

**SELF AS SUBJECT:
THE TWENTY-TWO-YEAR DECISION
TO PAINT MY CHRONIC ILLNESS**

Thesis submitted in partial fulfillment of requirements for the degree of
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by

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Abstract

Art practices are molded by personal experiences and are therefore each unique. Understanding the true meaning behind an artist's work means investigating their past, often as far back as childhood. My decision to make work about diabetes was shaped by both a lifetime of living with the disease and my education as a practicing artist. I have encountered a number of obstacles along the way and I have surprisingly discovered many parallels between my art and my disease. It is a delicate relationship that I have formed with my body and one that seems to determine who I'm inspired by, what I pay attention to, and what I'm able to recall in my mind. Making artwork about my life as a diabetic has consequently encouraged me to reflect on my own past and all the events, people, and bits of information that have led me to where I am at this moment.

Nothing happens in a moment. Nothing happens quickly. If you think something's happened quickly, you're looking at only a part of it.

-Sarah Manguso, *The Two Kinds of Decay*¹

My fingers are dotted with tiny portals that bridge the gap between my insides and outsides. At 1:17pm I prick my left pinky with a small needle inside a spring-loaded lancet and squeeze out a drop of my insides. I hold up the drop of blood to the edge of a disposable strip, which has been inserted inside a relatively simple device. The strip draws up the blood and the machine counts down 5...4...3...2... I lick the remaining blood off my finger and look at the screen. It reads 249 mg/dl, which means there is too much glucose in my blood. I feel the familiar twinge of disappointment and automatically reach for my greyish-blue pen that's filled with rapid-acting insulin instead of ink. I quickly calculate how many carbohydrates are in the food I'm going to eat: about forty. I twist the dial on my insulin pen and listen to the six clicks—four units to cover my food and two more units to correct my high blood sugar level. I remember that I'm going to take a walk after lunch and twist the dial back one click to five units instead of six. I pull the cap off, prop my right arm on my right knee, balance the insulin pen in my left hand and slowly pierce the skin on the back of my arm. I feel a sharp pain, pull back, move a few millimeters over, and try again. It goes in easily this time and I carefully maneuver the pen in my left hand so that I can push in the dial at the other end. I'm using a new pen from the fridge so the insulin is cold and it stings inside my arm. I count to ten and pull out the needle. It's 1:18pm.

¹ Sarah Manguso, *The Two Kinds of Decay*, 182.

PART I: Collision

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 prefer to use only 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.

-Susan Sontag, *Illness as Metaphor*²

The Diabetes Online Community (DOC) is one of the many resources that remind me to feel gratitude for being born in the 90s. My sister, Sysy, the creator of a blog called *The Girl's Guide to Diabetes*, first introduced me to this community. In 2010, fellow DOC blogger Lee Ann Thill announced the first annual Diabetes Art Day—a day where anyone whose life had been touched by diabetes was invited to create and share artwork in an online gallery space. The first Diabetes Art Day was celebrated on September 1st and I submitted a small painting of a hand with a pricked finger and some song lyrics. It was not my best work, but it was a significant turning point.

I was diagnosed with type 1 diabetes³ on February 28, 1994 at the age of three. My parents had just moved to the United States from Venezuela ten years earlier. At the time, I had two older sisters and an older brother. My younger brother came a few years later. Luckily for my parents, I was a calm and obedient child who dealt with needles and pokes surprisingly well. My oldest sister Sysy was also diagnosed with type 1 diabetes eight months later at age eleven. Since I was so young, she was able to

² Susan Sontag, *Illness as Metaphor*, 3.

³ “In type 1 diabetes (formerly called 'juvenile-onset' or 'insulin-dependent'), the pancreas completely stops producing any insulin, a hormone that enables the body to use glucose (sugar) found in foods for energy.” Joslin Diabetes Center, “Common Questions About Type 1 Diabetes”.

communicate to our parents what I was going through, since she was now experiencing those same things. According to her, I dealt with my disease by retreating to a fantasy world where I read Nancy Drew books and doodled girls in funky clothing. I generally confronted feelings of anger and frustration in private. Art became an escape for me at an early age—although I didn't perceive it as such—and by the time I was in Kindergarten I dreamt of being an artist when I grew up. For years, my diabetes and art remained separate, except briefly in the third grade⁴. It wasn't until my sister encouraged me to participate in the first Diabetes Art Day that this changed.

PART II: Advocacy

Where did I get the idea that being stoic and silent was the best way to be a strong young woman? Modern medicine suggests that we amputate, shut up, or extract what we've identified as the problem. That we must "overcome" or "defeat" our illnesses and our wounds. Take a pill, cut it out, burn it off, etc. But what if our symptoms have something to tell us? What if every articulation of our bodies, minds and spirits, pleasurable or painful, light or dark, were a message spoken in a perfect language? In this time when we have so many unanswered questions, the danger is not that our symptoms speak, the danger is not listening to what they have to say.

-Jesse, "Your Body is Attacking Itself"⁵

Exactly one year after the first Diabetes Art Day, it was 2011 and I was a 3rd year undergraduate student. I had the opportunity to choose a semester-long theme for my work in the intermediate painting class I was taking and I decided to focus my studio work around the subject of diabetes. It was an easy decision because the response I

⁴ In 2000, I entered a Reading Rainbow young writers contest. I won 2nd place in the 3rd grade category for my illustrated book, *When I Developed Diabetes*.

⁵ Jesse (last name unpublished), *We Are Canaries*, "Your Body is Attacking Itself: How Language Can Get in the Way of Healing".

received from my Diabetes Art Day piece was so positive, and also because as an artist I felt that the work I had been making wasn't meaningful or important to me. I began by painting depictions of my daily life with diabetes and the potential complications caused by it such as blindness, neuropathy, and high-risk pregnancies. During group critiques my peers would tell me that I was brave and sometimes describe a person in their life who also had diabetes. My art became an opportunity for conversation and I suddenly felt that I had a responsibility to use it as a platform to educate people about the disease.

This actually wasn't my first experience advocating for diabetes awareness. For years, I raised money and participated in the annual JDRF⁶ Walk to Cure Diabetes with my family and I temporarily served as an ambassador for their Roanoke Chapter. In fourth grade I applied to be a Virginia delegate in the JDRF Children's Congress and after I was chosen I travelled to Washington, D.C. to speak to scientists, government leaders, and celebrities about type 1 diabetes and the need for a cure. In ninth grade, I was nominated for and given a Young Hero award for the things I had achieved in spite of my illness. Despite holding these positions, I didn't speak openly about my diabetes often and I would only tell people about it if I felt I needed to. My paintings, however, somehow gave me the courage to publicly address my personal relationship with the disease. It was almost relieving to share what I was going through, as if I were using it to defend my personality.

⁶ Juvenile Diabetes Research Foundation

Over the next two years, I continued to make mostly representational oil paintings that illustrated my personal responses to diabetes. Through research, I gained a deeper understanding of the disease and my body and the way they interact with each other on a daily basis. I was also learning to look at my diabetes objectively, though I usually remained emotionally attached to this artwork.

I displayed the work in two shows in Harrisonburg, Virginia and continued to receive feedback that motivated me to stick to this theme:

“What an amazing and powerful presentation. So eye-opening into the world of being diabetic. My heart goes out to every (especially young) person who struggles with the day to day challenges.”

“I feel that nobody truly understands what it is like living with this disease! I feel that I have a spiritual sister of some sort as I gaze upon your work. It is awe-inspiring! Please, keep doing what you’re doing—giving others like us hope and kinship of sorts! Thank you for your work. It was and is truly a blessing!”

“Meaningful work. The world needs this.”

“Saw your work today. Awesome. No one realizes what diabetes does to a person—my husband has it—my mom had it. Your paintings are awesome. Get the word out—people can identify with these feelings.”

“I commend you for sharing this part of your life through your beautiful artwork! It’s a unique perspective that blesses us all!”

My first show took place in ArtWorks Gallery at James Madison University in the fall of 2012. In preparation for the show, I reached out to the DOC, my family, and people in my community who are affected by diabetes and asked for responses to three questions: *What is the hardest part about living with diabetes? What has diabetes*

taught you? How long have you or your loved one lived with diabetes? Their answers, which I displayed in frames, were both inspiring and heartbreaking:

“Diabetes has ruined my life...people don’t know that my diabetes is slowly taking my life away because of my bad outlook on it.” – Amanda Painter

“For me, the hardest part of living with diabetes is that I never get a break. Dealing with diabetes is a 24/7 job in which slacking comes with the harshest of consequences. With that always hanging over one’s head, it is incredibly easy to become burnt out—which we just can’t afford to do. It’s a vicious cycle.” – Jennifer Brannock Graham

“The hardest part is the fact that I’m not the one suffering this condition, but my 3 year old is.” –Yvonne LaFont

“One of the hardest things about living with diabetes is living.” – Patty Keller

Throughout this process, I was acutely aware of the condition of my health and the long-term complications that I was at risk for. I even had a panic attack in my college dorm room after reading about diabetic ketoacidosis.⁷ I suffered from DKA for the first and last time in ninth grade and spent a night in the hospital, but I didn’t even know what it was until I looked it up six years later in preparation for a painting titled *Ketoacidosis*. I think the panic attack stemmed from both guilt and fear. Guilt for not asking questions or bothering to find out what happened to me in an effort to prevent it from happening again. Guilt for letting myself get to that point to begin with. Fear of my future and the

⁷ “Diabetic ketoacidosis (DKA) is a serious condition that can lead to diabetic coma (passing out for a long time) or even death. When your cells don't get the glucose they need for energy, your body begins to burn fat for energy, which produces ketones. Ketones are chemicals that the body creates when it breaks down fat to use for energy. The body does this when it doesn't have enough insulin to use glucose, the body's normal source of energy. When ketones build up in the blood, they make it more acidic. They are a warning sign that your diabetes is out of control or that you are getting sick. High levels of ketones can poison the body.” American Diabetes Association website.

impact every bad number has on my health. I also made a painting of the panic attack, titled *Attack*.

The practice of using diabetes as a subject for my work allows me to distance myself from my own reality, but the nature of diabetes does not allow this to persist. I am still obligated to test my blood glucose levels, count carbohydrates, and give myself insulin injections multiple times a day. I wake up from low blood sugar in the middle of the night and feel like vomiting when my numbers climb too high. I go to the eye doctor, dentist, endocrinologist, and internist, and get blood work done at least once a year. These visits are stressful and often discouraging, especially when I get the results from my lab work. Mayo Clinic offers the following definition of the A1C test:

The A1C test result reflects your average blood sugar level for the past two to three months. Specifically, the A1C test measures what percentage of your hemoglobin — a protein in red blood cells that carries oxygen — is coated with sugar (glycated). The higher your A1C level, the poorer your blood sugar control and the higher your risk of diabetes complications.⁸

The ideal number for an A1C test is 5.7 or below--mine was a 10 at its highest and has remained at an 8-point-something for the past few years. According to Mayo Clinic, an A1C above 8 indicates having “uncontrolled diabetes for a long time”.⁹

⁸ Mayo Clinic website, Overview.

⁹ Mayo Clinic website, Results.

The world, with its infinite variables, is the wrong place to attempt implementing the scientific method. Most successful experiments work only in vacuums.

-Sarah Manguso, *The Two Kinds of Decay*¹⁰

When I tell people I have diabetes, they are usually surprised and tell me they never would have guessed because I look healthy, and then they tell me I must be managing it well. In her book, *Illness as Metaphor*, Susan Sontag describes the TB-ridden body as transparent and the cancerous body as opaque—the levels of opacity being determined by the visibility of the symptoms.¹¹ The body with diabetes is typically more opaque and is therefore classified as an invisible illness. If you know little or nothing about the disease, at least know these two things: diabetes is an invisible illness and blood glucose levels are affected by a seemingly endless number of variables such as menstrual cycle, illness, exercise, food, stress, mood, adrenaline, inconsistent sleep schedules, inconsistent meal sizes, inconsistent meal times, inconsistent activity levels, inconsistency in general, temperature, dehydration, and so on. The body is so intricately designed that things such as digestion, breathing, and blinking happen voluntary—that is, if everything works correctly. My problem is that my pancreas does not.

Autoimmune¹² diseases can be difficult to come to terms with because they are a result of your body accidentally turning against you. Who is to blame when it is your own body that is failing? If the pancreas is functioning the way it should, it releases the

¹⁰ Sarah Manguso, *The Two Kinds of Decay*, 29.

¹¹ Susan Sontag, *Illness as Metaphor*, 12.

¹² “Autoimmune: of, relating to, or caused by autoantibodies or T cells that attack molecules, cells, or tissues of the organism producing them.” Merriam-Webster online dictionary.

precise amount of a hormone called insulin at the precise time, every time. Even though I've gone through the world in this body for over 25 years, I'm not as in tune with it as my pancreas should have been, and I simply never will be.

This is what I tried to tell people through my paintings and it's the reason I began to identify as an advocate for diabetes awareness. In May of 2013 I graduated from James Madison University and in August I decided that I would apply to grad school. The School of the Art Institute of Chicago was my top choice and they also asked for the most photos for the digital portfolio portion of the application. I didn't have enough pieces to include so I made nine more oil paintings between November and December and submitted my application on January 3, 2014. At the time I was looking at the work of Frida Kahlo, Chris Martin, and Frank Moore.

PART III: *Timing*

Mostly, I just want people to understand the complications of a life with Type 1 Diabetes and that insulin is far from a cure. My oil paintings address different aspects of my life with diabetes: my fears of complications in the future, my idea of how others perceive me, and the daily, if not hourly, reminders that I have this disease and will probably have it for the rest of my life.

-An excerpt from my SAIC Statement of Purpose

I began my career as an MFA student the following summer. I had no idea what to expect and I cried before I got on the tiny plane that was going to carry me from Roanoke to Atlanta, where a second plane would take me to a huge city I had never been to, where I would live with a stranger for the next six weeks. During those six weeks I overflowed with inspiration, stress, and humility. I experienced a new

complication—numbness in my hands—an increase in social anxiety, and generally poor management of my blood glucose levels. I played with sugar, paint, and medicine, and received generous guidance from incredibly talented artists. I started to make bolder statements and the questions I asked started to change: *How (and how quickly) will I allow the information to unfold? What are the results/consequences of an attempt to mimic the complex processes of the human body? How can I remove myself from the work? Or can I?*

After some recovery time in August, I began the fall semester back at home in Roanoke, Virginia. It was almost a month before I started making work again, but I eventually made some things that I liked. I continued to experiment with sugar and became a little obsessed with grids as a symbol of control and order. Towards the end of the semester, my mind gave birth to Madame Insulin, a personification of the hormone. Inspired by Lynne Tillman's *Madame Realism*¹³, Mayan art, and the history of diabetes, Madame Insulin was portrayed as a cold-hearted dictator who controlled all life in the land of pancreas failure.

I loved the work I was making, but I struggled to find a balance between making work specifically about diabetes and making work that was more universal. In the spring my work became very didactic. I took a Writing as Art class with Gregg Bordowitz and spent a large part of the semester writing in response to some of my studio work—a five-by-five foot painting of Madame Insulin—which I created in seven specific layers:

¹³ See "Don't Call Her Experimental: Lynne Tillman's Realism of Indeterminacy" by M.H. Miller for more information. Observer.com.

1. Madame Insulin
2. Syringes
3. Blood vessels
4. Ketones
5. Fingers / finger pricks
6. Pigs
7. Sugar

I wrote about each layer and compiled the writing and photographs into a digital book titled *Where Does It Hurt?* I left the painting crookedly pinned to the wall for a long time; now it's rolled up in a corner.

*What you risk telling your story:
You will bore them.*

...

*Your happiness will be called
bravery, denial.
Your sadness will justify their pity.
Your fear will magnify their fears.*

-Laura Hershey, "Telling"¹⁴

Writing the text for *Where Does It Hurt* was a strange experience and the sentiment has stayed with me since. I'm not sure how to describe it except that I was cautious with my writing and worried about it being misinterpreted. As a child, I didn't like to tell my peers about my diabetes because it generally wasn't cool to be different and most people are scared of needles and grossed out by blood. As an adult, my discretion mostly stems from inconvenience. I don't want people to worry about me, wait for me, or pity me and I still don't want to make them uncomfortable with my needles

¹⁴ Laura Hershey, "Telling", *Beauty is a Verb*, 134.

and blood. I had maintained the façade of a “healthy” person by being private about my diabetes and now I was revealing all my feelings and insecurities. I worried that people would be confused or that it would seem like I was being dramatic about my condition.

One of the hardest things about being chronically ill is that most people find what you're going through incomprehensible—if they believe you are going through it. In your loneliness, your preoccupation with an enduring new reality, you want to be understood in a way that you can't be.

-Meghan O'Rourke, “What's Wrong With Me?”¹⁵

Humor was a device I began to explore to deal with these concerns. I developed an interest in comedy in a natural way—I liked to laugh and I liked the people who could make me laugh. I greatly admire cleverness, and even more so, I admire people who can turn tragedy into an opportunity to laugh, that is, finding the capacity to deal with pain in a joyful way. I think being diagnosed with diabetes at a young age helped me accept the cards I was dealt, without thinking much about what my life could have been. I grew up with an overall positive attitude about my condition, but it has been an uphill battle nonetheless. When I started making work about diabetes, comedy became more important to me. It revealed itself as a method of coping with challenging circumstances and finding comfort in knowing that I was not alone.

My sister, Sysy, introduced me to the work of Haidee Soule Merritt several years ago. Haidee is an illustrator with type 1 diabetes and employs dark humor in the best way. In 2009 she compiled some of her illustrations into a book titled *One Lump or*

¹⁵ Meghan O'Rourke, “What's Wrong With Me?” The New Yorker.

Two? Things that suck about being diabetic, and listed examples such as getting blood on everything, social stigmas, and late dinners as the things that suck. One particular page reads, “Having diabetes is like having a baby attached to you for eternity...a baby who wants you dead.”¹⁶

When I took the Writing as Art class later on, Gregg told me to look up Tig Notaro, a stand-up comedian. In 2012 Tig lost her mother, developed a serious bacterial infection, was diagnosed with breast cancer, and had a double mastectomy. Just days after her cancer diagnosis, she got on stage in Los Angeles and performed a piece that has since been praised around the world. I purchased her live album titled *Live*,¹⁷ listened to a radio segment¹⁸ she did on *This American Life* with Ira Glass, and watched a documentary¹⁹ about her on Netflix. During the live performance, she defined humor as the combination of tragedy and timing and went on to list all the truly terrible things she was currently going through. Amazingly, what followed was communal laughter from both Tig and her audience.

How can I stop thinking about the disease long enough to write about anything else? How can I stop thinking about everything else long enough that I can write about the disease?

-Sarah Manguso, *The Two Kinds of Decay*, page 179

In the documentary, Tig revealed that she had been very nervous about the audience’s reaction, but it made sense to me that she could not help but talk about the things she

¹⁶ Haidee Soule Merritt, *One Lump or Two*, 56.

¹⁷ Tig Notaro, *Live*, Recorded performance.

¹⁸ Ira Glass, “What Doesn’t Kill You” *This American Life*.

¹⁹ Kristina Goolsby and Ashley York (directors), *Tig*, Netflix documentary.

was going through, as if saying them out loud might validate her feelings that the combination of these events was absolutely ridiculous.

During studio visits with Alejandro Cesarco and Rashayla Marie Brown in the summer of 2015, I learned more about how other artists were using humor in their work. Alejandro described humor as “displacing discomfort,”²⁰ while Rashayla described it as a “disruption of expectations that’s pleasing.”²¹ I wouldn’t call myself a funny person, but I discovered that I could insert humor into my work and it didn’t feel forced. At first I worked with it in small doses, just trying out things here and there, and even when I don’t use it, it is always in the back of my mind.

In June, I traveled to Chicago for my second six-week residency. On the first night I went to the opening for *Interwoven*: a group show curated by Pia Cruzalegui, which I was a part of. I displayed eleven diabetes-related relief prints in pink frames. The pink frames were a pain to make. The residency weighed on me once more. I gained a few pounds and experienced increased stress and anxiety and poor blood glucose levels. I cried a lot and one day I even told my now-fiancé that I might be depressed.

I continued to experiment and, despite my low points, I was mostly very excited by my new work, which focused on multiples, repetition, and mechanical reproduction. I was interested in abstraction and spent a lot of time at the studio photocopier layering drawings on vellum. Critiques were confusing because I felt challenged and inspired, but I also found myself questioning what my goals were and what I was trying to say. I

²⁰ Mentioned in conversation.

²¹ Mentioned in conversation.

kept jumping between wanting the viewer to know my work is about diabetes and not caring to make it obvious; wanting sympathy, and then swatting it away in disgust. It was as if I knew what direction I needed to go in next, but because I had been making work about diabetes for years at that point, I was afraid of letting it go. I cried in frustration during a group critique because the thought of making work that wasn't specifically about diabetes felt like I was internalizing my emotions again.

PART IV: *Stretch/Collapse*

"I work very much like a rubber band. I start with an idea or an image and then I stretch it out and let it collapse back into itself."

-Ross Bleckner²²

In September I had a studio visit with my mentor, Gerry Bannan, and I showed him most of the work I made over the summer and shared my concerns. We talked for a long time about the various bodies of work and in what ways each one was successful or unsuccessful based on my goals. Ultimately, we decided I should continue to explore multiples and repetition in the form of cell paintings.

Cells,²³ ironically, have been an important part of my diabetes portfolio since its inception in 2010. Their endless forms and their versatility as symbols for the body, life, and beginnings fascinated me. I could paint circular shapes in various sizes, colors, and combinations and reference the idea of a cell. In a figure drawing class, I simplified my

²² Ross Bleckner, Interview by Aimee Rankin for *BOMB Magazine*.

²³ These cellular shapes symbolize a variety of things including drops of blood, a 24-hour period, people, etc. and I refer to them as "cells" for clarity.

cell design and used it as a pattern. I painted cells and turned them into felt shapes. When I don't know what to draw, I often start with cells. For years I've considered getting one tattooed on the inside of my wrist. I wrote that down somewhere.

During my early research, I read a lot about beta cells in particular, which reside in the pancreas and are responsible for releasing insulin. I made a few pieces illustrating the cells and titled two of them *Beautiful Beta*. The cell image is one that I have returned to over and over again, becoming a thread that subtly indicates the presence of a body throughout my work.

It seemed fitting that I was returning, once again, to cells at the beginning of my last year of graduate school. This time, they were created with watercolor paint on watercolor paper. I started making them the previous summer in Chicago as playful studies. I painted them in rows and as solitary shapes. In the fall when I decided to focus on the cell paintings, I knew it was time to push the limits of this series. I experimented with scale, color, surface, and layering. I crushed up Alka-Seltzer tablets and recorded videos with my iPhone as I sprinkled the dust into wet paint and watched it bubble and fizz like a science project. About halfway through the semester, I started painting on Yupo paper, which is a smooth, non-absorbent, wonderful paper. I loved the boldness of the color, the sheen of the paint, and the way it just rested on the surface like skin.

I begin by painting circles with plain water, shifting my crouched position on the floor to allow the light to reflect off the water and reveal its placement as I paint more circles. I dip my brush into a concentrated liquid watercolor paint—the consistency, and

sometimes color, of fresh blood—and gently touch the circles of water. At this point I'm hardly painting, I'm just adding pigment to water. My work is no longer directly about diabetes; rather, it is informed by my life as a person with diabetes. A viewer may never suspect that the work is about diabetes or autoimmune diseases or even illness in general, but everything about it screams the d-word to me.

Since the liquid rests on the surface in a small puddle, there is a lot of potential for movement. Dry time is decreased due to the non-absorbent surface and variables such as the speed of the rotating ceiling fan above me and the evenness of the floor below me affect the journey of the paint as it blends into the water. Density becomes an important variable as well. The more diluted the paint is, the more easily it blends with the water. One day I worked with both ink and watercolor and since the watercolor was less dense than the ink, the drops of watercolor I placed on top visibly skidded on the surface for a fraction of a second before collapsing into the ink.

I continue this process, working on several cells simultaneously, painting, looking and responding. Despite doing this hundreds of times, tracking the movement of the paint and water might be my favorite part. Sometimes I skip the first layer of water and apply paint directly to the paper, resulting in a much bolder line, which I sometimes still dilute with water. To my delight, I quickly learned that white paint seems to resist every other color. Eventually it blends, but first it resists. And the resistance is quick and dramatic, like a microscopic explosion. Every few minutes, I add paint or water with a clear pipette for more precision and a different kind of mark.

I perceive the process of making these paintings as a metaphor for my fate as a diabetic: I repeat the same routine over and over again, but get different results because there are so many variables in play. I exercise some control while painting (color, placement, dilution, number, scale), and the rest is up to outside factors. In a similar way I can eat, exercise, and sleep at the same time everyday, but my blood glucose levels will still vary based on my mental health, my menstrual cycle, the absorption of my insulin, and so on. If I were a robot with nothing else to do, I could keep track of all the variables and maybe have close to perfect numbers. Then again, if I were a robot, I surely would have repaired my broken pancreas by now. While the processes are similar, the primary difference is that I can walk away from one of them.

The circular shapes are a reminder of my condition, the parts of my life that it has affected, and all the work I've made about my body and the disease that plagues it. The simplicity of the paintings allows space for thought. I think about all the moments that make up my life, contained as memories in tiny compartments somewhere in my brain. I think about how the clearest memories are said to be either moments of tragedy or moments of great happiness. My earliest memory may be plucked from the tragic day that I was diagnosed with type 1 diabetes at three years old, but the part I recall most clearly is sitting on a hospital bed receiving a very special gift from my nine-year-old brother: the temporary and exclusive possession of Rafael, Michelangelo, Leonardo, and Donatello, his four Teenage Mutant Ninja Turtle figurines. It was a moment of great happiness—at least in my memory. My brother was diagnosed with type 1 diabetes almost twenty years later.

I feel like my studio is a laboratory. There is a sense of alchemy. There is a sense of chemistry. There is a sense of joy. There is a sense of the pleasure that I have in playing with this stuff—paint.

-Ross Bleckner²⁴

The Yupo paper is a petri dish whose contents I observe and analyze. The sterile white surface alludes to a laboratory and I am suddenly not a diabetic, but a scientist. I buy a large roll of white Yupo paper. Five feet by ten yards for \$123 and free shipping. It arrives in a long skinny box. The box has a huge gash in it, but the paper seems to have weathered the blow. I create the hashtag #tenyardstenpaintings on Instagram and make only four paintings by the end of the semester. But I love these paintings. I love painting them and watching them and looking at them on the wall.

Each painting is a learning experience. I learned that using too many colors was distracting and took away from the idea of a body so I decided to stick to a limited palette: Raw Sienna, Burnt Sienna, Burnt Umber, Yellow Ochre, Sepia, Payne's gray, Indian Red, Sap Green, and Titanium White. I learned that red pigment stains the paper like blood. I learned that creating too much depth makes the painting feel more like planets in outer space. I learned that highly pigmented liquid watercolors take a lifetime to dry on Yupo paper. I learned that making big paintings in a small studio is counterintuitive. I already knew that last one, actually.

During this time, I revisited the work of Ross Bleckner, an artist I had been introduced to in the spring. Bleckner is an American painter who was born in 1949 and

²⁴ Ross Bleckner, Big Think.

is well known for his work on loss and change. I was immediately drawn to his cell paintings, but even more drawn to the way he wrote and spoke about his work and practice as an artist. As a person with a chronic illness, I have thought about my mortality often and spent most of my life keeping those thoughts to myself. Mortality has been an underlying theme throughout most of my work about diabetes, but I never directly addressed it. Right before I applied to graduate school, I had started reading about artists who made work about HIV and AIDS and the issue of death was often at the forefront because it was an epidemic and the mortality rate was skyrocketing. Several months later, I read a statement by Gregg Bordowitz: "I was tired of pretending for the sake of others that I would survive. I became preoccupied with the burdens that sick people bear on behalf of those around them who are well."²⁵ A year later I read a statement by Ross Bleckner:

I've really internalized that sense of mortality. I don't want my paintings to be alike. Even in this show, there are flowers, brains, and birds. I begrudgingly call some of these my "flower paintings" even though they're not really flower paintings. They were flower paintings. I first paint them really carefully, like a still life. Then I scrape off all that paint with a palette knife. A flower has such a short life span; it blooms and it is so majestic at its height but then it just falls away. I find pleasure in painting them and then seeing what happens when they become

²⁵ Gregg Bordowitz, interview by Robert Atkins.

just a trace of something left. I've always been amazed by what's not there anymore.²⁶

And then I started addressing mortality in my own work.

I thought that Bleckner's technique of painting then scraping away was such a beautiful and elegant way of portraying death and I wanted to apply it to my own work somehow. I had learned early on that paint could be easily removed from Yupo paper almost entirely—like wiping away lines on a dry erase board—so I decided to do an experiment on methods of removal using watercolor on Yupo paper. I prepared the surface by drawing a grid of three-by-three inch squares and jotted down a short description at the bottom of each one. The descriptions included wiped away while wet; wiped away while dry; wiped away with spit; scrubbed with sandpaper; covered with acrylic paint; cut out; etc. In each space, I painted the cell shapes like I normally would, and then I began removing and covering, according to the descriptions I had written. I felt like I was playing while making important work and it was a deeply satisfying experience. I looked at the obscured cells as comments on mortality, but also on the nature of medical studies where data is sometimes manipulated or removed completely.

I started to make the paintings more random by leaving the placement of the cells somewhat up to chance. I drop cotton balls from a few feet above the paper and make a tiny mark where they land. Sometimes it's a gentle underhand throw. The result has been beautiful clusters of cells whose edges have begun to blur. For months I had been avoiding having the cells touch and then I learned that sometimes they need to. The

²⁶ Ross Bleckner, interview by Frank Expósito for Art Forum.

cells say one thing on their own and another thing when they interact with each other. A cell by itself reads individual, static, decorative, and sometimes this is what I want. Two or more cells touching alludes to an action or a process such as mitosis. In other words, something is happening.

I also did a study on layering: pushing the Yupo paper to its limit. Over the course of one month, I painted seven layers of cells on one sheet of paper. Since most of the paint was resting on the surface, blending was inevitable. I probably could have added more layers, but it was getting too brown for my taste. It was interesting to observe the differences between pigments: their drying rate, how easily they blended with the previous layers, and so on.

I use a palette called a cupcake palette for my watercolor paints. The wells are fairly wide and deep. I usually put too much paint and I rarely clean the palette, which means that I end up with dry watercolor cakes. Since it is watercolor, I can just add water and bring the paint back to life, but I discovered that not all of the dry pigment dissolves into the water, resulting in flecks of dry paint. I decided to paint with them anyway, and now I embrace, if not seek, the flecks and I rarely waste any paint.

For several months, I was comfortable leaving the background as pure white paper. I like the cleanliness of the surface and its similarities with a scientific laboratory. My second mentor, Janet Niewald, urged me to try tinting the paper by painting and removing pigment, as I had done in my experiment with methods of removal described above. I did try it and was intrigued by some of the results. I had learned previously that I wasn't very interested in creating depth with scale, but tinting the Yupo paper created

something that looked like atmosphere—a very subtle sense of depth. The atmosphere can be built up in layers and almost looks like fog.

More recently I have been considering the significance of size in terms of surface area. Until this point, all of my large paintings on Yupo paper had measured three-by-five feet and I hung them vertically. From the beginning, I preferred a large surface over a small one because it allowed me to paint several cells at the particular size that I like—about 2.5 inches in diameter. Since the paper is large and the paint is thin, I work with my paper on the floor and move around it. From the moment of production, I am very aware of my body: the chill of the basement against my skin, the slight pain in my back from leaning over, the numbness of my feet from sitting in one position too long, the limited reach of my arms as I stretch across the paper. Moving the panels around my small studio space has also made me very aware of my body as I am constantly confronted by a wall or piece of furniture. If I did not love making these paintings, I would surely be making something much smaller.

PART V: *Retrospect*

I think that we don't really know what we do, in fact, who we are until we've done enough things to look back on them and let those things construct a reality.

-Ross Bleckner²⁷

How do I write a conclusion for something that's ongoing? Everything that I create is a product of my past. I feel a deep sense of pride when I look behind me and I

²⁷ Ross Bleckner, Interview by Aimee Rankin for *BOMB Magazine*.

owe a great debt to everyone who has influenced me, knowingly or not. I wish I could say that making work about diabetes for almost six years and living with it for over twenty-two has made me an expert, but this is not so. Instead, I have been taught lessons in empathy, discipline, humility, and strength and I now make an active effort to be mindful in all aspects of my life. As an artist I have been working on being more responsive as I paint, and it reminds me to respond to the expressions of my body. I can't be too mad at it for being partially broken; it still alerts me when my blood glucose level is dropping and the warning is loud enough to wake me from a deep sleep.

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