

Overview

Karina-Sirkku Kurz is fascinated by the human body, both its physicality together with its sensorial awareness – its capacity as an object and a subject simultaneously. In her work she approaches this phenomenon and explores how people experience human form.

Kurz' photographic gaze is neither flattering nor judgmental but akin to an adaptive lyricism. Her images, which may carry visual perplexity, oscillate between expressions of discomfort and tenderness.

Photography remains her primary medium, however, besides its visual delivery an underlayer of its sculptural aspects coexists. In this regard, the occasional hand-built objects and surface of the photographs reveal her work's haptic potential. When Kurz is exhibiting, she is carefully considering different printing methods and a respective type of presentation for her work, which emphasises the physicality and the materiality of every single piece.

Karina-Sirkku Kurz is a German-Finnish artist and photographer. She studied in Bremen, Lahti, and Helsinki, where she earned her Master's degree from the department of photography at Aalto University. Currently, she lives in Berlin.

SUPERNATURE

The photographic work in SUPERNATURE centres on the concept of the body as a malleable, sculptural entity. In this manner, aesthetic plastic surgery serves as an important context – a highly invasive practice, which revolves around designing and restructuring one's physical appearance according to specific visual ideals.

How does reshaping the appearance of the body affect one's self-image? Additionally, how are these corporal interventions experienced – which indelibly alter internal tissue, membrane, and flesh?

In her approach the artist elicits concepts from the book *Our Strange Body* (2014) by dutch philosopher Jenny Slatman. At the intersection of medicine and humanities Slatman argues that "... what we call our own body entails a strange dimension. Precisely because of this element of strangeness in our own body, we are capable of incorporating strangeness and adjusting to radical physical changes."

The body of work consists of 16 photographs which vary in size, presentation, and printing technique, i.e. analogue baryta prints, pigment prints on different papers and silkscreen prints on pigment prints.



Alien Element, 2018, framed pigment print, 17,4 x 21,4 cm / SUPERNATURE



Installation view, *SUPERNATURE*, Photographic Gallery Hippolyte, Helsinki, 2020

Eerie Poetry from the Operating Theatre

A few years have passed since Karina-Sirkku Kurz received the Finnish Photobook Award for her enigmatic opus *UNGLEICHGEWICHT*, named after the German word for imbalance. Tucked between its subtly pearly, lustrous hardcovers is a series of cogitated photographs that tackle the topic of eating disorders in a remarkably abstract way. Portraits are anonymised with the aid of horse blinders worn by the subjects, and many of the images bring forensic-styled documentation of crime scenes to mind. The human body is simultaneously both present and absent in the work, which has a surprisingly disturbing edge to it; the sober photographs that make up *UNGLEICHGEWICHT* seem to have escaped from somebody's subconscious.

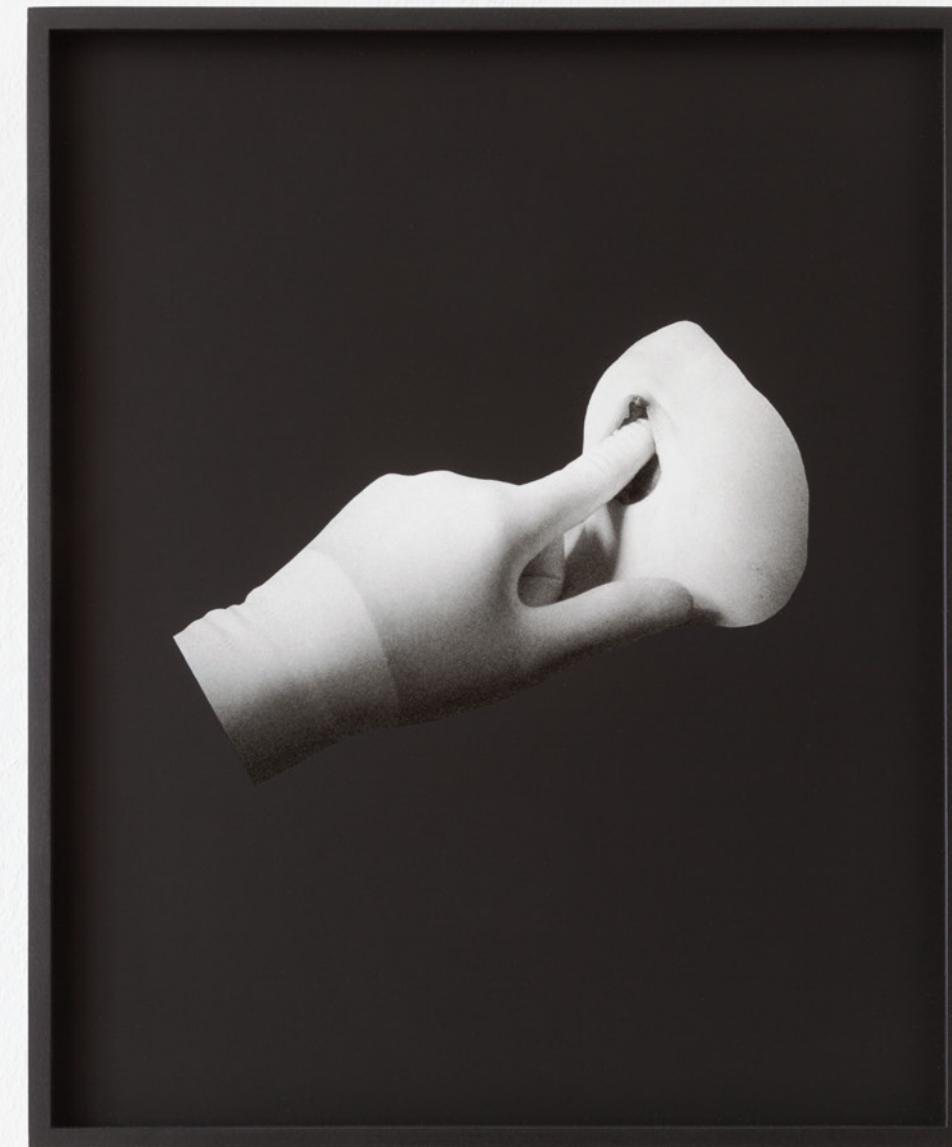
In her new work *SUPERNATURE*, Kurz continues to explore the human body and investigates the lengths to which we go in our attempts to master and dominate our physical incarnations. *UNGLEICHGEWICHT* revolved around a kind of mortification of the flesh, whereas *SUPERNATURE* is about the very concrete act of plastic surgery. Yet again, the subsequent visual results of Kurz's focus are both striking and meditative.

Kurz magnificently illustrates the chasm that can potentially appear between body and soul. The subject is highly topical – women are (as usual) spending considerable time on processing unattainable beauty standards, on an increasingly detailed

level. There are ongoing and evolving discussions about things such as the normalisation of rhinoplasty, the widely copied looks of Kim Kardashian, or the coexistence of feminism and fillers. However, Kurz does not go down any well-trodden paths; her photographs are a far cry from the photojournalistic approach that tends to dominate art dealing with the subject of body modification in the 21st century.

Unlike *UNGLEICHGEWICHT*, *SUPERNATURE* barely contains any allegories or metaphors. The new series primarily consists of photographs taken inside an operating theatre and of images depicting objects directly related to plastic surgery. That Kurz can create visual poetry out of subjects like these is quite astonishing.

Two of the larger works on show in Kurz's exhibition at Gallery Hippolyte in Helsinki are virtually as explicit as any image regarding plastic surgery can be. Because how else would or could one describe traditional photographic documentation of surgical waste? Kurz records unwanted pieces of human flesh: the nauseating medical discard of recently healthy, live tissue. While still located in the operating theatre, the removed portions of skin and flesh are technically in limbo – modern medicine makes miraculous transplantations and reconstructions possible, and it is difficult for a non-specialist to know exactly when and how a piece of tissue permanently dies. To stand in front of these two



Untitled, 2019, framed silkscreen print on pigment print, 37,5 x 30,7 cm / *SUPERNATURE*

untitled works is to additionally confront the fact that one is indeed looking at something so profoundly unwanted that a person has decided to have it eliminated and disposed of. Furthermore, these removed "flaws" documented by Kurz are ones that the viewer of the works might very well realise is a current part of their own body.

In one of the two above mentioned photographs, the surgeon's violet ink markings are strikingly visible on the pieces of tissue depicted. The doctor's abstract lines drawn on the body of the patient precisely defines the unwanted or unsatisfactory: cut here, delete this. The work is a distant relation to Linnéa Sjöberg's Boob Job Tattoo, a performance in which the Swedish artist tattooed herself along the violet lines that a consulted surgeon working with breast enlargement had drawn on her, creating a permanent map for how to achieve a more "perfect" bosom. The performance happened in 2013, since then surgical beauty procedures have experienced a considerable boom as well as grown more sophisticated. However, through it all, the violet ink remains; a reminder of how capricious and subjective this kind of surgery is. A new stomach or butt is planned with the aid of some sloppy marker lines, drawn directly on the body.

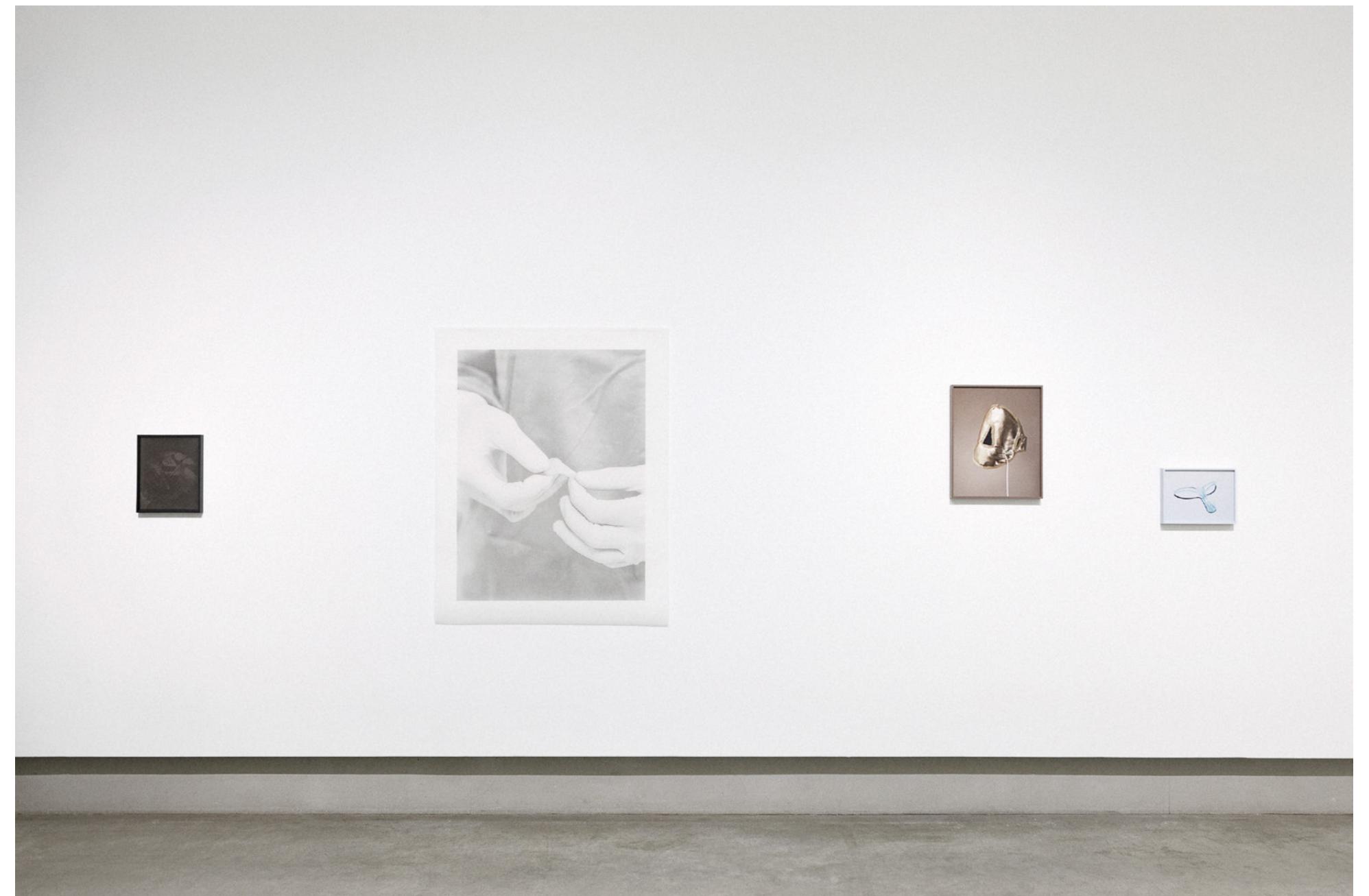
In some of the works in *SUPERNATURE*, Kurz lingers on highly figurative documentation of surgery, but even in images such as the one depicting slivers of eyelids removed during blepharoplasty, she refrains from gore and shock value. This photograph, viewed from afar, looks like an image of two seedpods; while a picture of removed breast tissue, most of all, resembles a pair of apple cores. Almost everything in *SUPERNATURE* is real: the hands of the doctors prodding in bodies that have been cut open, the curved surgical needles, the monstrous historical nose reshaping instrument. Kurz transforms her chosen subjects so that they become something out of the ordinary, which fascinatingly enough leads to images that even somebody with a distaste for blood can look at without immediately averting their eyes. ***SUPERNATURE consists of fantasy and science fiction, of softness and elegance, and it doesn't shy away from the grotesque and the confusing. Some of the photographs are so extreme that their allure trumps their repulsiveness: how can an image like Alien Element (2018) possibly exist without having involved some degree of manipulation in post-production?*** Even without the distinctly X-Files-inspired title, the work's link to well-constructed science fiction mythologies would be palpable.



Untitled, 2015, framed pigment print, 109,3 x 87,5 cm / SUPERNATURE

The range of highly successful choices made in the creation of the exhibition is what ties *SUPERNATURE* together. Rarely has a gallery's glaringly lit white cube felt more suitable for the art shown inside of it, and seldom does one get to experience a show in which the rhythm is so impeccable. The materials and printing techniques are also exquisite: one of the many untitled works in the exhibition is printed on a huge sheet of almost translucent silk paper. The slightest breeze created by movement in the gallery makes it rustle, and brings to mind the disposable paper coverings of anaesthetised patients reposed on operating tables.

A number of the works on show are monochrome pigment prints that have been partly overlaid with screen prints. This symbiotic combination of techniques transforms graphic depictions of surgeries into dreamlike visions of mystical gestures frozen inside a dark void. **As an exhibition, *SUPERNATURE* is full of conscious reflection on the photograph as a physical object – transforming Kurz's photography into a kind of art which can only be described as uncanny poetry.**



UNGLEICHGEWICHT

Based upon narratives of affected persons, the work UNGLEICHGEWICHT approaches eating disorders associatively. It is particularly dedicated to notions of subjective lived experience. Thereby, personal accounts containing feasibly universal aspects find a visual form.

The body of work consists of 35 photographs which vary in size, presentation and printing technique, i.e. pigment prints on different papers, wallpaper, laser prints and 10 quotes.



Wrapped in Memories I, 2012, framed pigment print, 18,8 x 16,8 cm / UNGLEICHGEWICHT

A Conversation about approaches and intentions

When we met in Helsinki during our studies, you had already started with this project. I remember how you said that through this work you found a way to free yourself from former working methods. Today, I still think that you use photography, especially on the topic of eating disorders, in a challenging way. How do you see the impact of this work on the development of your artistic practice?

I have the impression that other forms of expression than "purely" visual ones coexist in your work. I found sculpture and performance also very present, do you actually have a background related to any other artistic medium?

When I started my studies in Germany I was taught photography mainly through a serial, visually coherent way of working. By and by I felt trapped in this working practice. Due to my very strong feeling that I needed to do a work about eating disorders, it was surprisingly easy to work more intuitively. My attitude became more open-minded and in this work, for the first time, I ended up mixing different working methods.

I have no performance or sculptural background. But already before and during the working process of *UNGLEICHGEWICHT*, I spent a lot of time at places where people work with their bodies. For example, I took courses at the dance department of the Theatre Academy in Helsinki, such as in Authentic Movement, Contact Improvisation and the Alexander Technique. The verbalisation of observations related to the body constituted an integral part of the classes. Even just by listening, I gained great enrichment; since the students had a pronounced body consciousness and the ability to verbalize their observations quite precisely. Lessons based on the Feldenkrais method were other important experiences for me. The lessons are based either on touch through physical contact or touch through verbal instruction, which ideally leads to awareness through movement. **Through getting more aware of the movements and reactions in my body, I could sort of see more clearly. I needed this intense and**

Is that also part of the process of liberation we just mentioned?

Where did the idea to work on eating disorders come from? And what caused you to engage with it?

These seem like very wide and complex issues, did you limit your work to any specific aspects?

Who are actually these people you worked with?

specific bodywork as nourishment, through which I learned to trust in something like a flow.

Yes, all these bodily experiences had an influence on my way of working as well. I got away from planning and especially approving everything "in advance".

There are several reasons but the most important is probably based on my personal experience with the issue. At some point I knew that I want to deal with it in my work in a candid and subtle way. With distance I realise that the works I did before, were steps towards *UNGLEICHGEWICHT*. It became more and more clear that the body is my topic. The body as a projection screen for wishes, hopes, and expectations.

The main eating disorder types are anorexia, bulimia and BED (binge eating disorder). Even though their symptoms are quite different in terms of eating behaviours, the mental struggle of people affected by them can be compared. Basically these illnesses are about attempts to solve inner conflicts. Due to overlapping aspects between the different types, I did not limit my working field to one particular disorder. Nor does my approach refer to statistics. The work is based upon narratives of affected people that I collaborated with. Their eating disorder accompanies all of them for years or even decades. It has become part of their lives. I had in mind to mix images of several people, in order to tell about something like the shared pain.

Since I lived in Helsinki at that time, the Eating Disorder Association of Finland (Syömishäiriöliitto-SYLI ry) published an inquiry on my behalf. Based on that people got in touch with me. **I wanted encounters to be the core of the work and narratives the material I work with.** Due to my personal experience, I had direct access to their accounts. This created a specific connection, instantly immediate and intimate.

The book contains citations as well. 'I am a thigh,' is, for instance, a very strong one. Some quotes bring the people to life more than the images. Are these text fragments supposed to convey truth or authenticity?

And yet, looking at your images it is not immediately apparent how you were involved with the people you worked with, your 'contributors' or 'participants', if we may say so? But I know that you worked very closely with a few of them. Can you tell me a bit more about how this collaboration worked?

I know you as someone who is interested in sociological questions and approaches, but, so it seems to me, the result is not purely documentary in character. From a visual point of view, your work pays a lot of attention to the object and its materiality, rather than to people and their direct life environment. Even the bodies look like objects. I'm curious about this duality in your work.

In your images I perceive a sort of clash. Something very still, disembodied, floating and bright collides with a much deeper and darker sensation of fear and violence. What do you think – where does this feeling of contrast and collision that I perceive in your images come from?

The quotes are authentic accounts of people I worked with, so is the one you mentioned. Yes, through the citations I wanted to give something like an indication of the origin of the work, which is not necessarily obvious in the images.

I started to work simply through listening to my participants. There were aspects of their narratives leaping out at me. These aspects had a level of absurdity that I could connect with but left me in a perplexed and therefore potentially productive state. Concerning the issue itself they contained a certain universal character. When such an aspect seemed to be important to my contributor as well, I used it for example as a basis for the shaping of an object. These can be understood as embodied thoughts. Some images were planned and others just appeared during our time spent together.

When I asked myself how to start with the work, I knew that I didn't want to deal with or 'explain' the issue through showing bodies as exposed. **I wanted to try to create images that represent a state of mind. Images of something that is very complicated and complex and disturbing in a way.** Those affected are extremely preoccupied with and at the same time very dissociated from themselves. For them their own body becomes a sort of object, such as of self-criticism.

Maybe it is the appearance of internal conflict. Starvation, vomiting and fullness tell about a certain violence that affected ones inflict upon themselves, against their own body. Simultaneously these practices have orgiastic traits as well. This simultaneity is quite essential in keeping the illness up. Furthermore, it is my concern to show something painful in a somewhat tolerable way.

'My breasts are like arms.
I have four arms.'



The Compensation Utensil, 2012, framed pigment print, 88 x 69,3 cm / UNGLEICHGEWICHT

What about the people deprived of the sense of sight for instance? I think of three portraits with women wearing different kinds of masks. At first, sight is not really the sense I would relate to eating disorders. What was the process behind these images?

I would like to discuss the images of broken glass. Again, they are ambivalent, they suggest that something is broken and dangerous, but also precious and attractive. Can you say a bit more about the source of these images?

Before ending this conversation I would like to bring up your next project. With the theme of the body, there is an obvious continuity in your work, since you are dealing with aesthetic plastic surgery. Can you say something about that?

Many of these people who wrote to me said that being photographed, and therefore being looked at, is something they fear the most. And at the same time they wanted to face this fear. The images with masks are connected to these kinds of aspects.

A woman told me about her wish to throw glass against a wall. Thus, she had collected all sorts of jars and dishes. She imagined to put all her anger towards this illness into the act of smashing. We dealt with this motif in a kind of performance, which had a liberating effect for her. The resulting pieces of broken glass for me are wonderful metaphorical objects that had to be photographed.

For me it is more or less a logical continuation of the subject matter of *UNGLEICHGEWICHT*, through which I can pursue my fascination for the human body further. Here, too, I want to photographically explore further ways of how people deal with bodies. I am just at the starting point of this next work, through which I will explore the boundaries of the human body as a substance.

Anne Galaz is a photographer and artist from Switzerland. She moved to Finland to study at the photography department of Aalto University in Helsinki where she met Karina-Sirkku Kurz and followed her process at the beginning of the work on *UNGLEICHGEWICHT*. In 2016 they gathered again and talked about the process.

Finnish Photobook of the year

2017

STATEMENT BY ALEC SOTH

"All five finalists were exceptional and worthy of serious consideration. I spent a lot of time with each of the books. **It was important not to rush to pick a winner. Photobooks need time to settle in the reader's imagination.** The book that held the firmest grip on mine was UNGLEICHGEWICHT by Karina-Sirkku Kurz. This book defies expectations. Kurz takes a hard-hitting subject that is normally covered by journalists and treats it with the open lyricism of an artist."



The Finnish Photobook of the year is awarded annually by the Finnish Museum of Photography and the Association of Photographic Artists. In 2017, the jury panel consisted of Kristoffer Albrecht (photographer and Doctor of Arts), Arja Miller (exhibition curator at EMMA - Espoo Museum of Modern Art) and Johannes Romppanen (photographer). The final decision was made by photographer Alec Soth.

The question of lived experience: A gap in research on eating disorders

EATING DISORDERS IN HUMAN SCIENCE AND SOCIAL SCIENCE RESEARCH

Eating disorders are considered to be gender-, social class- and culturally-specific syndromes that primarily affect young white women from the educated middle classes of Western societies. In addition to anorexia, bulimia and binge eating are also regarded as clinical disorders in the ICD-10 and DSM-5 diagnostic manuals applicable to psychiatry and psychotherapy. They lay down the diagnostic criteria that the affected persons need to fulfil in order for their eating disorder to be diagnosed.¹

Anorexia nervosa (Greek/Latin origin, meaning 'nervous loss of appetite') was given its name upon the introduction of the diagnosis in 1873/4, as it was assumed back then that women were suffering from a nervous loss of appetite. It was only in the 1960s and 1970s that the until now characteristic symptoms of anorexia were described by the psychoanalysts Hilde Bruch and Mara Selvini Palazzoli.² The number of publications on anorexia and diagnosed cases grew massively in conjunction with their publications, meaning therefore that anorexia became a 'fashionable complaint'.³

The diagnostic criteria for anorexia describe massive weight loss caused by restrictive eating habits and a corresponding low weight as being characteristic. In addition to hyperactivity, central symptoms also include a desire to be thin, a fear of

getting fat and a distorted perception of one's own body and body dimensions, which are also referred to as a body schema or body image disorder.⁴

The diagnosed forms of eating disorders have multiplied over the years, each with their own symptoms, aetiology and therapy. Bulimic behaviour, whereby feeding frenzies are offset by vomiting, taking laxatives and diet pills, excessive hunger, or playing sports, was initially described as a sub-form of anorexia. It was finally defined as a separately occurring illness by Gerald Russell in 1979; it was called Bulimia nervosa (Greek/Latin origin, meaning 'extreme hunger') and was included as a psychiatric diagnosis in the third version of the DSM in 1980. However, bulimic symptoms still exist as a non-restrictive version of anorexia i.e. as a purging type of anorexia whereby the affected persons switch between anorexic and bulimic phases.⁵

Binge eating as an eating disorder was described and then first referred to in the DSM-5 as a separate diagnosis back in 1994, whereas before then it continued to fall under 'atypical eating disorders'.⁶ In the case of binge eating, it is only the excessive feeding frenzies that occur, without any attempts to prevent weight gain by way of various techniques that are characteristic of bulimia. The affected persons consume huge quantities of food in a short space of time and, in doing so, lose all control over their eating habits.⁷



While epidemiological research regarding anorexia suggests that approximately 90 per cent of the affected persons are women, this gender-based distribution has changed somewhat with regard to bulimia, ultimately dropping to a level of 60 per cent for binge eating. In addition, the affected persons are, on average, older and no longer primarily belonging to the middle class.⁸ Accordingly, reference is now made to the *democratisation* of eating disorders occurring with bulimia and binge eating. As a result, the noticeable increase in eating disorders relates primarily to the propagation of bulimic and binge eating practices.⁹

Current human science and social science research is focusing on these physical and psychological symptoms of eating disorders. The question of subjective lived experience has so far constituted a desideratum in research.

From a philosophical perspective, this experience of the affected persons can be followed using Hermann Schmitz's phenomenology of the lived body, thus opening up new dimensions in the phenomenon.¹⁰ **Autobiographic texts, primarily written by women in Western Europe and North America about their eating disorders since the 1980s, are analysed with the aim to provide sources for phenomenological reconstruction. The experiences expressed in these texts provide an insight into the subjective experience of the affected persons that is the focal point below.**¹¹

HUNGER, PAIN, DISGUST, FULLNESS

The phenomenology of Hermann Schmitz takes the lived body of humans as a starting point.¹² This inherent 'felt body' cannot be attributed to anything physical or mental, but rather it constitutes a separate field of phenomena with a specific structure. Hermann Schmitz characterises as lived experience everything that is felt independently of the five senses, including in particular the sense of vision and sense of touch, in the area of one's body. However, the Schmitz perspective must be supplemented as the lived experience in eating disorders is closely linked to practices of the formation of the body and of the self. Eating disorders are therefore described below as illness practices associated with a specific lived experience that is primarily characterised by intense feelings of hunger, pain, disgust and fullness. It is by applying these illness practices that the affected persons can engage in the lived experience, attempt to shape it and therefore actively evoke specific experiences. Unless otherwise indicated, I shall focus below on the lived experience in anorexia, but I shall also look at bulimia and binge eating in other places too.¹³ However, as I will demonstrate below, all three eating disorders together evoke feelings of hunger, pain, disgust and fullness – albeit to a different extent.

In their reports based on their experience of anorexia, the authors describe the fact that observing food, its smell and other people when eating cause them to experience an unexplained and persistent feeling

of disgust. The saturated body is even associated with death and decay as well.

Flesh and especially female flesh appears to be experienced as something absolutely disgusting and nothing more than a shapeless mass. It is the epitome of everything swollen, filthy and therefore perceived as something disgusting to be fended off.¹⁴ The stomach is the focal point of attention, which is why many reports based on experiences contain various portrayals of an unpleasant and intrusive fullness in the abdomen. The authors describe an unbearable feeling of fullness after eating that makes them feel disgusted and leads to the eventually feeling, at some stage, that they can no longer bear having anything in their stomach.¹⁵ They perceive their stomach to be bloated and swollen. Laxatives help certain individuals to as quickly as possible get rid of this feeling of fullness that will attack after eating.¹⁶ In contrast, a thin body that is shaped this way, through using laxatives but also by dieting and exercising, is described as clean, well-shaped and proper.¹⁷ It is characteristic in the experience of disgust that it will not merely be fended off, but that it fascinates and is therefore also self-induced and enjoyed by the affected persons in some cases.¹⁸ This ambivalence is intensified even further in bulimia, which is characterised by an immense fascination caused by food being experienced as disgusting, resulting in a permanent oscillation between acquiring and rejecting, feeding frenzies and vomiting.¹⁹ The feeding frenzy is also

triggered by the massive feeling of hunger that has become unbearable to the affected persons and is therefore often experienced as an ecstatic condition in which one enjoys the feeding frenzy.²⁰

The fullness that is unbearable in anorexia is experienced in a particularly ambivalent manner in bulimia and is not dramatically fended off. Bulimic individuals yearn for this feeling of fullness during a feeding frenzy whilst at the same time try to escape from it. This ambivalence ultimately leads to restlessness during which the binges alternate with vomiting in a distressing rhythm. The feeding frenzy itself is enjoyed in bulimia and binge eating and is therefore pushed excessively until it eventually leads to pain, the latter actually being savoured in its intensity. A similar thing occurs when vomiting, which is sometimes forced in bulimia but can be described as very painful and yet somewhat fulfilling as well.²¹

A strict diet and sport enable sufferers of anorexia to feel their sharp and pointed bones. The experiences described in the texts therefore contradict the assumption of a body schema or body image disorder as diagnostic criteria, instead referring once again to a fundamental contradictory nature that should be considered to a far greater extent. The diagnostic criteria assume that the sufferers are themselves unaware of their thinness and perceive themselves as too fat. This can also be confirmed from a phenomenological perspective in

the form of disgust and the associated rejection of the flabby tendencies of the felt body. The sufferers also describe in a powerful manner the fact that they are able to feel how their bones protrude along with the pain associated with this bony feeling. As a result, they cannot be anything other than directly aware of their thinness as they experience it in an excruciating manner every single day.²²

This shows that pain is not only part of everyday experience in bulimic vomiting, but belongs to anorexia as well. Every single movement causes pain from a certain level of emaciation. Your body is covered in bruises, the soles of the feet hurt when walking, and it is barely possible to sleep.²³

The texts are full of descriptions of pain that is self-induced and enjoyed but will regularly reach the limits of what is bearable.

In addition to disgust and pain, the intense feeling of hunger is ultimately also at the heart of an anorexic experience. Sufferers yearn for it, inducing hunger intentionally and maintaining it. In the reports, the experience of hunger is characterised as a hold and as the meaning and purpose of life.²⁴ It is highlighted in the autobiographic descriptions that hyperactivity, sport and special restrictive eating practices are used as bodily and, at the same time, illness practices in order to offset the bodily imbalance that massive hunger ultimately leads to.²⁵ In contrast, in binge eating and bulimia hunger is primarily satisfied during a feeding frenzy, which

may also be accompanied by an intense feeling of pleasure and relief.

Finally, the authors describe sensations of weightlessness and 'being high' during intense feelings of hunger, pain, disgust and fullness, and a feeling of floating and sliding away; this is very similar to the feelings associated with intoxication.²⁶

In addition to these ecstatic feelings, eating disorders also open up the opportunity for sufferers to feel their own body intensively, thus fulfilling the function of self-assertion that is key to the development and maintenance of illness practices. The authors state that they were living very intensively in the present and had never felt more alive as at the time of their eating disorder. **Hunger, pain, disgust and fullness all enable you to experience the fact that you exist.** As a result, Robert Gugutzer has described hunger, food cravings and voluntarily induced vomiting as borderline experiences that make bodily self-assurance possible as they reflect the felt body back to the sufferers.²⁷ Eating disorders therefore ultimately refer to the importance of bodily lived experience for an essential self-reference.

¹ See DSM-5: American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5th Ed., 2013. Feeding and Eating Disorders. URL: <http://www.dsm5.org/Documents/Eating%20Disorders%20Fact%20Sheet.pdf> (retrieved 2016-3-15); WHO: Internationale Klassifikation psychischer Störungen. ICD-10 Kapitel V (F). Klinisch-diagnostische Leitlinien. Bern 2010, pp. 216–218. The ICD (International Statistical Classification of Diseases and Related Health Problems) is published by the WHO and is the most important international diagnosis classification system for medical science. The DSM is published by the American Psychiatric Association.

² See Bruch, Hilde: Der goldene Käfig. Das Rätsel der Magersucht. Mit einem Vorwort von Helm Stierlin. Frankfurt am Main 1986, and Selvini Palazzoli, Mara: Magersucht. Von der Behandlung einzelner zur Familientherapie. Stuttgart 1989. The Italian and English versions were published in the 1960s and 1970s.

³ Margolis, Karen: Die Knochen zeigen. Über die Sucht zu Hungern. Berlin 1985, p. 8. See also the historical account in Brumberg, Joan Jacobs: Todeshunger. Die Geschichte der Anorexia nervosa vom Mittelalter bis heute. Frankfurt am Main / New York 1994.

⁴ See DSM-5 2013 (see note 1); WHO 2010 (see note 1). The term body schema aims to describe the cognitive dimension characterising the perception of body dimensions and proportions. The body image includes the affective dimension manifesting itself in an individual's feelings and attitudes towards his/her own body. Both terms are often used in an inconsistent manner. The fear of getting fat increasingly came to the fore instead of emaciation. This refers to the dominance of the body image disorder and, thus, the affective dimensions as diagnostic criteria that are the focal point of the DSM-5, published in May 2013.

⁵ See DSM-5 2013 (see note 1); Habermas, Tilman: Heißhunger. Historische Bedingungen der Bulimia nervosa. Frankfurt am Main 1990, and idem: Zur Geschichte der Magersucht. Eine medizin-psychologische Rekonstruktion. Frankfurt am Main 1994; Halmi, Katherine Ann: Essstörungen. In: Helmchen, Hanfried et al. (Ed.): Psychiatrie der Gegenwart. Erlebens- und Verhaltensstörungen, Abhängigkeit und Suizid. Vol. 6, 4. Ed. Berlin/Heidelberg 2000, pp. 331–353; WHO 2010 (see note 1). The number of feeding frenzies required for the diagnosis of bulimia has reduced over the years and now only needs to occur once a week according to the DSM-5.

⁶ Atypical eating disorders include behaviours assessed as being pathological that do not, however, fall under eating disorders recognised to date.

⁷ See DSM-5 2013 (see note 1); Kersting, Annette: Essstörungen. In: Rohde, Anke / Marneros, Andreas (Ed.): Geschlechtspezifische Psychiatrie und Psychotherapie. Ein Handbuch. Stuttgart 2007, pp. 178–183. Feeding frenzies must occur at least once a week and be sustained over a period of three months in order to be diagnosed as an eating disorder.

⁸ See Kersting 2007 (see note 7).

⁹ See the medical historian Habermas 1994 (see note 5), whose observation is however restricted to bulimia.

¹⁰ See in detail Marcinski, Isabella: Anorexie – Phänomenologische Betrachtung einer Essstörung. Freiburg 2014.

¹¹ The following texts are used as examples: Erlenberger, Maria: Der Hunger nach Wahnsinn. Ein Bericht. Reinbek bei Hamburg 1980; Fechner, Annika: Hungrige Zeiten. Überleben mit Magersucht und Bulimie. München 2007; Hornbacher, Marya: Alice im Hungerland. Leben mit Bulimie und Magersucht. Eine Autobiographie. Berlin 2010; MacLeod, Sheila: Hungern, meine einzige Waffe. Ein autobiographischer Bericht über die Magersucht. München 1983; Margolis 1985 (see note 3). In my reconstruction, I refer exclusively to texts by young women.

¹² Schmitz, Hermann: Der Leib. System der Philosophie. Vol. 2, Part 1. Bonn 1965, p. XIII.

¹³ Schmitz deals primarily with anorexia. However, there is also consideration of bulimia and so-called 'Fettsucht' corresponding to binge eating.

¹⁴ See MacLeod 1983 (see note 11), p. 90.

¹⁵ See Fechner 2007 (see note 11), p. 65.

¹⁶ See MacLeod 1983 (see note 11), p. 97. It should be noted that this rejection of a shapeless and spongy body refers to corresponding cultural discourses that shape the lived experience of the felt body, which may thus be perceived as problematic through this experience. See also Bordo, Susan: Unbearable Weight. Feminism, Western Culture, and the Body. Berkeley / Los Angeles / London 1995.

¹⁷ See MacLeod 1983 (see note 11), p. 100, and Shute, Jenefer: Schwerelos. München 1994, p. 235.

¹⁸ See Shute 1994 (see note 17), p. 142.

¹⁹ See Schmitz, Hermann: Jenseits des Naturalismus. Freiburg / München 2010, p. 362.

²⁰ See Fechner 2007 (see note 11), p. 69, and Margolis 1985 (see note 3), p. 80.

²¹ See Margolis 1985 (see note 3), p. 80, and Hornbacher 2010 (see note 11), p. 370.

²² See Fechner 2007 (see note 11), p. 173, and Shute 1994 (see note 17), p. 18.

²³ See Fechner 2007 (see note 11), p. 278. Of course, also in bulimia the affected persons may be very thin. My depiction of bodily experience is deliberately stereotypical and based on the characteristic practices pertaining to the respective eating disorders.

²⁴ See Erlenberger 1980 (see note 11), p. 137.

²⁵ See this physical imbalance in hunger: Schmitz 1965 (see note 12), p. 232.

²⁶ See Hornbacher 2010 (see note 11), p. 280, and Margolis 1985 (see note 3), p. 91.

²⁷ See Gugutzer, Robert: Der Körper als Identitätsmedium: Essstörungen. In: Schroer, Markus (Ed.): Soziologie des Körpers. Frankfurt am Main 2005, pp. 323–355, here p. 343 f.

Winner of the Nordic Dummy Award

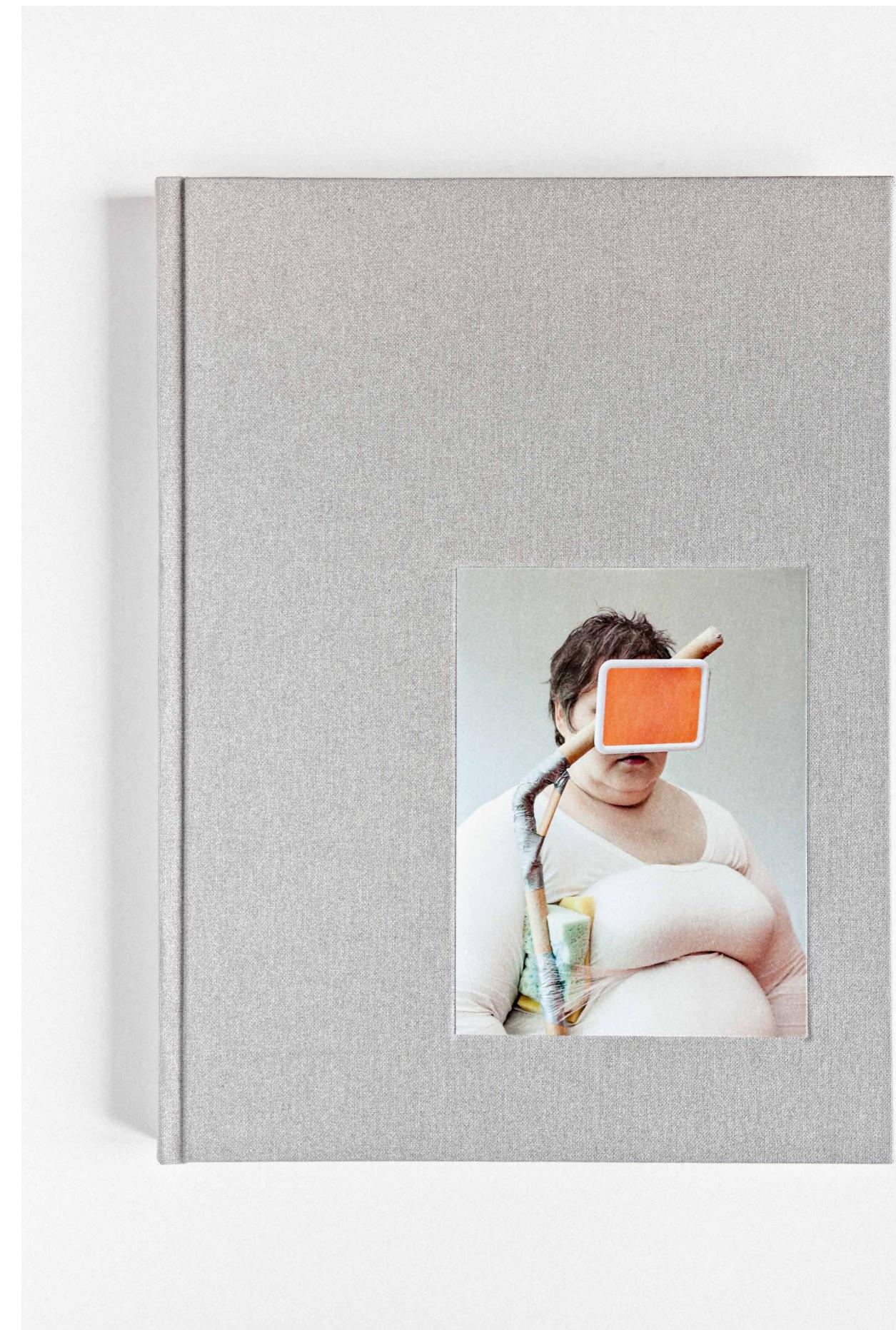
2015

STATEMENT OF THE JURY

"The Jury found Karina-Sirkku Kurz's book about eating disorders visually strong and solid. It is the kind of book that is powerful both in its form and content. **The theme of the book is important and it focuses on the grievance in our society in a delicate way and is far from the stereotypical way to present people suffering from eating disorders.**

The balance between a conceptual and a collaboratively staged and surreal approach to a very concrete and disturbing subject in contemporary society at large makes this book an innovative book.

Kurz's series is a long term project, which has been going on for several years. The jury appreciated the way the photographer co-operated with her models constructing the images. In the book Kurz has chosen both portraits and still lives, including both touching and disturbing tones, which makes the book emotionally challenging and rewarding. The book is well thought through with delicate visual elaboration, which is an even bigger achievement because of the complex topic."



The Nordic Dummy Award is awarded annually by Fotogalleriet and the Norwegian Association of Fine Art Photographers in connection with the Fotobokfestival Oslo. The winning book is published by Kehrer Verlag, Heidelberg. In 2015 the jury panel consisted of Anna-Kaisa Rastenberger (chief curator, Finnish Museum of Photography, Helsinki), Mette Sandbye (head of the Department of Arts and Cultural Studies, University of Copenhagen), Marie Sjøvold (photographer, Oslo) and Tony Cederteg (designer / art director / publisher at Libraryman, Paris / Stockholm).



Installation view, *UNGLEICHGEWICHT*, The Finnish Museum of Photography, Helsinki, 2013

Looking Back

If one takes a look back at the work of Karina-Sirkku Kurz, what becomes apparent is the photographer's stringent examination of the body and the ways in which it is viewed. An important aspect here is the shell – as a boundary, as well as a protective space for the body in connection to an external gaze. For instance, in her earlier work *About a Sense of Belonging* (2008), this shell consists of fashionable clothes and accessories that teenagers clad themselves in. The close-up portraits reveal faces – intensified by cropping and perspective – which recede behind headgear and jewellery to such an extent that the individual persons remain unrecognisable.

About a Sense of Belonging (2008) consists of 8 photographs in the size of 50 x 40 cm each, high glossy analogue C-Prints, mounted on black, glossy wooden boxes.



Untitled, 2008, high glossy analogue C-Print, mounted on black, glossy wooden box, 50 x 40 cm / *About a Sense of Belonging*

In *Sense of Touch* (2008–2010) we also see young people, but this time in an apparently dance-like activity. By isolating portions of the scene and spotlighting, features are distilled from their environment – moving around individuals and touching bodies, between lust and pain, hair and sweat. The characteristics highlighted in the photographs refer to adolescent development, which is accompanied by an ever-evolving self-image, or body awareness, and shifting need for both closeness and distance. The tactile dimension of these visualised bodies is enacted on the one hand by the cotton fabric of the clothing that clings to the body. On the other hand, the materiality of the pieces themselves and their haptic nature, play a role for the first time in this work by the photographer. The prints on different types of paper are partially divided and then stapled together again.



Installation view, *Sense of Touch*, Gallery Sinne, Helsinki, 2011



Installation view, *Sense of Touch*, Gallery Sinne, Helsinki, 2011



"One who, regarding lust and pain, imagines nothing but salacious moans and cries of agony, has not yet understood much. Lust and pain are elementary expressions of life, manifestations of being alive, of life energy – they are the first expressions of subjectivity."

Elisabeth List

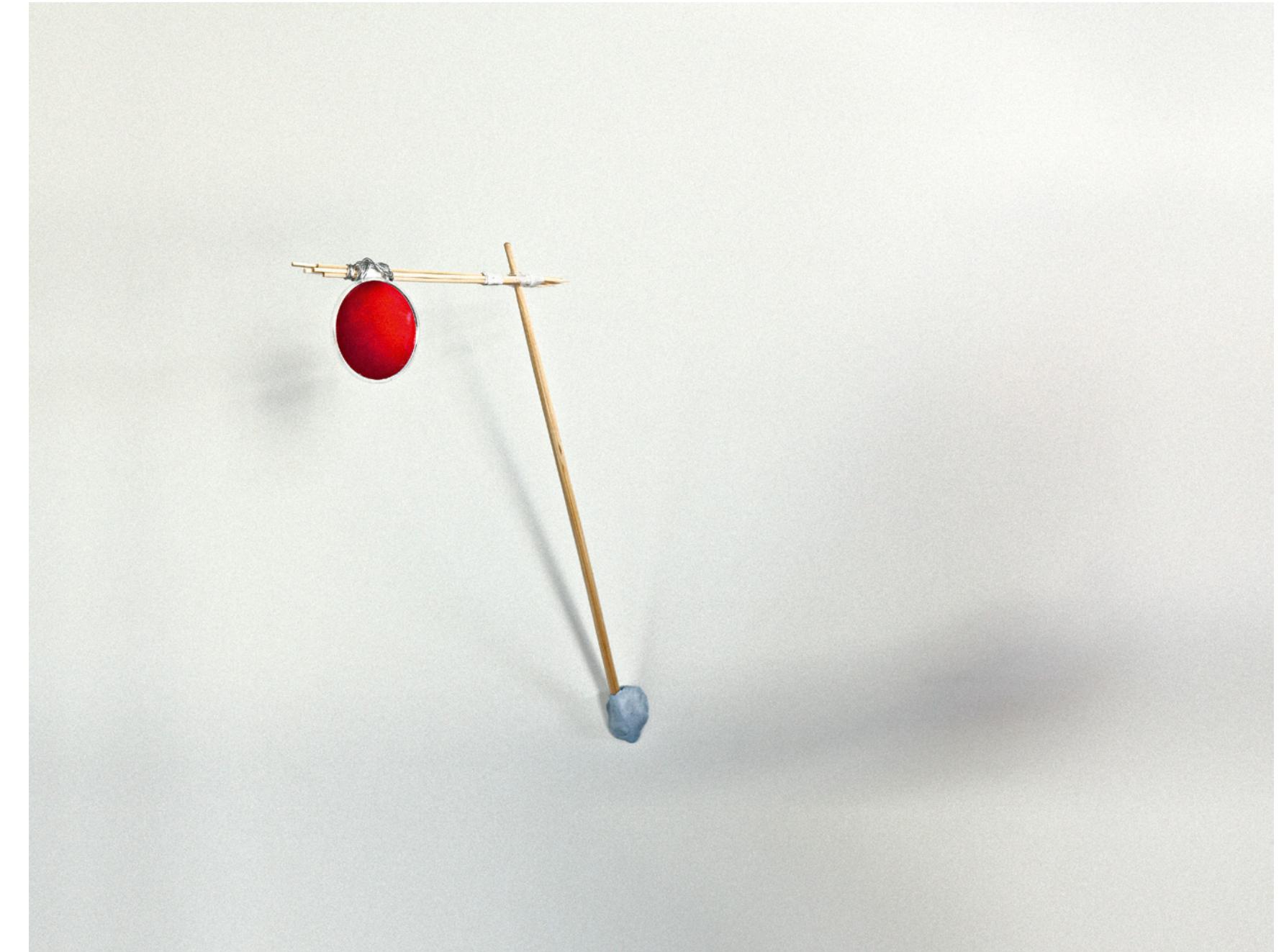


Sense of Touch (2008–2010) consists of 23 photographs which vary in size, presentation, and printing technique, i.e. unframed pigment prints on bamboo fibre paper fixed to the wall with nails, high gloss pigment prints in floater frame, and laser prints stapled and framed.

The themes of deformation or even – the pictures were taken in boxing studios – yet the attack on the body are already intimated.

Consequently, these form the background for Kurz' later works. However, the work *Looking and Seeing* (2011) falls somewhere in between. Unusual constructions made of magnifying glasses, lenses, wires, and textiles float against a white background. These visual devices, built by the photographer, manipulate the view – restricting or expanding one's sight in various ways. With these instruments, reflection on the gaze has taken a more concrete form.

A distorted perception can change or even injure a body, shown through Kurz's works *UNGLEICHGEWICHT* (2012–2015) and *SUPERNATURE* (2015–2019) – concerning eating disorders and aesthetic plastic surgery. In contrast to the destructive dimension of a judgmental and condemning position, Kurz' working method is characterised by the fact that her camera does not seem to evoke an extrinsic view of an object. Her works are poetically located between self-perception and external perspective.



Looking and Seeing (2011) consists of 6 framed photographs with white borders, each 47 x 35 cm in size, pigment prints on baryta paper.

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| Overview | Karina-Sirkku Kurz Berlin 2020 |
| Design | Bianka Maria Helwing |
| Texts | Anne Golaz, Helen Korpak, Karina-Sirkku Kurz, Dr. Isabella Marcinski, Dr. Cora Waschke |
| Proofreading | Sarah Alden, Dahlia el Broul , Anna E. Wilkens |