

**Gregory Whitehead**

**Display Wounds: \_\_\_\_\_**  
**Ruminations of a \_\_\_\_\_**  
**Vulnerologist \_\_\_\_\_**

*[In the operating room: cutting through flesh, the metallic clink of surgical equipment.]*

Uhh . . . it's a nasty cut. OK . . . let's see. Give me the number seven probe . . .

Yes. Something . . . have to get . . . underneath the bone there. Good . . . OK.

The clamp . . . The skin is . . . it's kind of wrapped around the muscle there.

Get me a sponge?

And . . . I'll need a little piece of that tape there.

It is *not a pretty cut* . . .

But we'll get it.

The scissors . . . And . . . let's see if we can clean it up here around the edges.

OK.

We're losing . . . we're losing a lot of blood.

Could you . . . yeah, that's right.

Just hook it up. Thank you.

The problem is there's a *bone* back here that . . . refuses to cooperate with us.

[Begin bandoneon: slow tango]

And, uh . . . OK. Now let's see if we can get . . . I'll get that.  
Yeah, it's coming . . . got to get all that *stuff* out of there . . .  
and we'll be able to close it up and no one will ever tell the difference.

[Music rises to full volume. Cuts abruptly, change of room tone, more of an office environment]

No wound ever speaks for itself. The only thing that you will find emerging spontaneously from a wound is blood. If you're interested in the deeper significance, then wounds have to be *read*. They have to be *interpreted* and *deciphered*. Vulnerology, or the science of wounds, is the activity of this interpretation.

What you saw earlier was simply stopping the bleeding, and stopping the bleeding has really nothing to do with treating the wound. Treating the wound is an *interpretive* process. Attempting to understand and decipher what the wound *is*.

### *cutting sound/the "voice" of the wound*

We are a society that prides itself on the invention of new, faster, more powerful, more dynamic technological innovations. We do not want to have to grapple with the fact that every technological innovation carries with it a contribution to what I call the *woundscape*.

People frequently comment that I have a way of speaking that is unusually slow. Well, this is not simply a way to avoid wounding my larynx; it's a way of making a *personal* contribution toward the deceleration of a highly lethal woundscape founded on *speed*.

### *cut/voice/wound*

It's interesting that you introduce the comparison to language because my approach as a vulnerologist is to think of the wound as a sign between the individual body and the technological landscape. The wound is an inscription that's left on the surface of the flesh by—

*cut/voice/wound*

[Bandoneon, full volume, continuing lower as vulnerologist begins]

It's impossible to think of a specific technology in separation from the damage that it can do. And, in this sense, I think of a whole . . . *handwriting*, a whole . . . *handwriting*, in this sense, I think . . .

it's a handwriting that is based on the potential within that culture to . . . hurt . . . itself.

[Full volume tango, fading as vulnerologist continues]

There are a lot of problems, there are a lot of problems of interpretation that one confronts in deciphering this peculiar kind of handwriting. That's because wounds will always play the fool. Wounds are *compulsive liars*.

The way the wound appears on the surface is rarely an accurate identification of the full dimensions of the wound.

Stopping the bleeding has really nothing to do with treating the wound. Treating the wound is an *interpretive* process. I don't feel that the wound has really been treated until it has been given a voice, until it has been empowered to *speak*.

No wound ever speaks for itself. The goal of the vulnerological interpretive activity, then, is to construct a voice for the wound.

The first thing that we do is we make an abstraction of the wound. We try to construct a representation—through fiber optics, and fractal geometry, we construct the image of the wound. What we discovered is that most wounds, biomechanically, have a strong resemblance to the human larynx.

So the next step was to find ways to get . . . the wounds . . . to *speak*.

*cut/voice/wound*

[Slide projector runs; first "slide" sequence begins]

This next series shows multiple blood trauma wounds suffered by a female subject during a train collision and subsequent derailment.

[*Click*] You can see from this first projection that the surface of the body is pretty much untouched. [*Click*] It's simply impossible to conceive of this degree of internal wound prior to a certain stage of technological development. [*Click*] And I think this series demonstrates pretty well the connection between the technological environment and the woundscape. [*Click*] It's hard to know where to begin descriptively with blood trauma; the wounds are so . . . massive and widespread. [*Click*] But in this projection you can see that almost all of the organs have been displaced, and there's generalized occlusion. [*Click*]

[*Female tango singing begins full volume, continues, lower, through speech. Singing begins during "lecture" and continues throughout*]

It was over the course of analyzing this particular sequence that we began to understand the complexity of the language of contemporary wounds. [*Click*] The voice appears to center around the abscess in the lower left corner of this shot there. [*Click*] This is a magnification. [*Click*] And now we see it from a rather different perspective, from underneath. [*Click*]

[*Female singing ends. Tango music begins quietly and continues through vulnerologist*]

Obviously, if you're analyzing a wound resulting from a collision of bullet trains or a crash of a supersonic jet or an . . . automobile collision, the literal meaning of the wound frequently cannot be translated. The practice of the vulnerologist is oriented more toward getting the *feel* of the wound.

Sensing its *emotion*. Sensing its *quality*. Getting the *feel* of the wound.  
Sensing its emotion. Sensing the deeper nature of its experience.  
Sensing the implications of the *kinds of wounds* that can be expected.

The danger is that the woundscape will produce a society of monsters.

[*Tango swells and ends*]

[*Slide projector turned on; second slide sequence*]

[*Click*] This is a projected simulation of a head wound, taken from our historical archives. [*Click*] It was originally suffered by a German foot soldier, on the first day of the Battle of Verdun, during the First World War.

[*Click*] A battle, which, incidentally, played a critical role in the formation of the contemporary woundscape. [*Click*] And in this magnified fractal tomograph, you can see the thoroughly dispersed endusium grisium. [*Click*]

[*German singing—World War I funeral march—begins faintly*]

That foggy mass in the lower right would seem to indicate that the subject suffered a retrograde conduction avalanche deep inside the hypothalamus. [*Click*] If you follow the residual wound tract through the crushed tween-brain ganglion, you can see what we think is the wound's voice. [*Click*]

[*Singing is full volume. Click. End of singing; then bandoneon tango begins again low, continues through below*]

It's interesting that you introduce the comparison to language because in Western tradition there's a very deep relationship between word and wound.

If you think, for example, of the five wounds in the body of Christ— Well, theologically, each one of those wounds represents an authentic verification, in blood, of the essential humanity of Christ.

Each wound is an *opening* into the word of God, and the body of Christ on the cross is then a living materialization of scripture.

The theater of wounds is a memory theater.

Somehow the vocabulary of the spirit and the vocabulary of the flesh intersect in this image.

[*Bandoneon/tango music full volume, ends. Slide projector runs third slide sequence*]

[*Click*] This last series illustrates the third category of wounds. Wounds that are

visible, not physiologically, but genetically. [Click] This is the chromosomal structure of an infant born to parents who suffered prolonged exposure to radioactive waste. [Click] With the assistance of a computer, what we've done is simulate five successive generations in the language of this wound. [Click]

*[the wound speaks: five generations of screeching, each higher pitched than the one before. Tango music, full volume]*

It's impossible to think of a specific technology in separation from the damage that it can do. And, in this sense, I think of a whole . . . *handwriting*, a whole . . . *handwriting*, in this sense, I think . . . it's a handwriting that is based on the potential within that culture to . . . hurt . . . itself.

*[Tango music, full volume, dies out in next rumination]*

There are a lot of problems . . . there are a lot of problems of interpretation that one confronts in deciphering this . . . peculiar kind of handwriting. Wounds do not speak a language that is readily accessible. The wound is an inscription that's left on the surface of the flesh by this other body, which is a technological body.

Treating the wound is an *interpretive* process. Attempting to understand and decipher what the wound *is*. Staring into the dark *hole* of the wound. The *abyss* of the wound. Looking backward—obsessively, fixated on the wound: which *gave blood*.

### *cut/voice/wound*

Working as a vulnerologist carries the same kind of stigma as a mortician—wounds, after all, represent dead subjective experience, dead experience that most people would prefer to suppress or forget. Wounds are the physical repositories for the memory of experience that most people would prefer to suppress or forget.

The experience of receiving a wound is a shock, and the connection between shock and amnesia is pretty well known. There's simply a massive individual and cultural resistance to recognizing the significance of wounds. The theater of wounds is a *memory* theater, which most people would prefer to suppress or forget.

So why do we do it? That's a difficult question. Wounds cannot speak for themselves. And yet wounds are the evidence of stories that are of profound importance. If they are neglected, ignored, simply stitched up and forgotten, then we will get to the point where we can't look at ourselves. The wounds become deeper, less apparent, more *structural*, if you will, even *genetic*. Wounds that become apparent only in the second or third generation.

The theater of wounds is a *memory* theater. Our failure to look at wounds *now*, and interpret them *now*, may lead us to give birth to a society of monsters.

*[Return to the sounds of the operating room]*

It is *not a pretty cut* . . . But we'll get it. The scissors . . .

And . . . let's see if we can clean it up here around the edges. OK. We're losing . . . we're losing a lot of blood. Could you . . . yeah, that's right. Just hook it up. Thank you.

And, uh . . . OK. Now let's see if we can get under that . . . yeah, it's coming . . . got to get all that *stuff* out of there . . . and we'll be able to close it up and no one will ever tell the difference.

*cut/voice/wound*

*[Bandoneon begins, continues through vulnerologist]*

Wounds are lost individually. They're ignored, they're suppressed, they're forgotten. They scab over and they're gone. My hope is that I can join them together in a chorus. And perhaps that . . . chorus . . . will be heard.

*[Music ends. Broadcast ends]*