# The System is Broken

An Exhibition of Print and Mixed Media

by

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A thesis exhibition

presented to the University of Waterloo

in fulfillment of the

thesis requirement for the degree of

Master of Fine Arts

in

Studio Art

University of Waterloo Art Gallery, June 12th to June 28th 2025

Waterloo, Ontario, Canada, 2025

**Author's Declaration:**

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

**Abstract**

*The System is Broken* is an exhibition that is a visual reflection of my experiences as a healthcare worker in an emergency department. The works represent abstract scenes of the clinical workspace. They are comprised of monoprints, digital prints, UV ink paintings, sculptural etched glass, and lightboxes. With the use of internal angiogram brain scans and collected dressing materials from the clinical setting, it is a response to the fast-paced, stressful environment of the hospital that is rife with trauma, high emotions, and anguish. Working between the emergency room and the studio, I balance my life between the two workplaces as a fuel to create work. The series speaks both to my continuous navigating of in-betweenness, but also to the overarching hierarchical nature of the medical system. By manipulating and distorting found imagery created by various medical technologies, abnormalities in the imagery are created to signal the bureaucratic structures and power imbalance of the healthcare system.

**Acknowledgements:**

**Land Acknowledgement:**

I would like to formally acknowledge that I currently work and reside on stolen land. The regions of Mississauga, Toronto and Kitchener/Waterloo are areas where I have worked and resided long-term, providing endless opportunities, comfort and a safe space to grow. I am very privileged to call these areas home.

The City of Mississauga acknowledges that it is on the Traditional Territory of the Mississaugas of the Credit First Nation, The Haudenosaunee Confederacy, The Huron-Wendat and Wyandot nations.

The City of Toronto (Tkaronto) acknowledges that it is on the Traditional Territory of the Mississaugas of the Credit, the Anishinaabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. It is now home to First Nations, Inuit and Métis peoples. Tkaronto is on the land of Treaty 13 with the Mississaugas of the Credit.

The City of Kitchener/Waterloo acknowledges that it is on the Traditional Territory of the Neutral, Anishinaabeg, and Haudenosaunee peoples. The campus of Waterloo is situated on the Haldimand Tract, the land granted to the Six Nations that includes six miles on each side of the Grand River.

I express my gratitude and appreciation for being able to thrive on this land. I acknowledge and honour the Indigenous Peoples who have come before me, who co-exist with me and who will prosper after me. I take part in researching, learning, and teaching, as the conversation and work of truth and reconciliation is ongoing.

**Acknowledgements:**

**Formal Acknowledgements:**

I would like to acknowledge the Emergency Team at Michael Garron Hospital, nurses, doctors, unit clerks, housekeeping staff and porters, you are my second family. Every time I return to work, I am welcomed with open arms. The purpose of this paper and thesis exhibition is not to blame, but instead it is a reflection on my experiences. I understand the stress, mental exhaustion and the mistreatment we go through. I stand wholeheartedly with my incredible team, using my profession as a visual translation for my thoughts and feelings.

Dr. Adam Kaufman and Dr. Sam Marriage, your support means the world. Sam, your kind and caring nature is ever so inspiring, I promise to visit you in British Columbia, where I can once again get the best hugs and listen to you hum (she hums like an angel). Adam, I love that you take time out of your day, no matter what intensity is happening on shift, to fully catch up with me and want to know how my life is going. I know it is going to be a good day when I hear your voice (often heard from another zone of the department). I love that you scream when patients scream. As you both care for me, I also deeply care for you.

I would like to acknowledge my Shantz Artist, Susan Aldworth. In just six short weeks of working with her, she showed me so much care, support and kindness. I learned a lot about printmaking, food, valuable life skills, and what it takes to be an amazing professor and artist. I will always cherish the summer I spent in England. Her messages are filled with wisdom, well wishes and love. Susan, I promise, I will see you again.

My seminar professors, Tara Cooper, and Logan MacDonald. Tara and Logan, your classes are filled with fun, I will cherish the times in your classes, the trips we went on and the kind and caring nature that you both possess. I've learned so much from both of you.

Lois, Cora and Sharon, thank you for all the support and guidance that you have provided me with. Your care does not go unnoticed by me and the students.

To my incredible committee, Bojana and Matthew. I couldn't have asked for a better committee. Over the last two years, I've been your sponge, soaking up all the knowledge that seeps out. I've learned so much. You both showed me an incredible amount of kindness, support, and care. Both make me feel protected and safe. My MFA journey was made the most memorable while working with both of you. I always look forward to our meetings, excited to show you both the work that I have been creating, and listening to your feedback. We share a bond, I have fond memories that I will carry with me forever.

Adam Glover, Tim Walker and Rick Nixon, you are all the foundation of the Fine Arts department. Thank you for all your hard work in making my visions come true. No matter how crazy the idea, they never discouraged me, and always had a plan to make it work. They all deeply care for the students, wanting them to succeed.

Monica, you remind me of own loving mother. I know that every Wednesday, I could get a hug (or multiple hugs) from you. Your advice, kindness and love were everything that I needed, so much more than you probably know.

**Dedication:**

To my Mom.

I love you.

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## 1.0 Preface: I Vowed to Never Become a Nurse

I remember when my mom would come home at 8 am on Saturday mornings from a night shift at the hospital, we would have breakfast, then she would go to sleep. Working nights is hard on the body and mind. My mom complained that she could not sleep during the day. I vowed never to become a nurse, and similarly, I never intended to be an artist.

I completed a degree in Graphic Design in 2019 from Ontario College of Art & Design (OCAD) University. For a few years after graduation, I worked as a freelance graphic designer, however, using my creativity to please clients left me depleted. I poured my heart and soul into mockup branding, animations, and logo designs, only to have them ripped apart by a client. I missed my experience in school, making meaningful work with purpose and intent. Graphic design was a tool for me to be expressive and to speak my mind through captivating visuals. However, I did not know that I hated every ounce of my freelance job until I lost it due to COVID-19.

With COVID-19, I watched the healthcare system crumble. I remember following news reports while unemployed, commentary on the fractured healthcare system and healthcare workers experiencing high rates of burnout, and in that moment, I knew I needed to help. I found employment in healthcare to support my mother and to assist with the COVID-19 pandemic. I got a job in a mass vaccination clinic. My position changed from a unit clerk to a site lead. Shortly thereafter, I moved on to work as a 'physician navigator' alongside my mom in a busy emergency department in a Toronto hospital. Throughout my work in healthcare, I have been drawn to the medical imagery, and unsettling scenes that I see in the workplace; I also see the flaws and feel the power imbalance within the system. These observations have been translated into my thesis exhibition *The System is Broken*.


Figure 1. Mom and I, 2022. Photo Credit: Breanne Jeethan.

## 2.0 Introduction: The Art Connection

In the fall of 2023, I started graduate studies at the University of Waterloo and began to juggle school and work. As a result, I had to balance a double life as an artist/graduate student and a healthcare worker. The hospital is a fast-paced, time-sensitive environment, rife with trauma, high emotions and anguish, whereas the studio is a self-reflective space with long-drawn-out timelines that allow me to process my lived experience and suppressed emotions. Thus, my thesis research includes myriad references to the body, trauma, and the hospital—and in the work that I create, these bleed into one another—all of which ultimately culminate in the exhibition, *The System is Broken.*

The thesis exhibition consists of the following works: *Incident Report*, a glass diptych etched with my handwriting, expressing some negative experiences and frustrations from the workplace; *Unviable*, a triptych of lightboxes with abstract representations of brain scans; *Wound Dressings, A 12-Hour Shift,* a series of monoprints, where the physical materials used to dress wounds are the matrices; and lastly, *Cyclical,* which is a continuation of the monoprints, depicting large, human-sized, abstract forms. Created from my first-hand experiences at the hospital, these works operate in unison and were made to speak to my thoughts as a healthcare worker, the flaws of the human body, the medical system, and to respond to the power of the medical gaze.

## 3.0 Foucault's Medical Gaze

French philosopher and theorist Michel Foucault devised the term medical gaze to point to the ways in which the 19th century medicine created powerful systemic hierarchies which were embedded in various medical practices and institutions (Gutting & Oksala, np). According to Foucault, modern medicine constructed a particular subject (i.e. the patient) through what he called the gaze—an overarching 'seeing eye' of medicine (Misselbrook, 312). The hospital was the central institution in which the mechanism of the gaze was put into practice. The medical gaze can be defined as a clinical communication system that exercises its power through various mechanisms such as: patient care, architecture of the hospital, bureaucracy, communication of diagnoses, medical procedures, education, etc. (Fillingham, Lydia 54, 61-68). The medical gaze is a language that is interpreted and even worn like a lens by medical professionals in a hospital system (Fillingham, Lydia 67). The clearest example of this is the hospital as an institution populated by those with medical information that the patient does not see or know. In Foucault's *The Birth of the Clinic,* he states:

> "It would scan the entire hospital field, taking in and gathering together each of the singular events that occurred within it; and as it saw, as it saw ever more and more clearly, it would be turned into speech that states and teaches; the truth, which events, in their repetitions and convergence, would outline under its gaze, would, by this same gaze and in the same order, be reserved, in the form of teaching, to those who do not know and have not yet seen. This speaking eye would be the servant of things and the master of truth" (Foucault, 141).

Foucault emphasized that the medical system is "doctor-oriented, not patient-oriented, and thus medicine creates an abusive power structure" (Misselbrook, 312). He was interested in the questions of how medical knowledge was translated into various medical practices via hospital care, medical education, and everyday health and hygiene practices. Patients are dehumanized and seen as subjects. Despite my lack of professional training in medicine, I see and understand the medical gaze present in the workplace. Through this body of work, I explore the subtle and not-so-subtle mechanisms of power as they exist in today's hospitals and are seen through their bureaucracy, hierarchy, communication, and other related medical practices.

## 4.0 Studio Methodology

My studio methodologies are partly autoethnographic: the exploration of my experiences in the ER expressed through visual means. I use a combination of found material such as medical scans and other materials collected from the workplace. Through this collection of ready-made materials, I recreate imagery that I am exposed to and familiar with in the hospital. These everyday experiences are then transformed into images that are reflexive and critical. While in my studio, I ask myself, how do I prompt memories of the clinical setting? Memories that would be evocative of the patient experience and a healthcare worker. And more importantly, how do I speak to my observations on the hierarchical nature of the medical environment?

My studio methodologies are also process-based. When creating work, I explore my thoughts through making. Making is a form of thinking. Using text and images as my starting point, I put ideas on a piece of paper to create iterations of an artwork as a free-form exploration. My iterations usually include drawings, sketches, and prints. I work intuitively and iteratively, making multiple versions, each inducing a different idea, and learning what results I can get through the process of repetition. Work comes from work, building off iterations is my way of improving new ideas, and learning new techniques. An example of this is *Cyclical*. This work was derived from *Wound Dressings: A 12-Hour Shift (see fig. 2),* a monoprint series that uses the image of used medical dressings as a central motif through iterative methods. I created each new piece by building off my previous print. During the process of making the prints, I became interested in changing the scale because I felt the work was missing something. I changed the scale and distorted the image further. Through this process, I embraced each of my failed attempts, and then even further distorted subsequent prints.

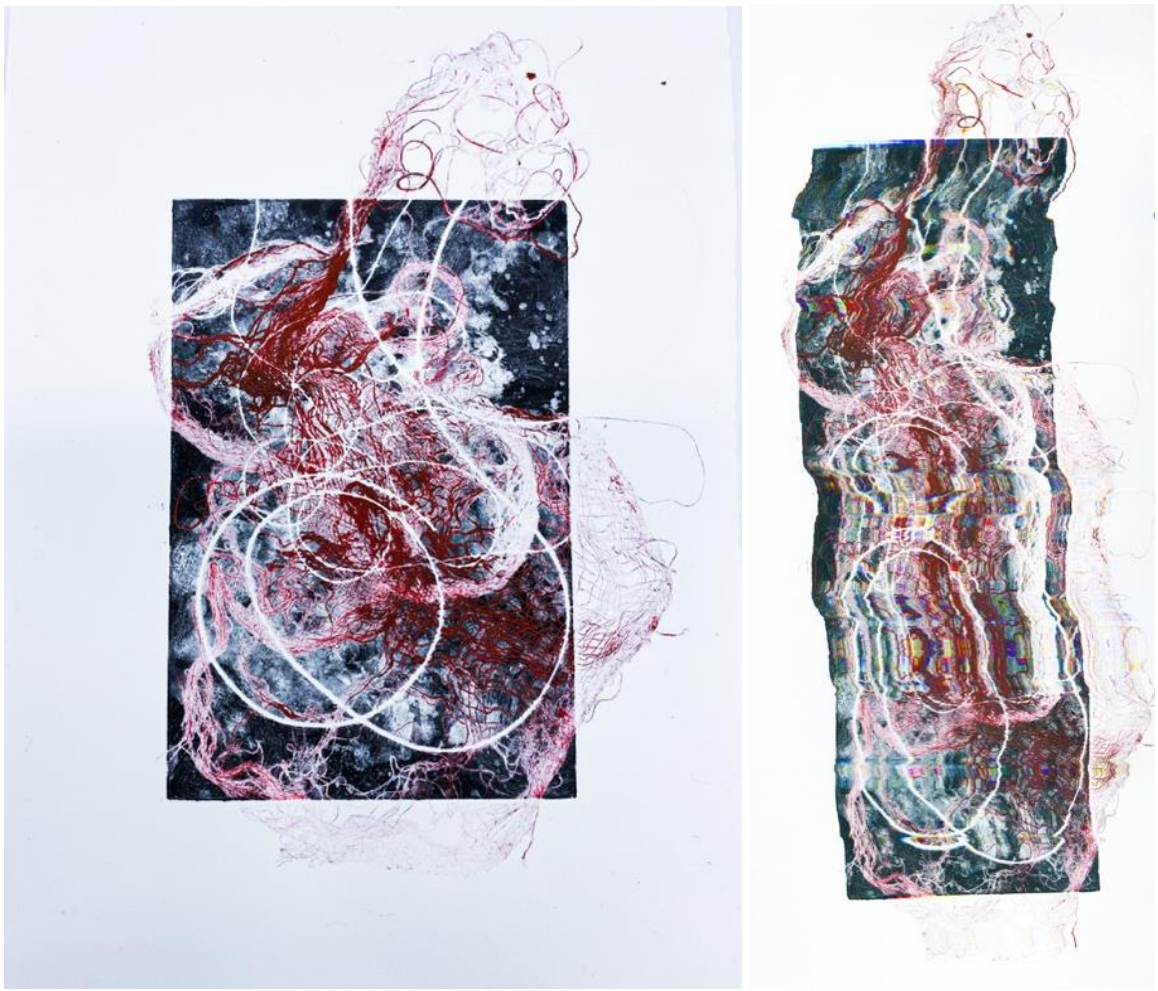

Figure 2. (left) *Wound Dressings, A 12-Hour Shift*, 2024 (7.5x11 inches) (right) *Cyclical*, 2025 (31x71 inches) Photo Credit: Breanne Jeethan.

## 5.0 *Incident Report*

Figure 3. *Incident Report*, Final Installation with Projection, 2024. (22x45 inches) Photo Credit: Breanne Jeethan.

*Incident Report* is a drawing that incorporates layers of handwritten notes made in the studio after working a particularly difficult shift at the hospital. The written text resembles the format of an incident report that I had to write due to abuse that I endured from patients waiting to see a doctor. Even though this was a difficult event, I needed to safeguard the patient's information. I was not able to discuss what transpired after the report was written. In this work, the written text includes a description of abuse I endured, feeling unsafe, unsupported, angry and grief-stricken, however, the information written remains hidden. With each subsequent layer of text the legibility is lost, ensuring the information remains confidential. Through an iterative

process, and as the accumulation of text builds—a drawing is developed, becoming evidence and a report. The work becomes a form of witness.

*Incident Report* is formatted as a diptych, one pane is the original text/drawing, and the other shows a morphed scan of the same drawing/writing. The size is in relation to a window or door—a place of escape. The materials used were glass and metal, and a flatbed scanner was used as a tool. The writing was placed strategically, knowing where to intentionally make areas intense, darker and dense. Repeating certain words and sentences that control my thoughts, writing over and over itself and covering large areas of the drawing. The drawing was digitized with a flatbed scanner, then pulled while scanning to create the morphed appearance. To etch the glass, each pane was covered with vinyl as a mask *(see fig. 5),* then the pieces were sandblasted to permanently embed the drawing into the glass. Lastly, the vinyl mask was removed. The glass was used to emphasize fragility, to expose the potentially sharp edges, to make the viewer feel vulnerable, tense and unsafe. While making the work, too much pressure was applied to one area, which resulted in a clean fracture. The medium of text embedded into glass references the myriad dedications found on hospital walls, plaques that name financial donors (*see fig. 4*), as well as in rooms where machinery is used to conduct internal imaging. It is used as a barrier between patients, healthcare workers, and visitors. The diptych is hung so that the fracture is emphasized, with metal brackets and L-hooks resembling stitches or staples.


Figure 4. Micheal Garron Hospital's Glass display of financial donors, 2024 Photo Credit: Breanne Jeethan.

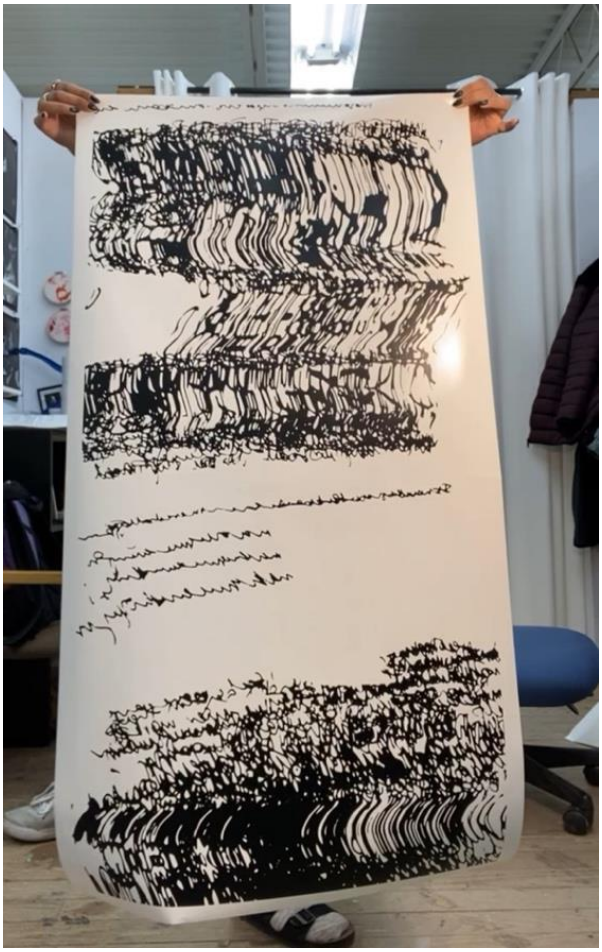

Figure 5. Vinyl sticker of *Incident Report*, 2024, Photo Credit: Breanne Jeethan.

In addition to producing the etched panes, I also decided to project a one-minute looped animation onto the work. The animation shifts from white to black text, and in doing this, it provides a shift in focus for the viewer—introducing a void that further emphasizes the fractured glass. The animation is gradual. There are no sudden movements. This provides illumination, making the glass appear cold, electric and machine-like.

*Incident Report* was etched as a memento of time that has passed. This is a gesture reminiscent of Iris Häussler's work, *Reflections* (2024) *(see fig. 6),* an intricate series of framed engraved glass and mirrors. Both works signify presence in absence. I viewed her recent exhibition entitled *Seventeen Grams of Longing,* at the Daniel Faria Gallery in Toronto

(September 7th – October 12th, 2024). This show was also exhibited at PSM gallery in Berlin (March 2nd, 2024 – April 13th, 2024) (Häussler & Schmidt, np). Häussler is an installation artist who is known for her ability to blend life and art through her fascinating narratives and sculptural installations (Yaniv, Etty, np).

Figure 6. Iris Häussler, *Reflections,* 2024. Photo Credit: Daniel Faria Gallery.

The engravings of *Reflections* (2024), [1] are imprints of birds, accompanied by etched migration paths and maps on mirrors and glass (Daniel Faria Gallery, np). The etched mirror is framed, with the etched framing glass in front. The elements of this piece are detailed and delicate,

[1] Häussler's *Reflections* (2024) is based on a fictional story about two characters, twin brothers Kurt and Carl, inspired by the artist's personal narrative of emigration due to WWII. "My practice to create fictitious legacies developed from trying to portray people, thinking about objects we carry and care for as relevant to our individual human expression" (Yaniv, Etty, np). The brothers were born in Germany during World War II and were separated when they were young—Kurt remained in Berlin, while Carl later moved to Toronto, Canada. The twins shared a fascination with birds, that was later exhibited in artwork. Carl, a window installer, collected imprints of fallen birds on glass. (Art Viewer, np) Häussler's exhibitions took place in two locations to signify the locations of the brothers. They will once again be united "in the air" (Yaniv, Etty, np).

conveying themes of migration, presence, absence and fragility. The etching on the glass showcases fallen birds that flew into glass windows, which were traced with carbon paper and collected by the artist (Art Viewer, np). Later, these tracings were etched and thereby permanently embedded in the glass. By doing this Häussler combines the fragility of the birds, their perilous migratory journeys, and the materiality of the glass and mirrors.

Häussler's work is based on a fictitious narrative, whereas my work is based on lived experience. Where Häussler uses images, I use illegible text to create a drawing. The piece also has a reflective quality, Häussler uses mirrors, but I use light projected onto the glass. The light passes through and bounces off as a reflection, showing the layers of engraved text through the glass and to the opposing wall. In both works, they have their own distinct narrative, with notions of fragility, presence/absence and permanence in the relationship to the glass. Overall, etched glass is one of the ways that I am exhibiting materiality and permanence in hospitals–the fragile nature of the glass and the fragile state of working in the field. Ultimately results in being pushed to a breaking point. Materiality is important in the clinical setting, where glass is fragile and structural. I also explore the soft physical materials of wound dressings in the series, *Wound Dressings, A 12-hour shift.*

## 6.0 *Wound Dressings, a 12-Hour Shift*

Figure 7. *Wound Dressings, a 12-Hour Shift* 2024. Photo Credit: Breanne Jeethan.

Each patient that I see on any given 12-hour shift, represents a story that I have collected. In the emergency department, the scenes are unsettling: bloody stretchers, used gauze and gloves, leftover sutures and bandages—the discarded medical waste of trauma. In this series, *Wound Dressings, a 12-Hour Shift,* I translate these scenes of trauma and the stories of patients into prints, where each print represents a different patient. The materiality of collected wound dressings is a key element in this work, reflecting on the aesthetic vocabulary of the hospital. When thinking of using various materials, I ask: What are they used for? Where are they most present? Who uses them? And what do they represent? Materials hold meaning and can immediately spark a memory. While creating work, I wanted to put these materials back in the

place where they came from. I collected materials from the hospital that are used to dress wounds: gauze, alcohol, saline and bandages. These materials signify the need for care and evoke a clinical setting. The ink resembles blood, and materials gathered from the hospital are used to make impressions through a monoprinting process. I ink up these physical objects, arrange them on a copper etched plate, then run them through an etching press *(see fig. 8)*. Each print has similar qualities; they share the rectangular base of the copper etched plate and imagery of medical materials, but it is impossible to replicate. The series consists of 200 monoprints, which represent an approximate number of patients I see in a 12-hour shift. These numbers exist as statistics and are hard to comprehend. Such statistics are cold representations of the number of patients in an institution which regularly treats patients as subjects, just another number to be tended to. When displayed all together, this work is a visual representation of a busy workday, the patients' stories that I have gathered, and the leftovers that have left an impact on me. But most importantly, unlike the treatment of patients in the system, each print signals the opposite of the cold statistics as I treat each as a separate and important element, thereby giving it meaning and care.

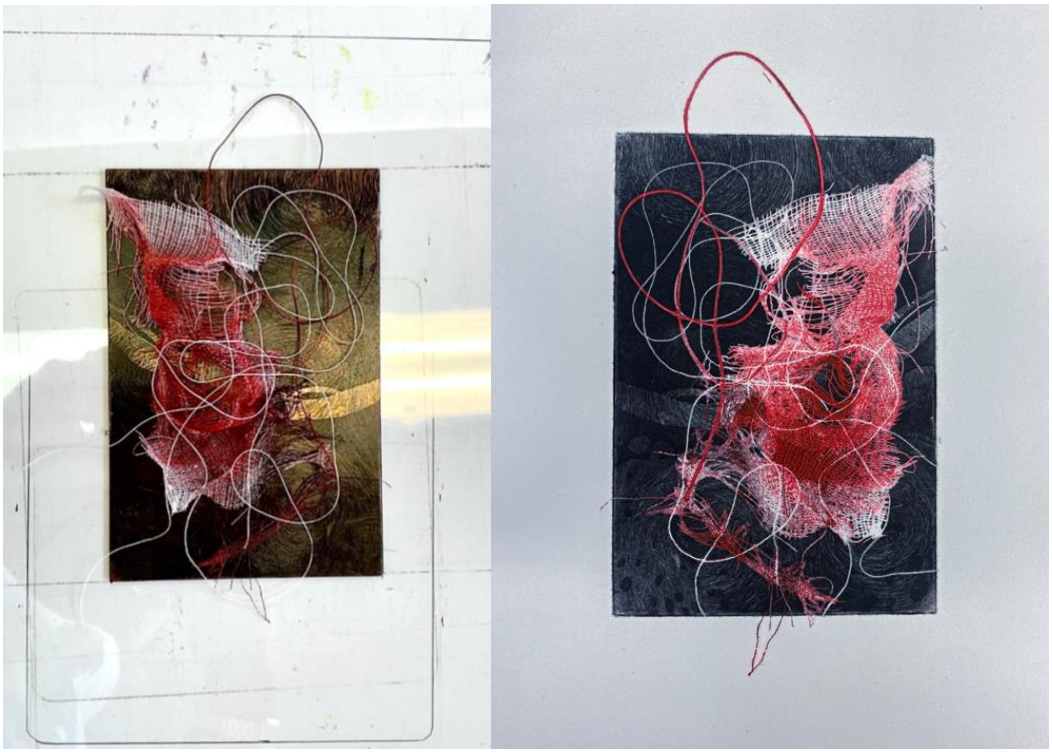

Figure 8. *Wound Dressings,* Plate vs. Print. 2024. Photo credit: Breanne Jeethan.

*Wound Dressings, a 12-Hour Shift,* was inspired by the work of printmaker Susan Aldworth, whom I worked with for six weeks during the summer of 2024 while on my Keith and Win Shantz International Research Scholarship. There is an affinity between our studio practices. We both work with subject of medicine. In her work *Brainscapes* (2000-2006), a series of etchings based on brain scans, Aldworth captures the complex relationship between the brain and the Self. When faced with a possible brain hemorrhage, Aldworth began to question what it meant to be human. When she recovered, she did a residency at the Royal London Hospital, where she was able to observe patients' brain scans with their consent. Although abstract, Aldworth views these *Brainscapes* as "portraits" *(see fig. 9).*

> "Though they address an aspect of anatomy using the tools of medical imaging, investigation and treatment, these prints are not medical illustrations in the conventional sense; they are visual equivalents for the brain's activity, representing the electrical

charges, the chemical reactions which constitute thought, consciousness, and neurological event. Are these meditations on beauty, the expressions of emotion (love, fear), or the manifestations of trauma in the brain – a hemorrhage, a seizure, the aftermath of a stroke? Their ambiguity reinforces our sense that the mind – and the phenomenon of consciousness – remains an unfathomable mystery." (Saunders, 4)

Figure 9. Susan Aldworth, *Brainscapes 5*, 2005. Photo Credit: Breanne Jeethan.

Using a permanent marker as a resist, Aldworth etched images into metal plates to create these prints. She used this resist (i.e., the white areas in the prints) to evoke the patients' personality *(see fig. 10).* By drawing directly onto the plate, she achieved highly emotive prints,

suggesting the relationship between the brain and the self. The bright blue ink she used is the colour that many patients associate with brain trauma (Saunders, 10).

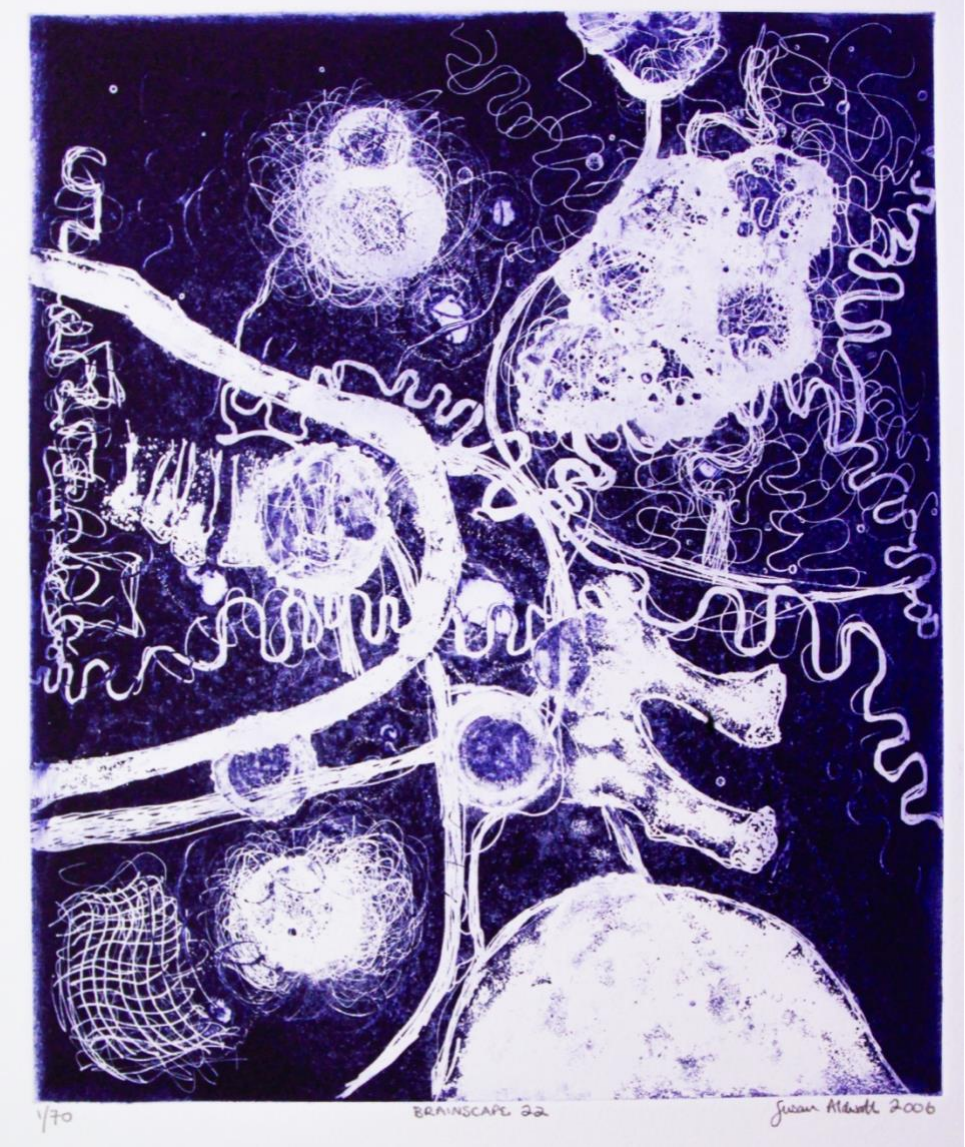


Figure 10. Susan Aldworth, *Brainscapes 22*, 2006. Photo Credit: Breanne Jeethan.

During my time with Aldworth, I was introduced to monoprinting. It is the process of printing physical materials to achieve a unique image. I began to understand how to achieve a detailed image from source material and how it can evoke an emotive narrative. I also began to understand the power of repetition, the over-and-over again process that not only speaks to the

repetitive tasks of the worker, but also how the accumulation of the same but different that can represent both the individual and the collective—all of which are strategies employed in *Wound Dressings, A 12-Hour Shift* series *(see fig. 11).* After many prints, isopropyl alcohol and saline solution were used to create a chemical reaction that would break up the inks. These chemicals are the same ones used for cleaning and dressing wounds. Within the gallery, the prints are hung with paper clips, the same ones used to hold charts and important documentation in the ER. The final installation is comprised of 200 prints, which is overwhelming—a feeling I often experience at work.

Figure 11. *Wound Dressings: a 12-Hour Shift*, detail. 2024. Photo Credit: Breanne Jeethan.

Aldworth and I share a lot of similarities and differences in our respective studio practices. They differ in the process used to create the work. Aldworth uses a marker as a resist to draw the image, and a vibrant blue colour for all the pieces in this series. Whereas I use physical materials to create an image, and the colours of black and red in my work. Both series are abstract, drawing from imagery that evokes patients and care. However, Aldworth's focus is answering the question, "What does it mean to be human?" and implementing this by creating portraits of patients, while I am trying to recreate abstract scenes of the workplace. Each series is derived from lived experience, evoking stories of care and medicine, has left a lasting impact, and shares the medium of print.

## 7.0 *Unviable*

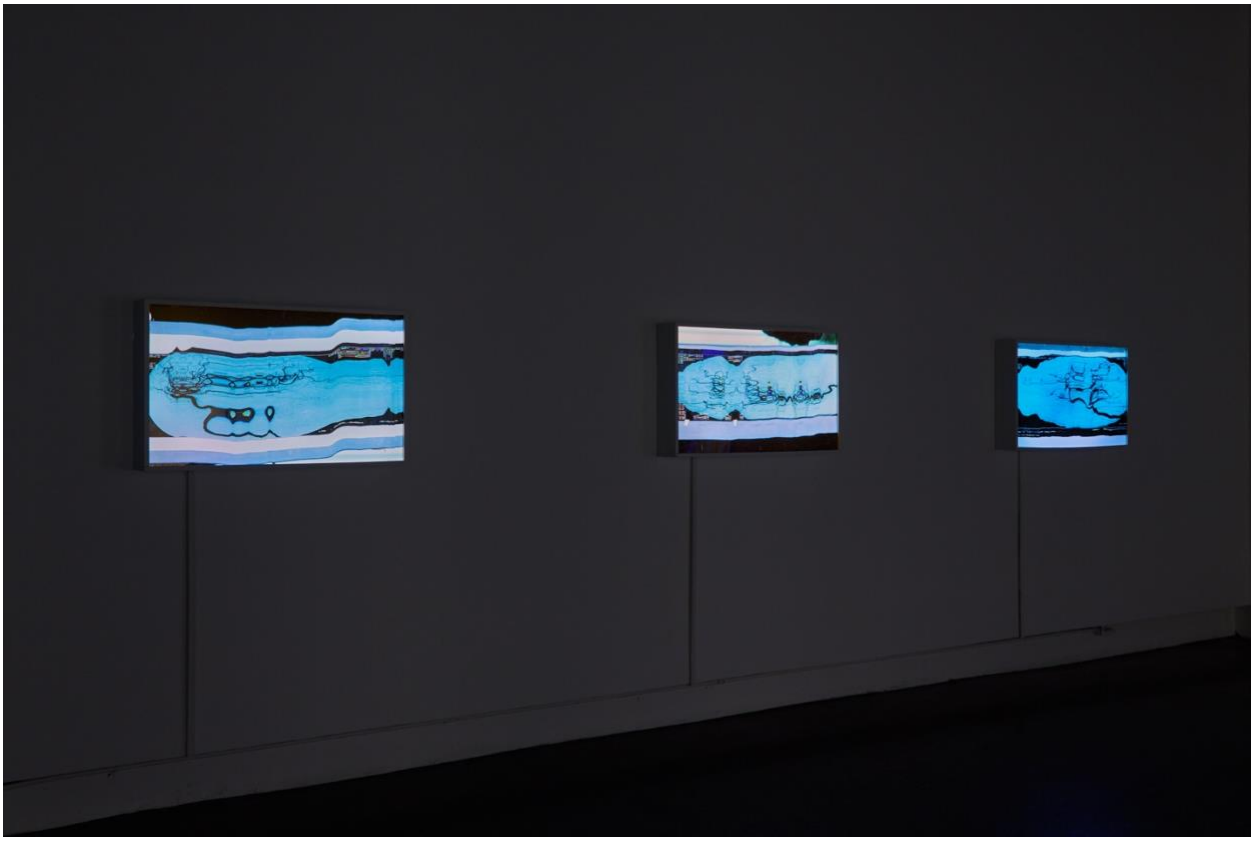

Figure 12. *Unviable,* 2024. (36x22 inches) Photo Credit: Breanne Jeethan.

*Unviable* is a triptych using manipulated medical brain scans printed on a backlit film and displayed in lightboxes. Using angiogram film scans gifted to me *by* Susan Aldworth, I manipulated them under a flatbed scanner. This work is a metaphor for the medical institution from the healthcare worker's perspective, using the internal of the human body. As I am distorting this viable image, it is also introducing new information: results showed various kinds of manipulation, including exaggerated organic lines, the introduction of cyan, and the breakup of the RGB throughout the once colourless scan. A flatbed scanner is directly related to how patients are scanned in hospitals, to find abnormalities. In this work, I am using it to create abnormalities.

The film scans can only be viewed correctly when backlit, and when scanned, the image shows a dark, ill-detailed scan. To fix this problem, I used a portable lightbox when manipulating the film scan, so light was passing through in both directions while being scanned, resulting in these images. I have chosen to display this series in lightboxes because it dates to the period when the original film scans were taken, and the display proposes a sterile clinical setting.

The use of a flatbed scanner is essential to this body of work. An artist whose method I found important and who uses a similar scanning device is Sameer Farooq. He uses a flatbed scanner to simulate forms of surveillance. The *Gandhara Series* (2023-ongoing) *(see fig. 13)* is an example of this. "A schist Buddha head meets Khanpur oranges growing on the road to Taxila and the turkey sandwich the conservator ate for lunch, a bodhisattva head crosses paths with the Dunkin doughnut carried by the artist into the Peshawar museum" (Filip, Mona, 4). All these items have been manipulated under a digital flatbed scanner to create an interaction between the objects. A visual narrative of how they are connected, blending the images to create a narrative. He states, "My use of the scanner as camera connects deeply with the technology employed to control bodies that cross borders (passport scanners, eye scanners, full body wave scanners). By centering this technology in my work, I reclaim movement for these objects that have been frozen in time" (Farooq, Sameer, np). Related to Farooq, the creation of *Unviable* was made with a flatbed scanner to simulate medical technology used when obtaining internal imagery.

Figure 13: *Gandhara Series* (Constellation 1*)*, 2023. Archival print on high gloss paper. Photo Credit: Akimbo.

Similar to how Farooq reclaims control and movement for the objects he scans, I give new meaning to the medical scans through the manipulations I employ to change their significance and disrupt the medical gaze. Medical imagery can be significant to the person/subject, whether it is an image of new life or triggering a memory related to a diagnosis. In Sturken and Cartwright's book, *The Practices of Looking,* the authors state that, "images generate strong emotional responses, whether or not we are aware that they are manipulated" (Sturken & Cartwright, 369). Sturken and Cartwright describe various impacts of a medical scan—how meaning differs depending on the subject and the relationship to the image (i.e. the doctor, the patient or in my case, the artist). *Unviable* was manipulated in response to the bureaucratic health system, to elicit emotion by using a scanner, and internal brain scans as the subject. This work exists as a defunct medical image employed as artwork. It is purposely unviable.

A diaristic reflection:

*I leave work feeling horrible for reasons that are out of my control. A 30-year-old newly diagnosed with an aggressive cancer, a young couple hearing the gut-wrenching news that they have miscarried for the 3rd or 4th time. The initial shock you feel is followed by out-of-body numbness when a code pink is called (a patient under 12 months has gone into cardiac arrest), throughout the entire hospital public announcement system. Patients look to you for answers, but you can not provide them with anything. I give my all to these patients. I overexert myself so they do not have to wait longer than they should, so that they receive adequate care, and try and bring a little joy to their bad day. I work to the utmost of my ability, but I feel I have only wasted parts of myself. I have many overwhelming thoughts, feelings and emotions. I think about the patients and their conditions, and I think about the interactions. They haunt my thoughts. Trapped in my mind, without a way to release, I step into the studio.*

## 8.0 *Cyclical*

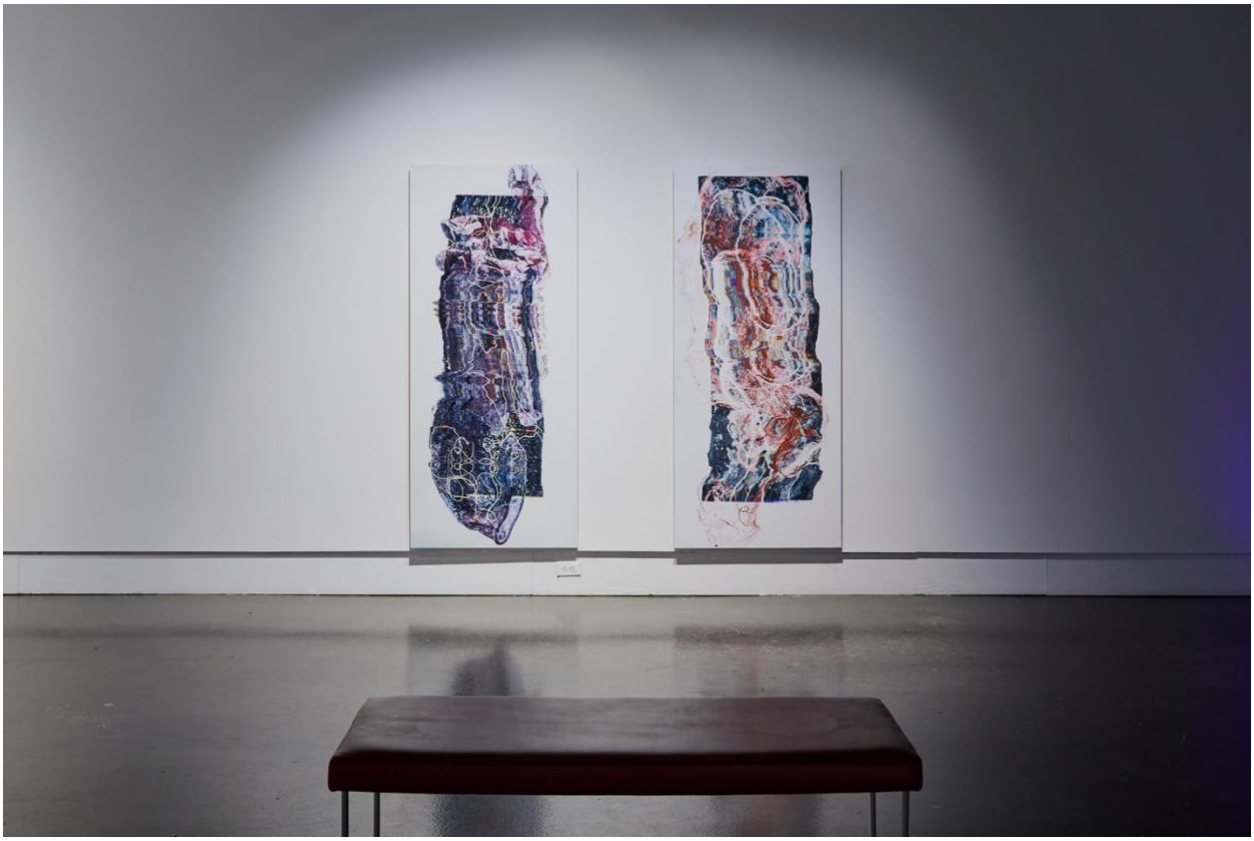

Figure 14. *Cyclical, 2025.* (31x71 inches) Photo Credit: Breanne Jeethan.

Figure 15. *Cyclical, 2025.* (31x71 inches) Photo Credit: Breanne Jeethan.

The objective of the *Cyclical* is to translate my feeling of being overwhelmed by my role in the medical system. Using printed imagery from the *Wound Dressings* series as a starting point and adding diaristic entries to them, these prints depict the mental state that I am trying to express. The distortion mimics a never-ending cycle of sorrow—how I feel stuck in this

repetitive, grief-stricken state without a release. The name *Cyclical* means cycle. It is a term used when describing medical conditions that follow a never-ending pattern. Here, I engage in scaling enlargement along with distortion to speak to the magnitude of the events I witness at work, as well as the subsequent emotional weight carried after the fact. To do so, ten monoprints were selected and then scanned on a flatbed scanner. While scanning, the prints were pulled, turned and switched out *(see fig. 16),* resulting in a stretched image that appears to be melting. These scans were then printed large, at 31" x 71", about the size of a human figure.

Figure 16: Scan distortion, 2025 Photo Credit: Breanne Jeethan.

The work has a quality of time stretched, where colours start to break up, providing small pockets of additional digitized information. This work reveals traces of information and truths, not readily seen in the original *Wound Dressings, a 12-Hour Shift* series, through the manipulated

and mechanically scanned image. Two prints of the *Cyclical* series incorporate the use of blacklights and fluorescent ink, which are used to emulate contrast dye used in hospitals. The dye lights up on the medical scan like a highlighter, showing all the blood vessels. This contrast dye lasts for a short period, making time extremely important (i.e. there's only a certain amount of time to capture the perfect image).

I was inspired to distort these prints after viewing Evan Penny's show, *Marsyas and the Venetian Mirror*, (2024) in Toronto's Blouin Division Gallery. Penny works with human figures, distorting them in ways that are uncanny and uncomfortable. Penny works in sculpture, setting up a one-to-one relationship with the viewer and the 3-dimensional figurative form. Penny's work, *Panagiota: Conversation* involves a friend of Penny's named Panagiota, who was having a conversation with him. The work shows Panagiota's figure stretched and morphed, like a long-drawn-out video captured within one sculpture. There are two variations to this work, one with the subject speaking and the other with the subject listening *(see fig. 17 & 18).* There is a clear difference in facial expressions, movement and overall feel with both works depending on the subject's role in the conversation. This work was created with the use of technology, a recorded video that was then stitched frame-by-frame, translating a 4-D time-based media into a 3-D sculpture. Penny uses silicone, pigment, hair and aluminum to create the sculptures. There are similarities and differences between my work and Penny's. We are both interested in a translation of time by distortion. Penny's work is 3-D sculpture, whereas my work is a flat print.

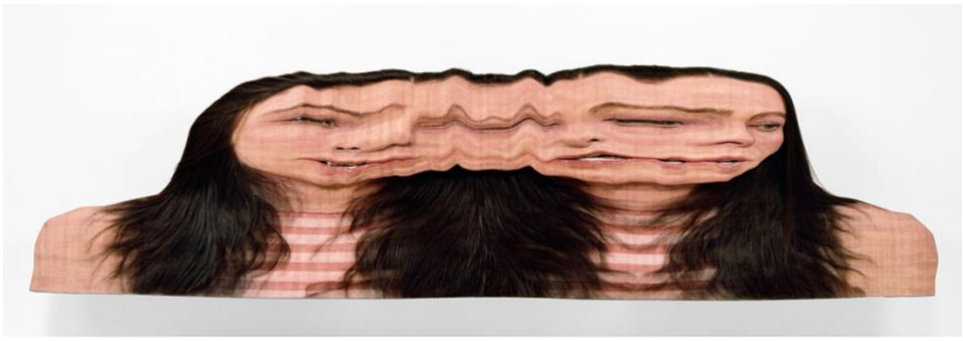

Figure 17. Evan Penny *Panagiota: Conversation #1, variation #2* 2008 Photo Credit: Evan Penny.

Figure 18. Evan Penny *Panagiota: Conversation #2, variation #1* 2008 Photo Credit: Evan Penny.

I was also drawn to Francis Bacon's *Screaming Pope, Study for Portrait VII* (1953) *(see fig. 19).* The Pope's figure tells the story of a man who is trapped, without a way to escape, screaming in agony. Bacon achieved this prolonged feeling by stretching and dragging paint across the canvas, repeating this gesture again and again. He painted many screaming Pope figures that each evoke a different kind of pain. Despised by his father for his homosexuality and desire to be an artist, Bacon painted the *Screaming Pope* figures in response to the negativity derived from the church around homosexuality (White, Katie, np). Bacon's paintings include a vertical blur, a cluster-phobic, dark, box-like background, with a pop of yellow/purple in the figure. The figure expresses an emotional punch that hits the viewer immediately. Comparing my work to Bacon's, we both share similar emotional content. However, Bacon's work feels unfinished to my work, with the simple outlined background, focusing on the pope as the main

character.

Figure 19. Francis Bacon Study for Portrait VII 1953 Photo Credit: Breanne Jeethan.

The work of Cyclical incorporates elements of Penny and Bacon. I wanted a similar feel and visual translation of Evan Penny and Francis Bacon's feeling of agony in *Screaming Pope.* By distorting the scans, I feel that I have achieved a similar feeling, the stretched scan effect translated into a large form about the human body, like Penny does in his sculptures. The work of Penny and Bacon shows different emotions of pain in the relationship to time.

**Conclusion:**

This body of work was created from my lived experience as a healthcare worker and an artist. It responds to the failures of the medical system and the power it holds over patients and workers like myself. The work is an abstract translation of my thoughts and experiences, reflecting the bureaucratic structure of the system. Using scanning technology, printmaking, image manipulation and other image-making techniques, I work with this subject matter to create distortions and 'abnormalities' as a way of questioning the system and its gaze. These two lives I live (as an artist and a healthcare worker) exist in a symbiotic relationship. Each role feeds off the other, and I dwell in the 'in-between,' drawing inspiration from both. Where power resides with knowledge, my goal is to disrupt the power dynamics and hierarchical structures present in the institution, ultimately leading to this exhibition.

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