct his attention to just the prostate because of the small field of view and a dark uneven signal representing prostate cancer can be noticed in the anterior part of the prostate.

Figures are reduced by media to body parts, sometimes with complicated devices (figs. 10, 11, 12), and to anonymity and functions. This is similar to the Cubist deconstruction of human figures [fig. 6], but here this discontinuity is overcome through the experience of temporality. In these images, different figures (and organs) appear damaged, abandoned, sitting, standing, waiting, dying, etc., and thus the profound melancholia of these headless witnesses of human drama is presented. Moreover, through basic embodied impressions (pushing, pulling, obstructing, penetrating, amplifying, etc.), postures and movements, it is possible to discern not only the individual, but also the social, even geopolitical drama of humanity.[4] The schematism of the body in both surrealism and radiology also carries socio-political weight. For example, the dysfunctional relations between body parts can be used as a metaphor for civil war [fig. 15].

One could say that such dysfunctions in radiology have direct and not metaphorical relations to the patient's health. The radiologist usually *imagines* the field of anonymous dysfunctions as affecting, by extension, the social status, efficiency, and interactions of an individual subject, which presupposes a wider political disciplinary context. If we empathize with some bodily state, it is not unconscious; it a priori requires at least a minimal

4. In the first section of *Qu'est-ce que le surréalisme?* Breton (1978) traces a history of Surrealism as a response to European political and social conditions in the 1910s and 20s.

social articulation or arrangement. It takes place in the coordinates of a given society, place, task, etc., and is connected with the symbolic but also the normative (is it, for instance, too far, too deep, or too big?). Bodily affection, therefore, does not arise without some minimal narration or arrangement. It is precisely imagination that makes sense of bodily affections and causal impressions, etc. Here we can see how both the body and the imagination are social, but that this sociality originates in embodiment.



Fig. 15. S. Dalí, *Soft Construction with Boiled Beans (Premonition of Civil War)*. Philadelphia Museum of Art.

CONCLUSIONS

The world of radiological objects, like that of surrealism, is not localizable in physical space, but is mediated by image-based modifications and embodied enactive strategies, which together serve as the genetic ground of meaning. Hence, embodied enactive cognition is a necessary perspective in visual media studies because it deals with the perceptual artefacts of image-based modifications. These modifications suggest the a-subjective primacy of

manifestation. Some of this article's arguments are therefore directed toward the traps of the *natural attitude* that guard the primacy of correlation between stable identities and fixed conscious structures. As such, in this article we have operated with at least three modifications of a celebrated phenomenological reduction – the suspending of symbolic and imaginary, and the suspending of the natural body schema which prepares the way for the technological variation to uncover not static and solid but rather dynamic and deformed identities and the transcendental genesis of meaning from scattered sensations.

Symbolization and conventional imagery as basic mediatization have their shortcomings. In turn, surrealist and radiology media (paintings, photography, collages, radiograms, MRI, CT, short films, etc.) disclose assemblages, becomings, movements, enactions, temporalities, etc. beyond the habitual confines of static language, introspective representations or inference-based cognition. «Normal» structures (established by society or bio-politics) are not natural; they block «rhizomatic» possibilities, undisclosed vectors for the development of various structures. Hence, through the praxes of surrealism and radiology, we may subject the acts of seeing and interpreting images to new conditions. Time and movement become the real subjects of surrealist paintings and radiograms, which demand skillful embodied enaction by the author, viewer, or radiologist. In this pre-reflective process, the reuse of primal causal impressions serves as the ground of media-generated experiences and manifests not as a system of representations but as an affective teleological movement and action. Accordingly, the multifaceted reality of images, and the strategies for their apprehension, which combine the real and the non-real, the inanimate and the anthropomorphic, significantly challenges the materialist assumption from both perspectives.

We would therefore argue that both surrealism and radiology form a very strong case for finding an alternative to inference-based rational calculus and representationalism in terms of embodied cognition, even including ethical and bio-political issues, which have traditionally resided beyond the bounds of aesthetic and theoretical concerns.

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