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Performative Disability:

The Objectification of Atypical Physiognomy in the Self-Portraits of Egon Schiele

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Introduction

In a poem dating to 1909 that expanded upon a concept related to artistic identity set forth by Viennese Expressionist, Egon Schiele, fellow Austrian painter and friend, Anton Peschka, wrote that:

“The Artist is above all intellectually gifted. Expressing the views of conceivable phenomena in nature. They are researchers, for whom nature is first and comes close.... Grief can overcome them externally, but inside it bores and hurts badly. They are the chosen ones...easily excitable and speak their own language.... You learn and study, work, [and become] physically and mentally fed up.... You are far from the world and the most outward beings.”¹

As an emerging artist in early-twentieth century Vienna, surrounded by prominent figures, such as Gustav Klimt, a founding member of the Vienna Secession, and Christian Griepenkerl, instructor at the Fine Arts Academy Vienna, Schiele sought to leave his mark in the Viennese art scene. Here, the ways in which Schiele articulates his interpretation of what the artist is expresses an understanding rooted in the idea that the artist is an isolated being who is consumed by their work to such a degree that they are able to document their surroundings and connect to some aspects, yet still experience a disconnection with the everything else. As the student of Griepenkerl and protégé of Klimt, Schiele’s desire to form his own artistic identity that would allow him to compete within the local Viennese art market proved to be a critical decision in his radical self-fashioning. Schiele, an Expressionist, was not working in a realistic style that documented his true lived experience. Instead, he sought the visual vocabulary of atypical physiognomy as a tool in helping him communicate his reality as a ‘struggling’ and emerging artist in the Viennese art scene. Because the medical practices surrounding bodily and psychological difference were dehumanizing, unless one was from the middle or upper classes, the attitudes towards disability within twentieth-century Vienna played into this idea that people

¹ Christian M. Nebehay, *Egon Schiele, 1890-1918: Leben, Briefe, Gedichte*, (Wien, Österreich: Graphischen Sammlung Albertina, 1979), 144-145.

with disabilities could easily be objectified, and even commodified, for one's own agenda whether scholarly or artistic. Through the self-portrait series of 1910 as well as subsequent self-portraits from 1911, Schiele's objectification of disability allows him to self-fashion his identity into something that is unique to him as an artist, yet does not correspond to him as an individual.

Trends in Previous Scholarship

Some aspects of the scholarship on Egon Schiele have primarily adopted a psychoanalytic approach leading to an interpretation of Schiele's work that centers too heavily on subjective emotions and ignores other significant influences. Because of this approach, there is a tendency to reduce the nature of Schiele's true artistic intentions and overlap them with his lived experience. In Eric Kandel's book, *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain: from Vienna 1900 to Present* (2012), he repeatedly draws parallels between the Egon Schiele's life and oeuvre. However, by interpreting the artwork as a direct consequence of events from Schiele's past or his psychological state, Kandel overemphasizes details about Schiele's artwork that cannot be corroborated with absolute certainty. Kandel writes that "...Schiele more than any other artist of his time took an interest in his own anxiety. He expresses this deep anxiety – as if his private world were coming apart – in numerous self-portraits, and he superimposes a corresponding anxiety on everyone he painted, including the people in the dual portraits of his sexual experiences."² Although Schiele returned to himself as the primary subject of his own artwork more than other artists of his time, such as Gustav Klimt (1862-1918) or Oskar Kokoschka (1886-1980), the idea that his artwork is communicating anxiety without offering any primary evidence from the artist himself reinforces this idea that art exists primarily as an artist's journal documenting their every feeling. It also

² Eric R. Kandel, *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain: from Vienna 1900 to Present*, (New York: Random House, 2012), 160.

perpetuates this idea that style or technique function as a tool of diagnosis in determining the artist's mental state. In examining Schiele's style and technique, Kandel writes that "rather than focusing exclusively on facial expressions and hand gestures to explore beneath the surface of his subjects and obtain insights into their character and conflicts, Schiele used the whole body."³ He also writes that "...Schiele's mature work is somber and often lacking in vivid color. The bodies of the people he paints are disjointed, their arms and legs contorted and twisted painfully, as if they were Jean-Martin Charcot's hysterical patients. But whereas Charcot's patients assumed their postures unconsciously, Schiele's posturing was a conscious and practiced attempt to use the position of hands, arms, and body to convey inner emotion. He often rehearsed and analyzed various postures in front of a mirror. He expressed his character and conflicts through histrionic, almost hysterical – but well-planned, whole-body posturing."⁴ Schiele's use of the body, especially in relation to photographs from medical journals which will be discussed later in this paper, is an excellent example of how the physiognomy of Schiele's subjects reflect a conscious decision made by the artist to represent these figures in a particular manner. However, instead of expanding upon these types of resources or inspiration, Kandel writes how "also, unlike Kokoschka, who most frequently painted other people, Schiele often painted himself," and in doing so, "he depicted himself as sad, anxious, deeply frightened, and sexually engaged with himself or with others."⁵ Yet, it is Kandel's assertion that "with remarkably few exceptions, the tendency is to emphasize Schiele as a traumatized individual who used the self-portrait as a

³ Eric R. Kandel, *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain: from Vienna 1900 to Present*, 160.

⁴ Eric R. Kandel, *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain: from Vienna 1900 to Present*, 161.

⁵ Eric R. Kandel, *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain: from Vienna 1900 to Present*, 160-161.

means of articulating angst.”⁶ Kandel recognizes that Schiele is characterized as a ‘traumatized’ individual, yet this statement does not appear to identify this as a negative approach in examining Schiele and his oeuvre. However, as a scholar who is contributing to this tradition, the evidence that he offers in presenting Schiele as traumatized, such as the death of his father who succumbed to syphilis in 1904,⁷ is mere speculation and does not allow for a more objective analysis that does not primarily rely on biography that is not attested within Schiele’s letters.

Because this practice of examining Schiele’s artwork as a reflection of his inner state is quite common, other scholars engage in this approach and offer further interpretations into the psyche of the artist. In a similar fashion to Eric Kandel, Patrick Werkner approaches Schiele and his artwork by focusing too heavily on the subjective in his book *Austrian Expressionism: The Formative Years* (1993). Werkner writes that “Schiele’s now burgeoning radicalism carried to its logical conclusion a form of expression that made “body” and “soul” inseparable. Thus, his attention inevitably began to focus on those areas that were taboo for a culture of aestheticism. The drawings and paintings that he now produced alter his manner of depicting himself in a way that is almost manic.”⁸ He then writes that this artwork “reflect[s] a journey into the inner self that exploits every possible mode of bodily expression, that mercilessly exposes all facets of what is ostensibly ugly or diseased, and that documents every private psychological ordeal. He [Schiele] was continually fascinated by the complexity of the relationship between inner experience and its external projection. The human physis contained for him an abundance of possibilities of form that could be made to correspond to his innermost perceptions and their

⁶ Gemma Blackshaw, “The Pathological Body: Modernist Strategising in Egon Schiele’s Self-Portraiture,” *Oxford Art Journal* 30, no. 3 (2007), 397.

⁷ Eric R. Kandel, *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain: from Vienna 1900 to Present*, 163.

⁸ Patrick Werkner, *Austrian Expressionism: The Formative Years*, trans. Nicholas T. Parsons, (Palo Alto: The Society for the Promotion of Science and Scholarship, 1993), 119.

counterpart in experience.”⁹ Apart from the problematic language used to describe disability as something that is ugly or diseased, Werkner suggests that the body is a vehicle of expression for articulating the inner self. Although the modes of bodily expression do communicate something about the subject to the viewer, to suggest that the artwork alone can communicate all these inner emotions without providing any additional context or evidence is a bit misleading as the intention of the artist is not made clear solely through the subject. Offering some sort of primary source evidence, Werkner writes that Schiele wrote in a letter dated to 1911 that “I still believe...that the greatest artists painted figures,” and with this Werkner argues that “for Schiele, the figure, the representation of the body, is the ultimate means of expression. The contours of a nude become the outlines of the human drama, the external surface of a naked body in watercolor becomes the landscape of the soul.”¹⁰ There is no doubt that Schiele’s use and manipulation of the human body was used as a vehicle for expression and communication. However, to provide such scant evidence from the artist himself and then use this evidence to draw such a conclusion that the body for Schiele was a reflection of the soul is a bit misleading. This scholarship also does not offer the reader much of a foundation to explore these assertions made about Schiele and examine how exactly the artist utilized the body and manipulated physiognomy to communicate something either about himself as an artist or individual, or about the subjects whom he depicted that were solely models or prominent figures within his life or Viennese society.

Disability & Modern Art

Because the attempts to project an artist’s inner state is not sufficient in examining their purpose in utilizing disability and its visual vocabulary, the concept of “disability aesthetics,”

⁹ Patrick Werkner, *Austrian Expressionism: The Formative Years*, 119.

¹⁰ Patrick Werkner, *Austrian Expressionism: The Formative Years*, 119.

coined by Tobin Siebers, offers a new and relevant lens to examine bodily difference within modern art and beyond. Tobin Siebers' theory of disability aesthetics examines the relationship between disability and modernist artwork and techniques, and provides a foundation in which to interpret the radical shift in visual imagery and representations surrounding the body. In his article published in 2008, "Disability Aesthetics and the Body Beautiful: Signposts in the History of Art," Siebers offers a definition of disability aesthetics by arguing that "disability aesthetics assert the incontestable conclusion that modernist techniques and formal experiments render bodies whose shapes mimic deformation, whose coloration resonates with disease conditions, and whose subject matter takes on explicitly the representation of physically and mentally disabled people."¹¹ This definition thus argues that modernist art represents disability "deliberately and explicitly represented as disability."¹² In his book, *Disability Aesthetics* (2010), Siebers expands upon the assertion set forth within the article and writes how "...the disabled body and mind as play significant roles in the evolution of modern aesthetics, theorizing disability as a unique resource discovered by modern art and then embraced by it as one of its defining concepts."¹³ By recognizing the importance of disability as a conscious and deliberate choice made by modern artists, Siebers provides a framework in which to examine modern artwork, such as Schiele's, and the intentional use of disability during this time. Siebers also writes that "disability aesthetics refuses to recognize the representation of the healthy body – and its definition of harmony, integrity, and beauty – as the sole determination of aesthetic."¹⁴ Thus, "[it] names the emergence of disability in modern art as a significant presence, one that shapes

¹¹ Tobin Siebers, "Disability Aesthetics and the Body Beautiful: Signposts in the History of Art," *ALTER - European Journal of Disability Research* 2, no. 4 (October 1, 2008), 330.

¹² Tobin Siebers, "Disability Aesthetics and the Body Beautiful: Signposts in the History of Art," 330.

¹³ Tobin Siebers, *Disability Aesthetics*, (Ann Arbor: University of Michigan Press, 2010), 2.

¹⁴ Tobin Siebers, *Disability Aesthetics*, (Ann Arbor: University of Michigan Press, 2010), 3.

modern art in new ways and creates a space for the development of disabled artists and subjects.”¹⁵ With these ideas put forth by Siebers, he asserts that this development in modernist aesthetics to explicitly represent disability is not one that solely attempts to redefine the beauty standards established by the academy, but also examines alternate ways in which to represent the body for artistic purposes and effects. In his chapter, “Musical Modernism and Its Disability Aesthetics” in *Sex, Identity, Aesthetics: The Work of Tobin Siebers and Disability Studies*, Joseph Straus writes that “modernist art aestheticizes disability into new forms of beauty. Aestheticizing disability does not mean prettifying it or normalizing it to conform to traditional standards of beauty, however. Rather, it means the significant broadening and, in some cases, the radical subversion and disruption of traditional notions of beauty.”¹⁶ With this shift in aesthetics related to the body as well as beauty, Schiele’s use of disability, though radical, aligns with this phenomenon unique to modernism. Straus then asserts that “in modernist art as in the societies from which it arose, disability is thus simultaneously a focus of pity (leading to normalization or cure), horror (leading to segregation and institutionalization), and fascination (leading to valorization and celebration).”¹⁷ Thus, this ‘shock-value’ associated with the imagery of disability offers Schiele a reactionary response that will allow him the opportunity to self-fashion his artistic identity as well as provide him with a platform to project his image as the avant-garde, tortured and misunderstood artist.

Expressive Outlet or Calculated Opportunist?

¹⁵ Tobin Siebers, *Disability Aesthetics*, (Ann Arbor: University of Michigan Press, 2010), 3.

¹⁶ Joseph N. Straus, “Musical Modernism and Its Disability Aesthetics” in *Sex, Identity, Aesthetics: The Work of Tobin Siebers and Disability Studies*, eds. Jina B. Kim, Joshua Kupetz, Crystal Yin Lie, and Cynthia Wu, (Ann Arbor, Mi: University of Michigan Press, 2021), 126.

¹⁷ Joseph N. Straus, “Musical Modernism and Its Disability Aesthetics” 127.

The emphasis within scholarship upon Egon Schiele the artist and his presumed lived experience that he supposedly documents in his self-portraiture is clearly not sufficient in understanding Schiele's motivation in adopting such a radical visual vocabulary. Thus, in addition to critiquing the dominating psychoanalytic approach, art historian Gemma Blackshaw offers alternate sources to the artist's decision and asserts that Schiele's use of atypical physiognomy reflects a knowledge of and response to the tastes and preferences for the local Viennese art market. In her article, "The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture," Blackshaw argues that "Schiele's turn to this particular genre, style and aesthetic [i.e. the disabled body] at this particular moment was a strategic move, showing his astute awareness of market taste and dynamics."¹⁸ Within this article, Blackshaw aims to show that this self-representation was "geared specifically towards a local art market," and that although he is often characterized as a "wunderkind" of some sort, Schiele was not looking to express his inner self.¹⁹ Although Blackshaw does not draw upon Tobin Siebers' *Disability Aesthetics* or even Disability Studies to support her assertion, her contribution by examining these alternate sources are critical and will serve as a basis within this paper to build upon the argument of Schiele's self-fashioning as a suffering artist through disability. Blackshaw continues this argument by adding that she would "...argue even further that the particular type of body Schiele chose to take on as his own effectively enabled the artist to launch himself into Vienna's narrowly circumscribed and competitive art market."²⁰ She frames her assertion by writing that "Klaus Albrecht Schroeder was the first to point to photographic journals popularizing nervous disorder as possible sources for Schiele's self-representation, concentrating

¹⁸ Gemma Blackshaw, "The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture," 379-381.

¹⁹ Gemma Blackshaw, "The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture," 379-381.

²⁰ Gemma Blackshaw, "The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture," 381.

on the striking iconographic parallels.”²¹ These journals include the *Iconographie Photographique de la Salpêtrière* (IPS) journal [1876-1880] and the *Nouvelle Iconographie Photographique de la Salpêtrière: Clinique des Maladies du Système Nerveux* (NIS).²² The *Iconographie Photographique de la Salpêtrière* focused on the various manifestations of hysteria, mostly within women, and when it was published under the new name of *Nouvelle Iconographie Photographique de la Salpêtrière: Clinique des Maladies du Système Nerveux*, its focus shifted towards neurological disease.²³ Blackshaw describes how “a fascinating and distinctive iconography emerged out of the later NIS, in which photographs of predominantly male patients were used to construct a canon of the physical extremes of the body-in-pain.”²⁴ Because these journals were in circulation during this time, Schiele and his contemporaries would have been exposed to such iconography that would have informed their understanding of disability and the body. With the journals as a resource, Blackshaw writes that “what we perhaps see in this sustained effort to highlight the ‘invasion’ of pathology into art, and art into the imaging of pathology, is the expectation that the *NIS* journal would appeal not only to doctors, but to artists. I would like to argue even further that in its privileging of the image, the journal effectively marketed itself as a source book for modern artists searching for new iconographies of the body.”²⁵ Although the journal existed as a valuable resource for learning about and adopting this iconography into one’s artwork, connections to the medical community allowed artists such as Schiele to gain access to patients within hospitals and use these individuals as studies or models for future works. Blackshaw writes that Schiele had a close relationship to Dr.

²¹ Gemma Blackshaw, “The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture,” 382.

²² Gemma Blackshaw, “The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture,” 382-83.

²³ Gemma Blackshaw, “The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture,” 383.

²⁴ Gemma Blackshaw, “The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture,” 384.

²⁵ Gemma Blackshaw, “The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture,” 388.

Erwin von Graff, a gynecologist with a background in “pathological anatomy” who granted Schiele permission to draw patients consisting of pregnant women & babies at the university clinic in 1910.²⁶ In addition to his relationship with Dr. von Graff, Schiele was also acquainted with Josef Hoffman, the architect responsible for Purkersdorf Sanatorium in Vienna. Blackshaw writes how “Josef Hoffman who secured Schiele’s place in the *Internationale Jagdausstellung* in 1910. Here, Schiele exhibited the female nude from the 5 works mentioned earlier in the article.²⁷ 1910 proved to be a year especially vital for Schiele’s career, and in acknowledging this Blackshaw writes that “the fact that 1910 marked one of Schiele's most lucrative years for self-portrait sales and portrait commissions further shows that the image of the pathological body he offered was one which clearly appealed.”²⁸ By adopting the iconography from the medical journals that had been circulating at the time as well as utilizing the resources available to him through his connections within the medical community, Schiele’s use of the physically impaired body within his oeuvre demonstrates a knowledge of disability as another form of self-fashioning that garnered an audience within early-twentieth-century Vienna. As Schiele sought to assert his identity as an emerging artist, Blackshaw writes how in “...Schiele representing his body as a pathological and pitiful site for male spectators who could - in looking, buying, exchanging and identifying - promote the artist as the ‘precociously diseased’ young Vienna.”²⁹ Thus, in attempting to establish his presence and identity as an artist, Schiele’s turn to disability reflects a deeper understanding of the cultural attitudes and preconceived notions related to bodily difference and mental illness that would allow him to succeed in his career.

Influence of Medical Photography

²⁶ Gemma Blackshaw, “The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture,” 391.

²⁷ Gemma Blackshaw, “The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture,” 391.

²⁸ Gemma Blackshaw, “The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture,” 395.

²⁹ Gemma Blackshaw, “The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture,” 401.

As Blackshaw asserts the importance and influence of medical photography within Schiele's oeuvre, it becomes apparent upon examining his self-portraits the extent to which the visual vocabulary of disability and bodily difference had upon him as an artist. However, in his book, *Egon Schiele: Eros and Passion* (1979), Klaus Albrecht Schröder writes that "the sickly, emaciated bodies of his nudes cannot, however, be explained by his own appearance as [a] model. Schiele is not presenting disease as disease, for its own sake; he uses it as a mean to an end, to characterize the artist's psyche. Neither the grimaces nor the dislocated limbs will bear a purely objective interpretation. He is not a naturalistic artist who goes looking for models in a sanatorium. The wretchedness of Schiele's nude self-portraits symbolizes the suffering of the artist."³⁰ Although Schröder is correct that Schiele's lived experience did not involve an illness, like his father's syphilis, that would have resulted in his skin or body physically undergoing changes due to side effects, Schiele did draw from models of female patients at a hospital in Vienna as well as iconography from medical journals as discussed by Gemma Blackshaw. Blackshaw draws upon an example (fig. 1) from the *Nouvelle Iconographie Photographique de la Salpêtrière: Clinique des Maladies du Système Nerveux* in which a photograph of a man named Charles taken from the NIS is paired with Egon Schiele's *Nude Self-Portrait, Grimacing* (1910, fig. 2).³¹ In this photograph, it is evident that Charles is an individual with bodily difference. He has been stripped nude, placed in front of a blank wall, and forced to have his body photographed and documented for the purposes of "furthering medical knowledge." In a very similar fashion, Schiele depicts himself as an individual with atypical physiognomy in the way that he has chosen to elongate his torso, enlarge his hands, and position himself in front of a blank background as if he is one of the patients at the Salpêtrière. However, Schiele's ability to

³⁰ Klaus Albrecht Schröder, *Egon Schiele: Eros and Passion*, (New York: Prestel, 1995), 56.

³¹ Gemma Blackshaw, "The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture," 385.

self-fashion himself in such a manner demonstrates an autonomy that Charles does not have. He has been objectified and presented in such a demeaning manner that artists such as Schiele deem it acceptable to willfully adopt this mode of representation to communicate an identity that does not belong to them. With this dehumanizing and extremely problematic practice of people with disabilities, Schiele was able to seek out a visual vocabulary that suited his agenda. And by drawing upon the cultural attitudes already in place towards people with disabilities, such as Charles, Schiele could use these visual elements to effectively express his “assumed” artistic identity. Within these self-portraits, it is evident that the medical gaze was equated to the artistic eye. Turning to a photograph depicting a man diagnosed with oxycephaly (fig. 3), a condition resulting in the skull becoming long, high, and narrow due to cranial sutures fusing prematurely, the influence of medical photography within Schiele’s work becomes even more apparent. This condition may also affect the physical appearance on an individual’s eyes and may lead to a visual impairment. In his 1911 painting, *Prophets (Double Self-Portrait)* [1911, fig. 4], Schiele once again borrows iconography from the NIS to self-fashion his artistic identity. In this double self-portrait, the representation of the figure on the left, particularly his head, mimics the physical differences of the man in the photograph. Here, Schiele has elongated his skull and depicted his eyes in a similar manner. He combines this iteration of the self with the visual vocabulary from previous self-portraits of the emaciated and amputated body. With this self-fashioning, Schiele demonstrates once again how he can utilize the iconography of physical difference to communicate and reiterate this interpretation of his artistic identity and further this self-serving agenda.

Objectifying Disability

By adopting a visual vocabulary rooted in atypical physiognomy dictated by the medical gaze, Egon Schiele creates an image of the modern “nervous” citizen and suffering artist, familiar to members of the twentieth-century Viennese middle class and artist groups. In Schiele’s *Seated Male Nude (Self-Portrait)* [1910, fig. 5], Schiele stages himself as a body suspended in air. Here, Schiele wraps his arms around his head with his right arm covering his mouth and his left arm holding the back of his head. His head is turned downwards revealing his red eyelids. His nose rests on his right arm as he buries his mouth into his arm. Visually similar to the red eyelids, the viewer is then drawn to the red nipples on Schiele’s chest. The roundness of his pectoral muscles is juxtaposed with the angularity of his torso. His left armpit juts out like a jagged knife, and this angularity is repeated at the hipbones. Schiele’s torso is elongated and draws the viewer further down to his stomach that also echoes the roundness of the pectoral muscles. His belly button and genitalia are painted in the same red as the eyelids and nipples. The hair on Schiele’s legs, much like the hair on his arms and head, appears as if he has been administered electroshock therapy, as if he were a patient of Purderksdorf receiving this available treatment.³² The musculature of Schiele’s legs stands out from the emaciated torso they are attached to. Yet, right before the viewer reaches the end of Schiele’s nude body, his legs are amputated at the calf right before the ankle. Here, Schiele presents himself as a passive object of viewing to his audience. He abandons his autonomy and withdraws from any sort of communication with the viewer. In doing so, Schiele surrenders himself to the viewer’s critiquing gaze, and highlights this dynamic of an artist’s experience. His understanding of disability as a tool for furthering his agenda reflects a detached and objectifying lens that he casts upon people with disabilities in which he is able to adopt this iconography and adapt it to his

³² Leslie Topp, “An Architecture for Modern Nerves: Josef Hoffmann's Purkersdorf Sanatorium,” *Journal of the Society of Architectural Historians* 56, no. 4 (Dec. 1997), 414.

own needs. Through this practice, Schiele reveals how during early-twentieth century Vienna, such influences and resources were at the artist's disposal, no matter how dehumanizing this understanding of disability was. In fact, the scholarship surrounding Schiele reflects how to objectify and to a degree, weaponize this visual vocabulary, that serves this self-interest as it does not take into account the lived experiences of those with atypical physiognomy or other disabilities. But instead, it revolves around the highly subjective emotions of the "suffering" Schiele. An individual who used these images only to serve his cause in marketing himself to the competitive art market of Vienna.

Upon examining the stylistic qualities of Schiele's manipulation of the body, Jane Kallir writes in her book, *Egon Schiele: Life and Work* (2003), that "...the [1910 self-portraiture] series is largely reliant on the impact of pose and gesture... Though naked, there is nothing erotic about these bodies: rather, they are condemned to perpetual tension and discomfort."³³ Although Kallir's assertion holds truth in that Schiele self-portraits portray a level of tension and discomfort within the body, the use of red to emphasize erogenous areas of the body appears to indicate some sort of eroticism associated with this physically impaired body of the artist. In another self-portrait from this series, *Self-Portrait, Nude* (1910, fig. 6) Schiele portrays his once again as the primary subject. Yet, this time his head is directed toward the viewer and his eyes meet one's gaze. Schiele's body, here, has been reduced to a torso in which his arms stop just right after the shoulder and his lower half does not continue past his hips. His body appears even more emaciated than before. His skin is painted with some flesh tones, yet the incorporation of grey paint suggests that his body is combatting some sort of illness. The almost hollow sockets of the eyes, the two holes on his face signaling the absence of a nose, and the angularity of his face all

³³ Jane Kallir, *Egon Schiele: Life and Work*, (New York: Abrams, 2003), 72.

suggest that this head of the artist is in fact a skull. Schiele's body with the definition of the ribcage indicated by the flesh on his side almost falling off also suggests that Schiele is presenting himself as some sort of corpse here.

In attempting to understand the purposes behind adopting a visual vocabulary rooted in the use of bodily difference, Jane Kallir writes once again that "if Schiele's work seems autobiographical to an unusual extent, it may be because introspective musings frequently accompany an adolescent's search for independent identity."³⁴ This search for an "independent identity" relates to his expression and communication of an artistic identity in which he utilizes his work and disability aesthetics to discover and achieve. Schröder writes that with Schiele "the trauma of total isolation, by which the artist is threatened, results from his loss of undistorted communication with the world."³⁵ In her book, *Egon Schiele's Portraits* (1974), Alexandra Comini echoes this sentiment by writing that "the preoccupation with the self was of course also with traditional Northern European artists from Dürer to Van Gogh, and the same sort of quizzical or brooding intensity with a double emphasis on face and hands...Schiele's self-concern was coupled, as was theirs, with the awareness of being different from most people....Isolation and poverty further contributed to his concentration on [the] self. He had already rejected two socially established institutions – his family and the Academy. He lived a basically solitary life in his self-imposed withdrawal from society...Living alone, introspective by temperament, and existing in an age characterized by self-infatuation, Schiele's self-scrutiny, in which he allowed exaggerated pantomime of face and body to externalize mental states, increasingly commanded his artistic attention."³⁶ Thus, Schiele's feeling of isolation, although

³⁴ Jane Kallir, *Egon Schiele: Life and Work*, 69.

³⁵ Klaus Albrecht Schröder, *Egon Schiele: Eros and Passion*, 80.

³⁶ Alexandra Comini, *Egon Schiele's Portraits*, (Berkeley, CA: University of California Press, 1974), 51.

not entirely intentional, would align with this tradition of the solitary artist who suffers for the sake of his own art. In his book containing most of the works from Schiele's oeuvre, *Egon Schiele: The Complete Paintings 1909–1918*, Benedikt Taschen writes that “he [Schiele] endeavors to make his guardian [Schiele's uncle] understand that an artist is at the complete mercy of his talent and consequently a vassal of art, and closes by proclaiming that he has no real influence even over the statement of these facts: ‘I don't think like this it's more that I feel like this, but it is not I who have written this, not I who am to blame. There is a compulsion here, one that is constant and growing ever greater, that supports me to express what I have said. All the blame lies with natures.’”³⁷ This excerpt from Schiele's writing demonstrates how Schiele viewed his artistic identity as being something that was inherent within him and therefore could not control. With this mindset, Schiele's idea of the ‘isolated and suffering’ artist that he wishes to project and communicate to others then takes on this intrinsic quality that stems from Schiele and cannot be divorced from him as the two are inseparable.

However, as evident through the 1910 self-portraiture series, Egon Schiele relies heavily on nonverbal gestures and disability aesthetics rooted in the physicality of his artwork's subjects [i.e. the artist himself] in order to communicate this artistic identity. In her article, “An Architecture for Modern Nerves: Josef Hoffmann's Purkersdorf Sanatorium,” Leslie Topp explains how in treating individuals who were believed to be experiencing mental illness that nervous ailment was viewed as a physical, not a mental state.³⁸ Because the ideas surrounding mental illness heavily stemmed from the physical and the body, this connection between body and mind was heavily emphasized and brought to light within the physical characteristics related

³⁷ Benedikt Taschen, *Egon Schiele: The Complete Paintings, 1909-1918*. ed. Tobias G. Natter, (Koln: Taschen, 2017), 431.

³⁸ Leslie Topp, “An Architecture for Modern Nerves: Josef Hoffmann's Purkersdorf Sanatorium,” 416.

to disability and bodily difference. Schröder writes “the noncommunicative gestural language...of Schiele’s portraits of himself and others...are vivid symbolic figures of social alienation.”³⁹ Thus, with these visual and nonverbal gestures, Schiele equips their associated meaning to the isolated artist and transfers that onto the canvas, and in turn himself, to communicate this message. Schröder continues this argument by asserting that “the legibility of the hand gestures as pictorial signs is obscured by the generalized message of deviance from the norm. the hands in Schiele’s works are not tools, and facial expression is seldom an indicator of natural emotions; combined, hands and faces do not relate to any pictorial narrative, however vestigial. Taken together, the pictorial volumes that recorded the convulsive pathological symptoms provided Schiele with a pattern book of new and unhackneyed gestures.”⁴⁰ Indeed, Schröder’s observation about Schiele incorporating using these representations of atypical physiognomy into his visual vocabulary and using them as the basis for communicating expression within his self-portraiture. In her book *Bodily Desire, Desired Bodies: Gender and Desire in Early Twentieth-Century German and Austrian Novels and Paintings* (2014), Esther Bauer writes how painting serves as a “theatrical performance,” in which there is a “fluid relationship between image and viewer, rejection of contemporaneous [male] body ideals.”⁴¹ Thus, by combining the visual vocabulary of atypical physiognomy within his self-portraits, Schiele is communicating a radical interpretation and expression of the self, particularly his artistic self, in which he must perform the role of suffering artist to garner attention, and to some extent sympathy, within the Viennese art scene.

³⁹ Klaus Albrecht Schröder, *Egon Schiele: Eros and Passion*, 80.

⁴⁰ Klaus Albrecht Schröder, *Egon Schiele: Eros and Passion*, 86.

⁴¹ Esther K. Bauer, *Bodily Desire, Desired Bodies: Gender and Desire in Early Twentieth-Century German and Austrian Novels and Paintings*, (Evanston: Northwestern University Press, 2014), 85-86.

In examining Schiele's self-fashioning, Peter Verego writes in a catalogue for an exhibition titled *Egon Schiele: The Radical Nude* (2014) that "the artist seems to have been deliberately experimenting with this genre as a way of trying out a variety of assumed identities or quasi-theatrical roles. It is, however, noticeable how rarely he presents us with a seemingly 'beautiful' self-image."⁴² Because "the Viennese avant-garde implicitly rejected the classical association between beauty and truth,"⁴³ then this idea of turning to atypical physiognomy as a tool for communicating one's identity would align with this practice as well as the assertion set forth by Tobin Siebers of how modernist aesthetics explicitly represent disability. Verego further discusses the aesthetics related to Egon Schiele's self-fashioning by writing that "equally unappealing is the image of himself that Schiele chooses to project. We know from descriptions and photographs that he was tall and good-looking, albeit of slender build. But the torso depicted in both these drawings appears positively emaciated, the flesh fallen away, the rib-cage protruding, each individual rib clearly delineated...the figure's contorted facial features and open mouth seem to speak plainly of horror or despair."⁴⁴ Verego appears to be taking a more literal approach in analyzing Schiele's work in the sense that he is in utter disbelief that the artist would depict himself in such a manner. Yet, Schiele, an Expressionist, was not working in a realistic style that documented his true lived experience. Instead, he sought the visual vocabulary of bodily difference as a tool in helping him communicate his reality as an 'struggling' and emerging artist in the Viennese art scene.

As Schiele attempts to self-fashion his identity as an artist by objectifying atypical physiognomy, the ways in which he decides to communicate these ideas to the viewer are

⁴² Peter Verego, et al. *Egon Schiele: The Radical Nude*, ed. Peter Verego and Barnaby Wright, (London: Paul Holberton Publishing, 2014), 106.

⁴³ Peter Verego, et al. *Egon Schiele: The Radical Nude*, 106.

⁴⁴ Peter Verego, et al. *Egon Schiele: The Radical Nude*, 106.

especially vital. In her book, *Staring: How We Look* (2009), Rosemarie Garland-Thomson's discussion on the power dynamics of staring by writing that:

Any of us can be a starrer or a staree. To be a staree is to show a starrer something new, to catch a starrer off-guard with an unfamiliar sight. What counts as a new sight in the shared visual landscape constantly shifts depending on a starrer's expectations, surroundings, mood, level of engagement, individual history, and acculturation. Once triggered, a stare can yield its bearer myriad responses, from curiosity to confusion, attraction, discomfort, even repulsion. Starees, of course, are sometimes reluctant participants in their starrers' visual search for something new; they have their own lives to live. Moreover, people become more or less stareable depending on the context.⁴⁵

Thomson expands upon this idea by explaining how “staring is a high-stakes social interaction for everybody involved. The struggle for starrers is whether to look or look away. The struggle for starees is how to look back. Stareable people have a good deal of work to do to assert their own dignity or avoid an uncomfortable scene. People with unusual looks come to understand this and develop relational strategies to ameliorate the damage staring can inflict. Rather than passively wilting under intrusive and discomforting stares, a staree can take charge of a staring situation, using charm, friendliness, humor, formidability, or perspicacity to reduce interpersonal tension and enact a positive self-representation.”⁴⁶ With these ideas in mind, the way that Schiele engages with the viewer reveals the message that the artist is trying to communicate to his audience. Throughout the three self-portraits, Schiele's interaction with the viewer differs from within each instance. In *Seated Male Nude (Self-Portrait)*, Schiele's eyes are closed allowing the viewer to stare at his body that is presented in a passive manner. Here, the power dynamic is shifted to suit to viewer as they gaze upon Schiele's nude body. *Self-Portrait, Nude*, on the other hand, reverses this dynamic and Schiele confronts the viewer with his own gaze. *Nude Self-Portrait, Grimacing* also presents Schiele as a more active participant in this act of staring in an

⁴⁵ Rosemarie Garland-Thomson, *Staring: How We Look*, (New York: Oxford University Press, 2009), 7.

⁴⁶ Rosemarie Garland-Thomson, *Staring: How We Look*, 84.

almost defiant manner, yet Schiele's decision to almost remove his eyes completely indicates some sort of passivity along with this confrontation. In attempting to communicate his identity as an artist, utilizing the active as well as the passive nature of power dynamics related to staring offers Schiele a tool in which to express this message of a 'suffering artist.' The pathos communicated by the Schiele not engaging with the viewer perpetuates the idea of an artist suffering at the hands of his hand, thus reinforcing this message that he is attempting to share with his audience. However, in the more active instances, Schiele attempts to engage in a more active form of communication, yet obscures areas of the body that would alter this power dynamic between people with disabilities and able-bodied people, thus further perpetuating the type of communication conveying ideas of passivity and disability as a way to observe someone, but not properly engage in a dialogue that recognizes both parties.

Conclusion

Throughout the self-portraits of Egon Schiele, he continuously turns to signposts of disability, particularly visual representations of atypical physiognomy, in order to convey an artistic identity and establish himself within the art community of early-twentieth century Vienna. To achieve this, Schiele turns to medical photography circulating within the early-twentieth century, as well as the resources offered to him by medical doctors within his circle. Utilizing atypical physiognomy, and what Tobin Siebers coins as "disability aesthetics" within his self-portraiture, Schiele presents himself in an innovative and radical manner that rejects the conventional standards of beauty set forth by the academy. This radical assertion of the self allows Schiele to adopt this persona of a 'suffering artist' and create an identity that will both set him apart from the standard as well as signal to the Viennese avant-garde that he is one of them. By participating in the common practice of objectifying and dehumanizing individuals with

disabilities, Schiele not only demonstrates his ability to radically self-fashion his identity as an artist and signals his knowledge of Vienna as a repository for physical and psychological difference, yet he also perpetuates the harmful attitudes towards disability. With this conscious decision to adopt the visual vocabulary of disability as an available tool for one's own benefit, Schiele recalls the harmful practice within medicine of documenting individuals with disabilities as materials for learning, and goes beyond this established practice and puts forth this radical assertion of the self, rooted in bodily difference, as a clear tool for self-promotion.

Images

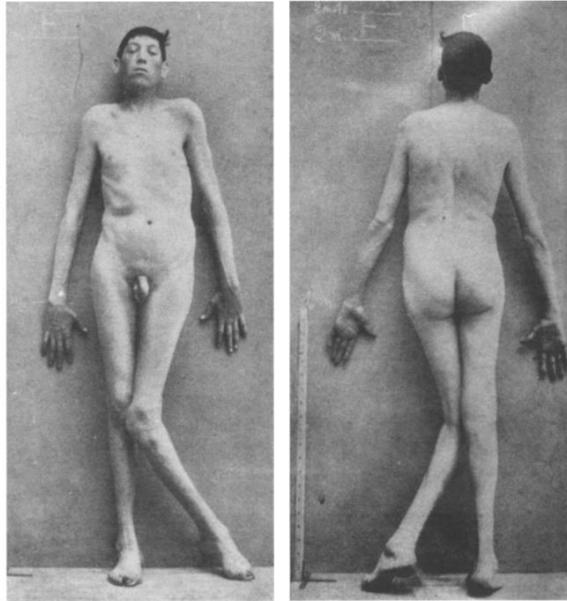


Fig. 5. 'Gigantisme et Infantilisme', *Nouvelle Iconographie de la Salpêtrière: Clinique des maladies du système nerveux*. (Photo: UCL Institute of Neurology.)

Figure 1. Photograph of a man named Charles from the *Nouvelle Iconographie de la Salpêtrière: Clinique des Maladies du Système Nerveux*.⁴⁷



Figure 2. Egon Schiele. *Nude Self-Portrait, Grimacing*. 1910. Gouache, watercolor, and pencil with white heightening on paper. 22 x 14 1/2 in. Graphische Sammlung Albertina, Vienna.

⁴⁷ Gemma Blackshaw, "The Pathological Body: Modernist Strategising in Egon Schiele's Self-Portraiture," 385.



Figure 3. Photograph of man with oxycephaly from *Nouvelle Iconographie de La Salpêtrière: Iconographie Médicale et Artistique*. 1908.



Figure 4. Egon Schiele. *Prophets (Double Self-Portrait)*. 1911. Oil on canvas. 43 3/8 x 19 3/4 in. Galerie St. Etienne, New York.



Figure 5. Egon Schiele. *Seated Male Nude (Self-Portrait)*. 1910. Oil and gouache on canvas. 152.5 x 150 cm, 60 x 59 in. Leopold Museum, Vienna.

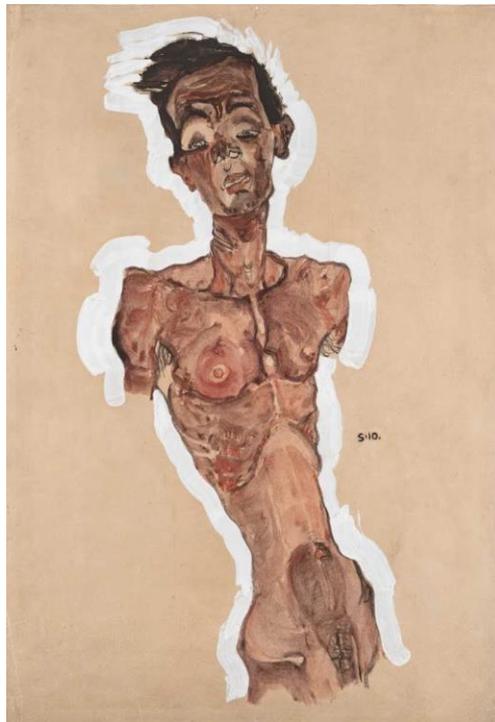


Figure 6. Egon Schiele. *Self-Portrait, Nude*. 1910. Gouache, watercolor, and black crayon with white heightening on paper. 17 ½ x 12 ¾ in. Collection Rudolf Leopold.

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"I hereby declare upon my word of honor that I have neither given nor received unauthorized help on this work." – Sophia Maldonado