

Athabasca University  Master of Arts - Integrated Studies

WHEN WORDS FAIL: THE COMMUNICATION OF PAIN THROUGH ART

By

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Dedication

For Heather, who did not allow the uninvited houseguests to destroy the beautiful home she has worked so hard to create. I am proud of you, always.

For Ray, who is the bricks and mortar.

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This body of work would not have been possible without the inspiration, encouragement, patience, and generous assistance of so many people. Thank you to my family, who has been there since the beginning (2004): Heather, who always believed in me, posed for many portraits when nobody else would, told me it was OK for me to ‘fake it until I make it,’ and did my hair for me when my arms finally gave up; Ray and Heather for technological expertise and assistance; Mike and Ray, who came to school functions and art openings during hockey season, even during the playoffs (!); and Joyce, for sharing with me her passion for the arts, good books, and documentaries, for introducing me to many interesting artists, thinkers, and authors (including Oliver Sacks), and for reading just about every boring essay I have ever written. To all others who have been there in their own, special ways, I thank you.

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Abstract

Pain shatters language and leaves sufferers without words. The more intense the pain, the less communicable it is in linguistic terms. Cultural theorists point out the cruel irony that survivors must construct a narrative to tell an empathetic listener in order to recover from trauma; however, for chronic pain sufferers, the need to describe pain and suffering is not restricted to narratives of healing. Rather, the urgency to communicate pain can be grounded in serious personal, medical, social, cultural, employment, and political concerns. Pain, however, utilizes numerous subtle and overt mechanisms to fracture bonds between the suffering self and others and to silence the voices of those who may be able to offer the most valuable contributions to pain research – pain sufferers themselves. A wide gap in knowledge may be bridged by using art as a language by which to articulate pain in the absence of words. By appropriating and subverting the gaze, art can move beyond its traditional uses as a means for self-expression, therapy, and empowerment to become a highly efficient tool for communicating the corporeal and emotional feelings of people rendered speechless by pain. Visual images of pain reach viewers on emotional, subconscious, and intuitive levels; and as a language, art is universally legible and can be widely disseminated in the public sphere – providing a means for the ‘unspeakable’ to effectively be communicated.

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H. Ráine *Self-Portrait – Primal* (from *Officially Unapologetic Series*) 2011

Collage / D Print

Preamble

“To kindness, to knowledge, we make promises only. Pain we obey”

(Proust 1927 in Jackson 2002: 2).

I have lived so much of my life in pain that it has become my normal, unquestioned state of being. My assertion is by no means a hyperbole, and the concept of how insidiously pain pervades one’s life and becomes a constant companion (or rather a bad houseguest who refuses to leave) is easily grasped by chronic pain sufferers. For skeptics or those who simply do not understand, I can provide a different analogy. When I was fitted with my first pair of prescription eyeglasses in grade school, for example, I was suddenly able to read what was written on the chalkboard from my seat and had far fewer headaches than I ever had before. Only now do I realize that because the decline in my vision was gradual (as well as silent and invisible to others), I was unaware that I was losing my sight. As a child, with no frame of reference, I had no way of knowing that my vision was not ‘normal.’ I also now realize that I had unintentionally become a master of deceit and self-accommodation by squinting, following along in crowds, avoiding team sports, and progressively moving closer and closer to the front of classrooms, televisions, and movie screens. It is not my intent here to minimize the traumatic impacts of chronic, physical pain by comparing it to a relatively painless impairment; but I think that common ground and a richer understanding of pain might be reached through the use of metaphors that illustrate the ways in which many physical conditions can seep into the body, reasonably undetected, and become insidiously normalized over time.

In accepting this premise, it is not difficult to imagine that countless people go about their daily lives in chronic pain, often unable to recall their lives without pain or

before pain. Many chronic pain sufferers learn to adapt to numerous challenges, impairments, and disabilities either because they cannot alleviate their pain, know no other way of being, or choose not to change their way of being in the world. Thus, for a large segment of the population, pain represents not an urgent state, but either an irritating background ‘noise’ to which one becomes accustomed or an acceptable / accepted state of *being*. Silence, acceptance, and complacency are valid coping mechanisms for many people; however, these strategies seem to work only as long as pain keeps its end of the bargain by maintaining reasonably tolerable and predictable levels. My work herein was provoked by what happened when pain suddenly ‘upped the ante’ in my life.

*Pain steals the focus.*¹ Pain commands my total attention, it drains me of energy, it demands everything of me, finally more than I am able to give – it wears me out (Vetleson 2010: 54).

On August first, 2010 – just one month before beginning the final year of my Bachelor of Fine Arts degree, I suddenly became physically debilitated and severely incapacitated by a new form of intense pain. Since the final year of a BFA program consists primarily of physically demanding, studio-based work and I had completely lost the use and mobility of my left shoulder and arm, I was forced to seriously question my ability to finish my education. My final body of work (which was already well underway) was to entail a series of large-scale sculptures, which I could no longer hope to complete. When I explained my situation to my faculty advisor, she hesitated for only a moment – and then challenged to me to begin a new body of work and “do it disabled.” Tentatively, I began to research the work of artists who used their own pain as praxis, changed my

¹ Italics original.

medium, and slowly embarked upon the construction of a new project loosely modeled after the performative self-portraits of Frida Kahlo, Hannah Wilke, and Jo Spence. Now, when asked about my ‘medium,’ I simply respond that I work in pain.

When Words Fail: The Communication of Pain through Art

Introduction

Pain is cross-culturally ubiquitous and is a unifying element among living beings. Individual pain, however, is unique and extremely difficult to describe to others (Bending 2006; Cohen 2000; Kleinman, Das and Lock 1997; Jackson 2002; Melzack and Wall 1982; Morris 1991; Scarry 1985; Semino 2010; Tumini and Crouch in Sternudd and Tumini 2011). Cultural theorists assert that the more intense the pain, the less communicable it is in linguistic terms (Caruth in Obourne 2005; Detsi-Diamanti, Kitsi-Mitakou and Yiannopoulou 2009; Morris 1991; Scarry 1985; Selzer 1994) and point out the cruel irony that survivors must construct a narrative to tell an empathetic listener in order to recover from trauma (Laub in Meyers 1997). The communication of pain can be further complicated by the fact that witnessing the suffering of others (especially when there is an inability to help) is intolerable to many people, who turn away or do not want to listen; and this often includes medical professionals (Jackson 2002; Scarry 1985). Pain, then, fractures bonds between the suffering self and others (Bending 2006) and effectively silences the voices of those who may be able to offer the most valuable contributions to pain research – pain sufferers themselves.

I propose that a wide gap in knowledge can be bridged through the use of art as a language by which to communicate pain in the absence of words. It is undeniable that creative techniques “enable insight into the individuals’ lived world for both professionals and informal support networks while empowering the individual” (Main 2014: 32); however, my contention is that by appropriating and subverting the gaze, art moves beyond empowerment and becomes an effective tool for communicating the

corporeal and emotional feelings of people rendered speechless by pain. It is also highly significant that visual imagery reaches viewers on emotional, subconscious, and intuitive levels rather than through parts of the brain that control rational and logical thought processes that might impede reception (Nyham in Levine and Levine 1999). In practical terms, visual representations of pain and suffering can be more successful than text-based media as a means of communication because art is a universal language and can be widely disseminated in the public sphere (Devereaux and Hillman 1995; Elkins 1998; Sontag 2003; Sturken and Cartwright 2009).² According to Susan Sontag (2003), “in contrast to a written account... a photograph has only one language and is destined potentially for all” (2003). Inspired by artists who depict(ed) their painful bodies through self-representation, I will extensively borrow and re-contextualize ideas and concepts from a wide range of academic disciplines in order to demonstrate that the unspeakable can indeed be communicated.

Being in Pain

“The world is not what I think, but what I live through”
(Merleau-Ponty 1962: xvii).

Language forms the core of culture, and corporeal experiences rely heavily upon language for expression outside of one’s own body/mind. Phenomenological philosopher Maurice Merleau-Ponty studied language in the context of its “massive meditation on the

² The use of art to communicate challenging materials can be a highly successful strategy, as imagery can subtly encode and soften messages in ways that make them seem less threatening and easier to accept than other forms of communication. According to Lucy Lippard, “Art acts as a powerful partner to the didactic statement... sneaking subversively into interstices where didacticism and rhetoric can’t pass” (in Wallis 1984).

problem of the body” (Lewis 1966: 19). For Merleau-Ponty, language provides the opportunity to transcend traditional subject/object dichotomies (Lewis 1966: 20) and the ‘body proper’ holds an infinite range of “preconscious, dialectical, non-causal relationships with its environment or given world, as a ‘knot of living meanings’” (Merleau-Ponty 1962: 177).

Merleau-Ponty (1962) theorized that the body is the primary site of knowing the world and that body and consciousness are inseparable. This aligns with Freud’s perspective that “the ego is first and foremost a bodily ego; it is not merely a surface entity, but is itself the projection of a surface” (2001d: 26 in Lafrance 2009: 6). Freud’s view suggests that “the ego is formed in and through bodily sensations... [and] must be brought into being through a variety of specifically superficial sensory experiences (Lafrance 2009: 6). Merleau-Ponty (1968) later postulated that the body is not just a physical entity, but also a permanent condition that provides for an individual’s lived experiences in the world.

The corporeal phenomenological perspective stands in sharp contrast to the Cartesian model,³ which has long been accepted by Western societies and has been fundamental to the biomedical model. The Cartesian split, which insists that mental and physical pain are separate and separable,⁴ also sharply divides the individual from social and other external contexts.⁵ Cartesian dualism is increasingly being challenged in favour

³ Although Descartes’ investigations into pain led to a crude, but correct ‘specificity theory’ in which pain signals follow fixed nerve pathways to a pain centre, the mind-body split is now considered a misconception of mental pain versus physical pain (Jackson 2002).

⁴ Jackson (2002) asserts that the distinction between ‘mental’ and ‘physical’ pain “has led to a punishing skepticism about ‘real’ pain versus ‘invented’ pain” (16).

⁵ Besides physical, psychological and emotional pain that affect people on individual levels, it must also be recognized that pain is also collective, encompassing familial, social, and intergenerational suffering.

of integrative, ‘whole person’ views (biopsychosocial and biocultural approaches) that accept physical and psychic pain as highly correlated and inseparable (Vetleson 2010: 53).⁶ Neurosurgeon John Loeser, who has served as president of the American Pain Society, posits that “the brain is the organ responsible for all pain (Morris 2001: 60); therefore, pain can be altered by conscious and unconscious activity” (60). Contemporary theorists like Patrick Wall (2000) agree that pain is not something that can simply be cut out of the body; rather, a person’s pain must be considered in the context of his or her entire world. Likewise, Marni Jackson (2002) asserts that physical pain is never a wholly physical experience, writing:

Pain arrives as a fusion of sensation, emotion, and memory, as irreducible and vivid as a poem. No wonder the study of pain has eluded the prose of science so successfully (2).⁷

To illustrate the degree to which Cartesian boundaries have disintegrated, Jackson (2002) reports that depression is now included in a list of the top ten most painful human experiences (along with unmedicated childbirth, the passing of kidney stones, and bone cancer), stating that depression is formally recognized as a chronic, debilitating, and ‘soul-devouring’ condition that takes not only an emotional toll, but also has profound,

Cultural anthropologists and sociologists report that unshared pain and the denial of mourning gives rise to serious individual problems and leads to negative social consequences (Cohen 2000; LaCapra 1999; Pincus in Scheff 2001).

⁶ According to Vetleson (2010), “pain moves in both directions: psychic pain can be caused by bodily physical factors, just as physical pain can be provoked by mental causes. Psychic pain can bring about as well as intensify physical pain, and vice versa (53). Morris (2001) states that the biocultural model entails a recognition that disease and illness are often inseparably linked with culture. “From stress, sedentary lifestyles, and poor diet to environmental toxins, social and psychological forces underlie many forms of organic dysfunction. Illness, we are now coming to recognize, is not solely the result of bodily mechanisms gone awry but an experience constructed at the crossroads of biology and culture” (58).

⁷ Scott Fishman (2000) states that pain is a complicated, subjective phenomenon that is never solely a physical, emotional, or cognitive experience (7), adding that fear magnifies pain for almost everyone (17).

negative physical impacts upon the body (33-34).⁸ Pain, in all of its manifestations (physical, psychological, and emotional), must therefore be recognized as integrated and interrelated, having numerous complex and compounding interactions upon the self.

Because the definitions of pain are virtually limitless, the focus of this study will be restricted to chronic, physical pain.⁹ Non-physical (psychological and emotional) forms of pain already have at their disposal a number of well-established languages with which to communicate, ranging from casual discourse to psychotherapy, counselling, literature, poetry, popular culture, and the visual and performing arts. As eloquently articulated by Virginia Woolf:

English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver or the headache... The merest schoolgirl when she falls in love has Shakespeare or Keats to speak her mind for her, but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry (in Scarry 2009: 4).

Physical pain, on the other hand, “does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned” (Scarry 2009: 4). Physical pain is further complicated when it becomes chronic, assuming a prolonged or permanent status

⁸ Moreover, there is a little-understood correlation between the positive effects of certain antidepressant medications upon some pain sufferers, who do not exhibit any symptoms of either depression or other mood disorders (Jackson 2002).

⁹ Pain comes in many forms: psychological, emotional, and physical – which may be further divided into acute and chronic subtypes.

along with the knowledge, for many chronic pain sufferers, that making a recovery or ‘overcoming’ pain may not be achievable.¹⁰ According to David B. Morris (1989),

[many] people today find themselves in situations in which time and drugs fail to bring relief. Such pain may expand to fill the patient’s entire consciousness and to create permanent disability. Quality of life measurably plummets. Indeed, a life filled with intractable pain is not just arduous and fundamentally disordered but very likely pathological (14).

Some of Pain’s Many Paradoxes

An abundance of evidence suggests that the outward expression of pain is a physical necessity; however, pain silences sufferers through a variety of different processes – from the shattering of verbal language that results from intense trauma to socio-cultural taboos proscribing “the candid discussion of pain, illness, and natural death” (Fox in Sternudd and Tumini 2011:17), to an overall lack of empathic witnessing. Moreover, psychological and emotional trauma that is not adequately processed has the potential to turn inward and later manifest in the body as physical pain (Ahmed 2004; Jackson 2002; Morris 1991; Wall 2000) and acute physical pain that is not treated in an appropriate and timely manner can turn into chronic pain that becomes resistant to treatment and causes long-term suffering (Jackson 2002). Research from across disciplines affirms that individuals in pain very often suffer in silence, are dismissed, misunderstood, marginalized, oppressed, and excluded from full social and economic participation (Cohen 2000; Jackson 2002; Thomson 1997; Wall 2000).

¹⁰ Loeser describes chronic physical pain as nociceptive, or distinct from the mechanical activity of nerves and neurotransmitters (Morris 2001:60).

Debra Padfield (2011) highlights the obvious frustration of living in chronic, invisible pain in an age saturated with highly sophisticated medical imaging technology and diagnostic tools, stating:

where we increasingly rely on technology to make the body transparent and thus legible, we have become less tolerant of that which is opaque and invisible; less able to ‘read’ aspects of illness, pain and disease which cannot be accessed by technology, abandoning such experiences to spaces of illegibility, ambiguity and contention (245).

Painful conditions that cannot be verified through diagnoses (notably back pain, headaches, migraines, neuralgias, fibromyalgia, and chronic fatigue syndrome) pose the most serious challenges to communication. Moreover, even when an illness or injury can be clinically diagnosed, the *feelings* associated with pain and suffering are purely subjective and non-quantifiable.¹¹ Despite a wealth of technological advancements, the inability to visualize and document the subjective experiences of pain leaves many sufferers feeling disbelieved and invalidated (245). Scarry (2009) notes,

if the only external sign of the felt-experience of pain (for which there is no alteration in the blood count, no shadow on the X ray, no pattern on the CAT scan) is the patient’s verbal report (however itself inadequate), then to bypass the voice is to bypass the bodily event, to bypass the patient, to bypass the person in pain (6-7).

¹¹ One’s status as a pain sufferer is a marginalized position aligned with disability, and as such is compounded when additional marginalized aspects of identity such as gender, sexual orientation, class, race, religion, and age intersect. Accordingly, different people and groups of people perceive, experience, respond to, express, and report pain in a wide variety of ways – and such variables are often highly correlated with sex, race, ethnicity, religion, class, and age. Studies show that individuals in pain are treated differently by medical professionals based upon marginalized aspects of identity (ie: race and gender), and that this phenomena is compounded by multiple intersections of marginality.

These theorists suggest that at the very least, pain sufferers unable to make their pain understood are overlooked; at worst, they are dismissed, marginalized or remain untreated.

Acute physical pain poses far fewer communications challenges to sufferers than chronic pain, not necessarily because it is less ‘painful’ or less traumatic, but because its source is often visible or can otherwise be referenced and understood. Acute pain is also often less distressing and less frustrating than chronic pain because it is perceived to be temporary, manageable, and recoverable.¹² Morris (1994) argues, “we know what to expect from acute pain: It comes, it goes, it follows the rules” (8).

Epistemological Frameworks and Interdisciplinarity

The study of pain crosses multiple disciplines, including (but certainly not limited to) medicine, nursing, biology, pharmacology, psychology, sociology, social work, anthropology, art, and visual culture and has been studied extensively from the perspectives of medicine, bioethics, philosophy, feminism, queer theory, Marxism, critical race theory, identity politics, postcolonial theory, and deconstructionism. There is also a well-established precedent for the metaphorical description of psychological and emotional suffering in literature, poetry, and other arts (Morris 1991, 2001; Obourne 2005; Scarry 1985). A presupposition of this research is that the dissemination of research findings about the communication of pain has great potential to influence public

¹² The shift from the biomedical to the biosocial model of disability allowed for a holistic, whole-person view of pain by positing a Cartesian split between acute and chronic pain, thereby constructing chronic pain sufferers as a homogenous, marginalized group loosely aligned with the disabled (Detsi-Diamanti et al. 2009). Thus, there is some recognition that chronic pain constitutes a legitimate disability and that the state of chronic pain is an aspect of bodily diversity rather than an abnormal pathological state, and as such, chronic pain may become a protected human right.

opinion and discourse, social policy, service provision, clinical practice, pedagogy, and the lives of individuals in pain on many levels. Although pain is naturally interdisciplinary, however, the lack of a consistent, unified epistemological framework for its study has proven problematic.

Existing Frameworks

Founded in modernism, the individual / biomedical model of disability (which, by extension, is utilized in the study of pain and chronic illness) has increasingly become the subject of intense scrutiny. The primary failure of this approach is that it confines disability, pain, and illness to the individual and identifies differences as pathological (Lewis in Davis 2006: 340) or as medical issues in need of medical solutions (Burns 2009: 21). In so doing, any possible socio-economic and political causative factors or solutions are overlooked, resulting in a culture that blames and shames ‘victims’ for their own conditions. Secondly, the paradigm reinforces paternalism, patriarchy and other power hierarchies by assigning the authoritative truth of the patient’s condition, including the veracity of pain, to the discretion of the medical institution (21). Most importantly, the model has been criticized for its seemingly relentless drive to diagnose, pathologize, label, and medicate. Thus, in a Western context, “pain management [has become] largely synonymous with medication” (Fox in Sternudd and Tumini 2011: 18).¹³ Overall, critics charge that the paradigm is short-sighted, objectifies patients, and neglects the central

¹³ According to Fox (2011), part of Western society’s obsession with masking or anaesthetizing pain is rooted in Protestant ethics and Enlightenment ideals of stoicism, for example, “the transcendence of pain through mindful, rational control” (18). Cases of intense, chronic, physical pain, however, are particularly resistant to stoicism and natural mental transcendence, which has led to the widespread use of pain-relieving drugs (18). In contemporary Western society, the over-prescription and direct marketing of pharmaceutical products to consumers has been overwhelmingly implicated in health complications to pain sufferers that include negative side-effects, drug interactions, iatrogenic illnesses, addiction, overdoses, disability, and death.

problem of their suffering (Jackson 2002). Despite the forgoing concerns, pain sufferers overwhelmingly seek empirical support for their painful conditions in order to legitimize their feelings and seek validation from others (Jackson 2002: 63). Many pain sufferers are then unwittingly complicit in their own subjugation by maintaining devout loyalty to and dependencies upon medical authority, clinical diagnoses, and pharmaceutical interventions.¹⁴

The wide acceptance of the gate-control theory of pain (developed by Ronald Melzack and Patrick Wall in 1962) led to the evolution of the social model, which acknowledges the role of social factors in disability, and the newer ‘biocultural’ model, which relies upon medical knowledge about nociception while acknowledging that “pain is never entirely a matter of nerves and neurotransmitters but taps into our emotional, psychological, and cultural experience in ways deeply entangled with the meanings we make or inherit” (Morris 1994: 15-16). Biosocial and biocultural models also represent a vital postmodern shift that returns authority and control over the narration of pain and illness from medical personnel to pain sufferers.¹⁵ The preponderance of internet chatrooms, forums, and blogs (Fox in Sternudd and Tumini 2011: 18) used by people in chronic pain represent just one contemporary example of the many ways in which pain sufferers have been finding their individual and collective voices and are claiming or

¹⁴ In its unhealthy obsession to mask pain, the biomedical model views pain as not only synonymous with disease and dysfunction, but also with the need for medication (Fox in Sternudd and Tumini 2011).

¹⁵ Kate Lorig, a nurse originally working with arthritis patients in the United States, developed a program of self-efficacy in which people suffering from painful chronic health conditions were trained by health practitioners to manage their own treatment plans. This very successful shift in the doctor/patient power relationship not only resulted in the concept of ‘the expert patient,’ but also much better well-being and overall health outcomes among participants. When the model became widely accepted in the UK, practitioners were “encouraged to eschew paternalistic management and instead involve people in their own care” (Greenhalgh 2009: 629).

reclaiming their agency through research, dialogue, and mutual support. Because not everyone has access to verbal or written language (or computer literacy) and because pain shatters language, the need to investigate alternative methods of communication remains urgent.

Toward a Universal Language

Since the introduction of Melzak and Torgerson's 'McGill Pain Scale'¹⁶ in 1971, a variety of rating systems has emerged for use in health care settings in order to try to understand patients' pain. It must be recognized, however, that clinically developed scales are impersonal, tend not to ask open-ended questions, and cannot be viewed as true reflections of patients' intimate feelings. Such methods also tend to rely upon basic literacy skills and knowledge of the dominant language. Rating scales that purportedly interpret facial clues, body language, heart rate, and blood pressure may be used with infants and people who are non-verbal, illiterate, have learning difficulties, dementia, or are unconscious; but every aspect of these scales is reliant upon the judgement of the test designers, administrators, or interpreters. Pictorial rating scales can offer a reasonable alternative in some cases; however, the accuracy of any pain scale cannot realistically be determined because pain is subjective and relative, and because individual responses to both pain and visual stimuli are immensely variable (Jackson 2002).

¹⁶ The McGill Pain Scale (or McGill Pain Index) was developed by Canadian psychologists Ronald Melzack and Warren Torgerson in 1971. The original Index is a self-report questionnaire designed to provide physicians with descriptions of the quality and intensity of a patient's pain. After completing the questionnaire, users will have selected seven adjectives that best describe their pain (ie: burning, throbbing, quivering, or flickering). Scarry (2009) notes that any one descriptor, heard in isolation, conveys "very little precise information beyond the general fact that the speaker is in distress" (7); but when certain words are placed in the context of others, a much clearer picture emerges of the sufferer's sentient, affective, evaluative, and cognitive experience (8).



Wong Baker FACES Pain Rating Scale 1983
Reproduced with permission

Art Therapy, Art as Therapy, and Art as a Visual Language

“[Every] individual, whether trained or untrained in art, has a latent capacity to project his inner conflicts into visual form” (Naumburg, 1987:1).

Although pain sufferers undoubtedly reap a variety of therapeutic benefits from artistic expression,¹⁷ art therapy and *art as therapy* differ significantly from the use of art as a visual language for pain. In traditional art therapies, which are initiated and guided by a third party rather than self-motivated, art is used as a means by which to tap into repressed memories that have been too painful to recall. This process does not necessarily imply that one’s memories will be outwardly communicated to others, nor does the art specifically depict a sufferer’s pain. Moreover, guided or mediated therapies tend to take particular approaches or aim for certain outcomes (McNiff in Levine and Levine 2011).

My interest in this research area is in the spontaneous production of art in response to chronic pain and as a means of externalizing deeply internalized corporeal

¹⁷ In finding a voice for their pain through artistic expression, individuals may enjoy a wide array of benefits such as cathartic release, feelings of validation, control over their pain or life circumstances, the enhancement of self-esteem, personal empowerment, increased social engagement, or political activism.

sensations.¹⁸ The articulation of pain through performance art and self-portraiture represents conscious and purposeful efforts to illustrate and describe an individual's perception of his or her specific pain sensations to others, and the process may or may not generate cathartic release or feelings of empowerment. In fact, the opposite effects may occur. For this research, I will survey the works of selected artists who have successfully communicated their pain through art, and will also use my own body of work, *Officially Unapologetic* (2011) as an additional case study. I will not speculate upon the many possible motivations, outcomes, or uses for art as a visual language for pain.

Art as a Visual Language for Pain

Pain in the History of Western Art

Edvard Munch (1863-1944) opined that art emerged from both pain and joy, but mostly from pain (Tøjner 2003: 135 in McNiff 2011: 89). The artist stated that he sought subjects that “aroused his emotions, furthered the study of the soul, opened the heart and enhanced communication with others” (Tøjner 2003: 132 in McNiff 2011: 89). For Munch, creating art from suffering was a healthy reaction to pain that provided a fertile learning ground. Visual narratives of physical pain and suffering have been prevalent themes throughout the history of Western art, and examples have been documented as far back as the cave paintings of the Palaeolithic era. These prehistoric renderings not only depict injurious pain associated with animal attacks and the hunt, but archaeologists and art historians have also theorized that the elaborate, ornamental designs characteristic of

¹⁸ When art-making is used to promote a particular political position, it tends to have the effect of restricting “the imagination’s ability to explore the total landscape of a feeling or difficulty” (McNiff 2011: 85).

the period may have been inspired by the visual auras that accompany painful migraines (Aggugia and Grassi 2014: S51).

Numerous artistic conventions have since developed around the representation of corporeal pain, with the vast majority of early examples focused upon religious iconography, Gods and warriors, cautionary tales, and themes of heroism, martyrdom, and morality.¹⁹



Laocoön and his Sons (detail)

[Artist(s) unknown; from 1st century after 2nd century BCE Pergamene original] ArtStor

¹⁹ According to ancient Greek mythology, because the giant Prometheus gave the first humans fire (enabling them to develop technology and the arts and become God-like), Zeus (the king of gods) punished Prometheus by chaining him to a mountainside and sending an eagle that every day pecked out his liver. Each night, the liver re-grew only to be torn out again and again. Prometheus who was eventually freed by Hercules, served as inspiration for many artists of the Baroque period who sought to depict extreme physical pain, and the emotions it evoked, through body language.



Prometheus [artist unknown] ca. 1650-1680 ArtStor

The Middle Ages ushered in an intense preoccupation with physical pain in art, particularly as associated with the suffering of Christ. According to cultural historian Peter Burke (2001), it was a “period when the cult instruments of the Passion, the nails, the lance and so on, reached its height. It was also the time when the suffering of Christ, twisted and pathetic, replaced the traditional scene of Christ the King on crucifixes, ‘reigning from the tree’” (48).



Matthias Grünewald *The Crucifixion of Christ* (detail) 1515 ArtStor



Michelangelo Merisi da Caravaggio *Boy Bitten by a Lizard* 1595-1600 ArtStor

This epoch has been followed, to the present day, by diverse artistic representations of human physical suffering in daily life, depicting a vast range of pain's many faces. An important postmodern shift is that the experience of viewers or spectators has also "taken on a new dimension – of responsibility, of participation, and of empathy" (Di Bella and Elkins 2013: 104).²⁰

Representing Pain through Self-Portraiture

It is not sufficient for mastering the trauma to construct a narrative of it: one must (physically, publicly) say or write (or paint or film) the narrative and others must see or hear it, in order for one's survival as an autonomous self to be complete (Meyers 1997: 29).

Although trauma, suffering, and pain have been consistent themes throughout the history of art, a major paradigm shift occurred when groundbreaking women and feminist artists began to use images of their own bodies in pain in order to claim and subvert the power of the gaze²¹ (Devereaux and Hillman 1995; Jones 2002; Mulvey 1989; Sturken and Cartwright 2009). Feminists have long understood the relationship between self-representation, empathic witnessing, and socio-political action.²² Pioneering artists like Frida Kahlo, Hannah Wilke, and Jo Spence, who chose to expose their personal pain and vulnerabilities publicly through self-portraiture, exemplify not only the effective use of

²⁰ These new perspectives appear in the construction of contemporary museums, for example in Washington, DC, Berlin, Oklahoma City, New York City, and Shanksville, PA, "where the 'sensation' of being a victim... are memorialized for all to experience" (Di Bella and Elkins 2013: 104).

²¹ Art historians have argued that self-portraiture like Van Gogh's (1899) *Self Portrait with Bandaged Ear* depicts mental, not physical pain.

²² These types of feminist works began to emerge during the early 1970s with an extensive body of "breast cancer narratives" (Lerner 2001 in Bell 2002).

art as a language for pain, but also that self-representation serves as a crucial act of resistance against the marginalization inherent in oppressive gazes. Positioning oneself as both the subject and object of the artwork is a fundamental strategy, as it deconstructs unequal power relationships; and exposing one's pain, disability, illness, or non-conforming body disrupts normalcy through the purposeful embodiment and public display of corporeal differences as acceptable states of being. By taking control of the gaze and returning the viewer's gaze through self-portraiture, the person in pain visibly and publicly assumes a position of power.²³ In terms of pain management, autobiographical works such as self-portraits and video diaries “[bring] people out of their ... passive states as patients, and into a physical, active form of self exploration and self-expression, subverting the traditionally incapacitating and paralyzing effects of pain” (Fox in Sternudd and Tumini 2011: 23). The role of self-portraiture in the communication of pain, however, remains under-studied as a valuable adjunct to pain research.

On the Politics of Visibility, Representation, the Gaze, and the Stare

Sharon Snyder and David T. Mitchell (2006) directly attribute the successful critique of eugenics and other forms of oppression to “the development of politicized disability efforts” (4). One way in which such activism has successfully been undertaken is through the work of disabled performance artists (following the lead of women and feminist artists), who have taken ownership of their representations through appropriating the gaze. “By exaggeratingly performing the sexual, gender, ethnic, or other particularities of this body/self, the non-normative body artist even more aggressively

²³ This scenario is true only for self-portraiture. Individuals who are the objects of the works of others do not occupy positions of power. They are generally understood to be objectified in the work.

explodes the myths of... universality that authorize the conventional modes of evaluation” (Jones and Stephenson 1999: 5) embedded in modernist critique. The concept of disrupting the ‘normative body’ myth may usefully be applied to both disabled and painful bodies in order to demonstrate practical applications for the biocultural model.

Disability theorist Rosemarie Garland-Thomson (2000) asserts that people with bodies that visibly “disrupt the expectations of the complacently normal [should] deliberately invite the stare-and-tell dynamic that constitutes... otherness” (335), quite simply because the person who initiates the stare “controls the terms of the encounter” (335). For people living in chronic pain or disability, staring is the political equivalent of the gaze (335);²⁴ and because staring is “the ritual social enactment of exclusion from an imagined community of the fully human” (335), people with non-conforming bodies can assert dominance in the social interaction and create an equal and reciprocal discursive arrangement. The process of becoming both the subject and object of their own images through autobiographical works such as performance, self-portraiture, and performative self-portraits can allow people living with chronic pain and impairments to “successfully redress some former inequalities within the system of power that authorizes certain representations while blocking, prohibiting and invalidating others” (Owens in Broude and Garrard, 2005: 488).

The body is the primary site of our subjective location, not as a natural entity, but as the site of intersection between the biological, the social, the material, and the symbolic (Wark 2006: 167).

²⁴ For a full discussion of the gaze, see Laura Mulvey (1989) *Visual and Other Pleasures*.

Postmodern body theorists conceive the body as the ultimate site for the production and communication of cultural meaning; the site from which, and upon which all socio-political, intellectual, and creative activities are enacted. The body is, therefore, crucial as a site of resistance and source of cultural agency (Snyder and Mitchell 2006: 10). As a highly politicized entity, the body in pain provides a key location upon which hegemonic discourses may be challenged and disrupted. Performance art has proven highly successful as an adjunct to consciousness-raising activities and identity politics, and is regarded as a most effective strategy by which marginalized people and groups can critique dominant hegemonic discourses of normalcy (Thomson 2000: 335). The cultural model can most certainly fill the gaps left by other frameworks by embracing the non-normative body for its “meaningful materiality” (Snyder and Mitchell 2006: 10) and by exposing impairment and experiences of physical pain, discomfort, incapacity, and social oppression (10) rather than ignoring them.

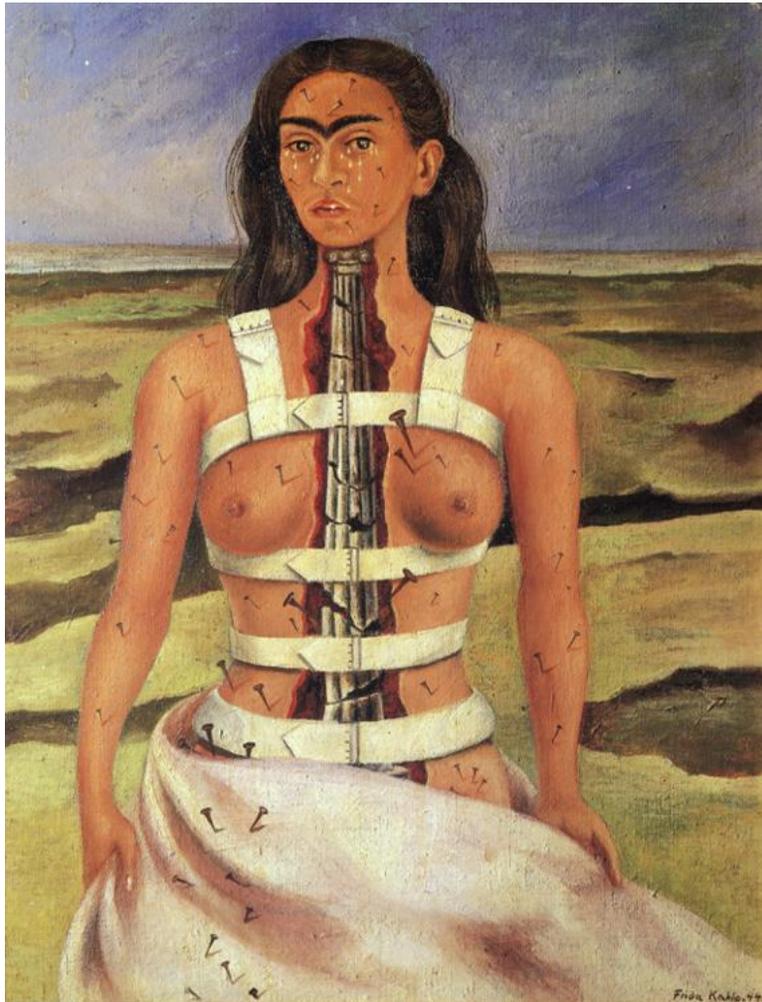
Frida Kahlo (1907-1954)

I wish I could explain to you my suffering minute by minute
(Kahlo in Ciabattari 1984: 20)

When Mexican artist Frida Kahlo began painting self-portraits in which she depicted herself footless, headless, pierced, cut open, and bleeding, her sole intent was to create a visual narrative of her pain. The victim of a near-fatal bus crash at the age of 18 in which she was impaled by a steel rail – her spine, pelvis, right leg and foot crushed (Ciabattari 1984: 20), her vagina and uterus gashed open. Kahlo was confined by a full body cast and her bed for months at a time, had numerous miscarriages and therapeutic

abortions that left her unable to bear children, underwent more than thirty surgeries ending with the amputation of her right leg, and endured a lifetime of pain (20).

Kahlo learned to paint while bedridden and still in painful recovery from the accident. Throughout the course of her adult life, the artist created dozens of self-portraits in which she stoically depicted her pain, each time confronting viewers with an unsettling and dispassionate gaze. *Broken Column* (1944) represents the injuries to Kahlo's spine and the surgical interventions and painful treatments she endured in the aftermath of her accident.



Frida Kahlo *The Broken Column* 1944 (Oil on canvas)
The Frida Kahlo Foundation



Frida Kahlo *Henry Ford Hospital* 1932 (Oil on Canvas)
The Frida Kahlo Foundation

Henry Ford Hospital (1932) is the graphic portrayal of a painful miscarriage Kahlo suffered while in Detroit (Ciabattari 1984: 21). The work depicts Kahlo “attached by visible strings (physical and emotional ties) to her unborn fetus and to her pelvis which had been fractured in an accident that made it impossible for her ever to bear children” (Orenstein in Garber 1992: 44).

Kahlo is described as a pioneering artist who dared to express, through her art, “the full truth of [her] biological experience” (44). In 1943, Kahlo’s husband Diego Rivera wrote: “Frida is the only example in the history of art of an artist who tore open her chest and heart to reveal the biological truth of her feelings” (in Ciabattari 1984: 20). Kahlo used painting “as a means of exploring the reality of her own body and her consciousness of its vulnerability” (Chadwick 1996: 314). Through her many penetrating

self- portraits, Kahlo demonstrated the acceptance of her life circumstances, rejected the status of passive victim, and created an authentic and “enduring myth of self” (Ciabattari 1984: 20).

Hannah Wilke (1940-1993)

Wilke’s political agenda had always been to create art that exposed women as oppressed within the dominant culture, and had been using her own nude body in her art since the 1970s – subverting “‘the rhetoric of the pose’ in order to undo the Western dichotomy between creating the viewing subject and viewed object by conflating the two” (Klein 1999: 119). When Wilke was diagnosed with lymphoma, she decided to document her experiences by producing a series of large-scale performative self-portraits entitled *Intra-Venus* (1991-1992) in partnership with her husband Donald Goddard. For the series, “Wilke [assumed] the whole array of stereotypical poses she [had] always assumed” (Isaak 1996: 223), this time confronting viewers with a nude body that had become bloated from steroid treatments, bruised, scarred by chemotherapy and a failed bone marrow transplant, and bald – thus further deconstructing socially imposed codes of beauty and femininity.



Hannah Wilke and Donald Goddard *Intra-Venus #4 July 26 & February 19* [diptych] 1992
ArtStor

Wilke attained unprecedented attention and respect for her work following the posthumous release of *Intra-Venus*. According to curator and critic Amelia Jones, “after the *Intra-Venus* exhibition in New York in 1994, art critics and other artists began to describe Wilke as transgressive; something she was rarely called when she was alive” (in Skelly 2007:6). Most importantly, *Intra-Venus* now informs a broader study of Wilke’s artistic practice. When examined in the context of an entire body of work, the final series does not simply represent a profound conceptual shift on the part of an artist faced with a life-threatening crisis, it acknowledges Wilke’s earlier performative self-portraits as part of a “continuous and coherent project” (Wacks 1999: 106) and reinforces her ongoing concern for the representation of women’s pain.

Jo Spence (1934-1992)

Photographer Jo Spence's breast cancer diagnosis in 1982 stimulated her most famous body of work, *A Picture of Health?* (Jo Spence 2014: [n.p.]). Spence referred to the series of performative self-portraits as her “visual illness diaries” (Dennett 2009: 11). The black-and-white photographs documented Spence’s journey from diagnosis to treatment and captured her emotional responses to pain, which included feelings of “helplessness... being a patient in the hands of the medical profession... fear of the unknown, and... anger at the injustice of the diagnosis” (Jo Spence 2014: [n.p.]).²⁵



Following a lumpectomy, Spence undertook a holistic approach to managing her health, opting for Traditional Chinese Medicine in conjunction with phototherapy (using photography to heal) rather than submitting to chemotherapy and radiation – a decision for which she was labelled ‘difficult’ and ‘radical’ by medical personnel.

Jo Spence *Property of Jo Spence?* (from *A Picture of Health?*)
1982-1986. Reproduced with permission from Jospence.org.

²⁵ *Dated Self-Portrait*, 1984 illustrates Spence’s acknowledgement of her own loss, and also of Western culture’s obsession with the breast as an object of desire, a device for nourishing babies, and finally in her case, as a possession to be placed in the hands of the medical institution.



Jo Spence *Untitled Self-Portrait* (from *A Picture of Health?*) 1982-1986
Reproduced with permission from Jospence.org.

Long before her cancer diagnosis, Spence had been engaging with “discourses of feminism and socialism” (Dykstra 1995 in Bell 2001: 12), and had clearly expressed concerns for the ways in which “the female body is differentially produced and disciplined by various photographic genres – medical, ethnographic, policy, documentary realist, journalist, advertising, high art, surrealist, and so forth” (Grigsby 1991 in Bell 2002: 12). Spence firmly believed that

art should always provoke debate, encourage action, and direct viewers toward situations that exist outside the photographic frame. [The artist] wanted to create photographs that link private and public worlds together (Kuhn 1995 in Bell 2002: 11).²⁶



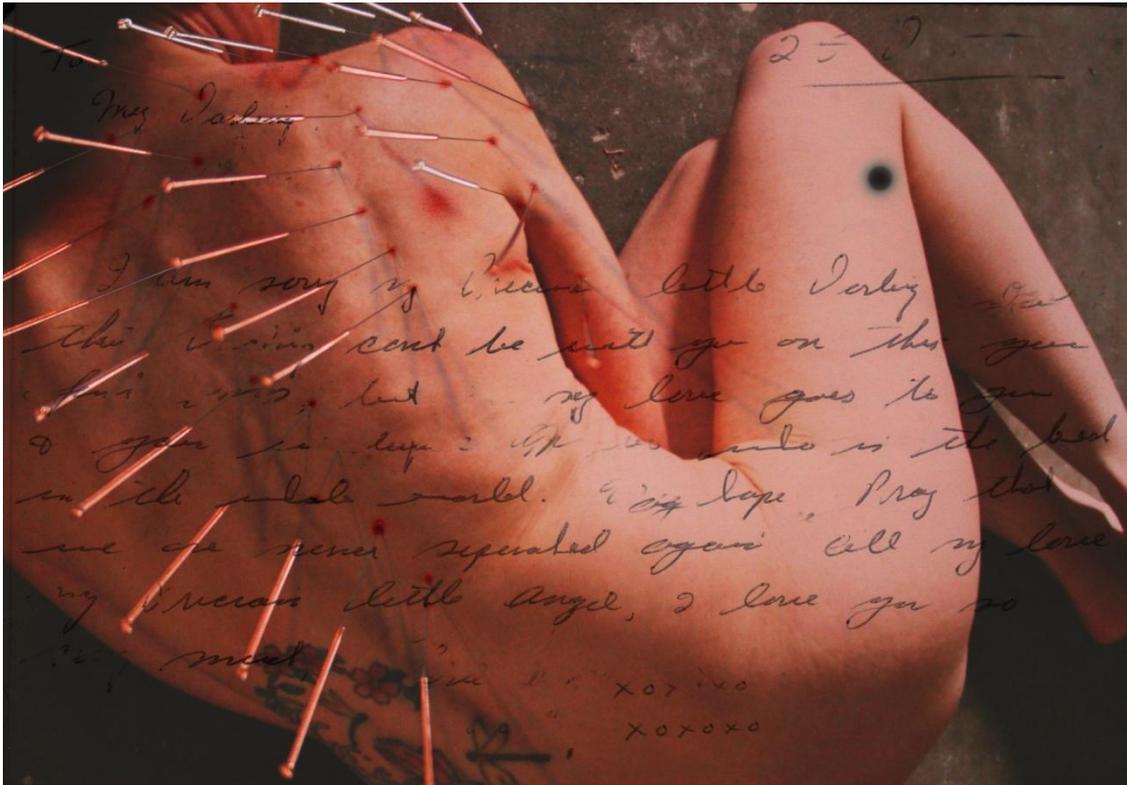
Jo Spence *Dated Self-Portrait* (from *A Picture of Health?*) 1982-1986.
Reproduced with permission from Jospence.org

The self-portraits in which Spence documented her own pain thus represent an appropriately uncomfortable and “logical response of a feminist artist who was deeply committed to women taking control of their lives and their bodies” (*Jo Spence* 2014: [n.p.]).

²⁶ Curator Jorge Ribalta (2006) stated: “Spence has managed to integrate artistic methods and social circulation in a way that other artists who exert a greater influence in academia have not been able to do. [She] has constructed a space for aesthetic-political experimentation that is quite unique in the art of the second half of the twentieth century (in Dennett 2009: 10).

Personal Interrogations – *Officially Unapologetic* (2011-2014): Is this Supposed to be Cathartic?

Our main artwork is our own body, ridden with semiotic, political, ethnographic, cartographic, and mythical implications (Gómez-Peña 2005: 22).



H. Ráine *Self-Portrait - Pierced* (from *Officially Unapologetic*) 2011 D-Print

For me, the process of producing art that viscerally exposed my pain was not cathartic or empowering. In fact, every aspect of it was emotionally draining and physically painful. As I worked diligently – impatiently awaiting the catharsis that did not occur – I found myself becoming more and more frustrated, angry, and resentful about my life. While I am still waiting for whatever ‘therapeutic benefits’ might be forthcoming

from the documentation of my pain, however, I have at least been learning from the process. Showing my relatively large-scale images in exhibitions, receiving feedback on the work, and overhearing some of the comments made by viewers (who were most often unaware of my presence) has reinforced my thesis that images of pain are particularly arresting and engaging and that such intimate works not only provoke fruitful and insightful dialogues and debates, but also have the capacity to promote a deeper understanding into the corporeal realities of people living in pain. I have also ascertained that because my work is purposefully ambiguous as to the nature of my pain,²⁷ viewers seem to feel at liberty to ‘read’ their own, often painful, narratives in the images. As a result, I have often observed a form of creative, reciprocal witnessing unfold, in which many diverse dialogues stemmed from a single encounter with an image.

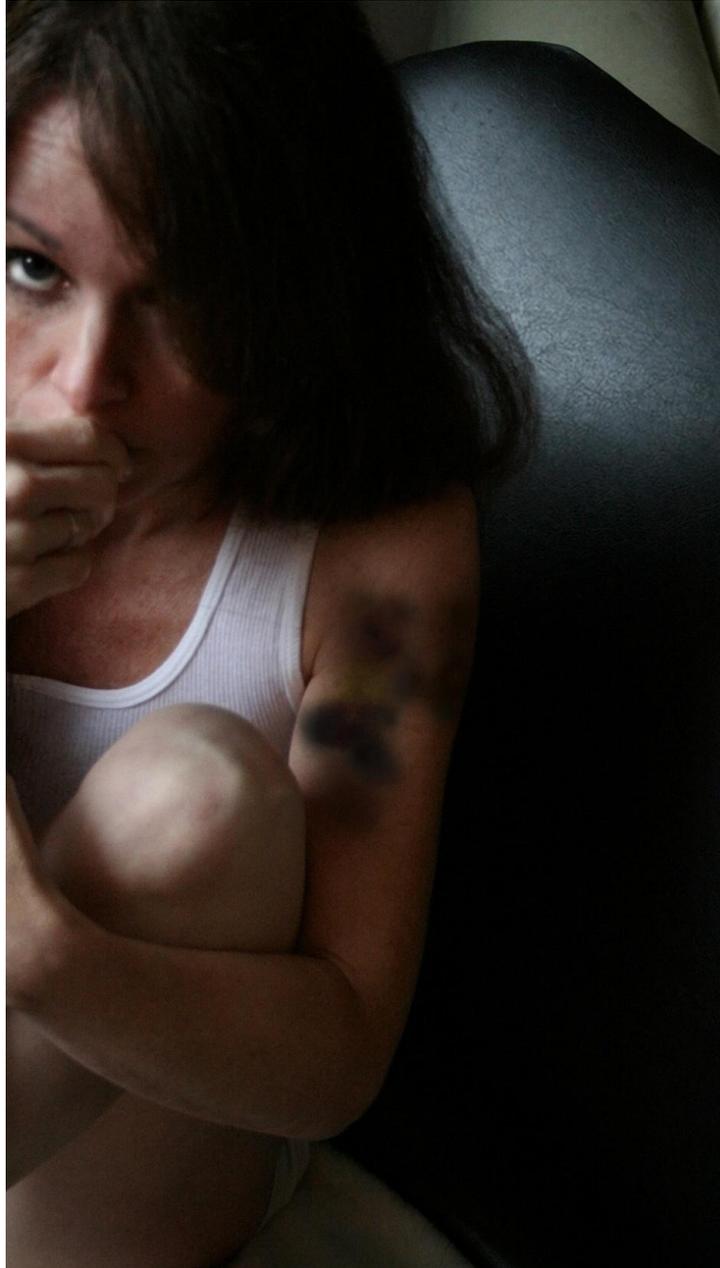
Of equal importance, the work has generated some negative reviews. The most surprising criticism came from my son, a successful young Vancouver-based videographer and filmmaker, who commented only that the work was “a visual assault.” My assumption had been that, as a fellow artist, my son would understand and appreciate the work conceptually; however, when he reacted to the images with discomfort that bordered on revulsion (uncharacteristic for him given his aesthetic sensibility and the nature of his own work), I made two cursory hypotheses. Firstly, that responses to images of pain are highly conditioned by the lived experiences of the viewer (for example, empathy and understanding are logically much greater among those who live in pain); and secondly, responses to imagery of such an intimate and uncomfortable nature are

²⁷ For example, the titles are vague and there is no suggestion as to whether the cause of my suffering might be physical or emotional. It is left completely up to viewers to interpret the works and come to their own conclusions.

probably highly influenced by the type of relationship that exists between the viewer and producer of the work.

Another very important, unanticipated research finding was revealed to me while participating in an intensive anti-oppression workshop, wherein I learned the purpose and value of silent witnessing. As group members took turns enacting their personal pain, grief, or oppression through various wordless performative bodily gestures, others simply ‘held space’ for them, witnessing without comment or judgement. The underlying premise of ‘body work’ is that physical, psychological, and emotional pain can become so deeply embedded into the self that the body manifests any and all types of pain as an integral part of one’s physical comportment (think of the body language, posture, and demeanour of people who suffer from chronic pain or depression versus those who do not, for example).²⁸ Since pain becomes deeply lodged in the body (often in ways that are imperceptible to others), it must be purposefully worked out through the body rather than through rational thought or verbalization. While having an empathic witness is important, expressing one’s innermost pain, whether through voice, art, or bodily gestures, also has immense intrinsic value to the individual irrespective of external validation or the opinions of others. These informally gleaned findings (as well as my own perceived lack of catharsis) led me to deeply ponder and question how, why, and for whom a work of art produces so-called ‘catharsis.’

²⁸ Peter McLaren (2002) describes this process of incorporation as *enfleshment* (44), and states that *refleshment* refers to the body’s ability to learn alternate postures and behaviours that break these ingrained habits (44).



H. Ráine *Untitled Self-Portrait* (from *Officially Unapologetic* series) 2011 D-Print

Finding a Community (or a Growing Movement)

During the course of conducting the research for this project, I stumbled upon Oliver Sacks' (1992) *Migraine*, a condition with which I have suffered in a variety of forms since childhood. I read with great interest Sacks' expert reassurances that my many bizarre and painful manifestations and symptoms were 'normal' given the nature and extent of my neurological disorder(s); but when, to my surprise, I encountered graphic, visual imagery (which represented the numerous facets of ocular migraine auras as well as the artistic renderings of actual migraine sufferers), the missing pieces of my research puzzle immediately appeared and began to slip into place. In particular, the artwork produced by migraine sufferers resonated with me deeply and spoke to me in a language that mere words could never express.²⁹ In this regard, an ongoing online survey conducted by Health Union (2014) aptly illustrates the frustration migraine sufferers experience in trying to verbally describe their pain to others. Sixty three percent of sufferers who have tried to explain their migraines to friends, family, or medical professionals claim they cannot make people understand (*Migraine.com* 2014).³⁰ The provocative and accurate imagery in Sacks' (1992) text inspired me to begin conducting some research on migraine art, a step that should have been obvious to me from the outset, given my personal history.³¹ Of great significance, both personally and

²⁹ These images could not be reproduced herein due to copyright restrictions. See Sacks, Oliver. 1992. *Migraine*. New York: Vintage.

³⁰ These statistics are based upon survey responses available at the time of this writing.

³¹ Besides finding exactly the type of research I was seeking in terms of migraine art, I also uncovered research that demonstrates how children's artistic interpretations of their headache pain helps medical

academically, I then discovered PainExhibit.org, an online art exhibition that operates for the purposes of providing a voice for people in chronic pain and serving as an educational resource for the teaching of chronic pain for use by the academic and medical communities worldwide.



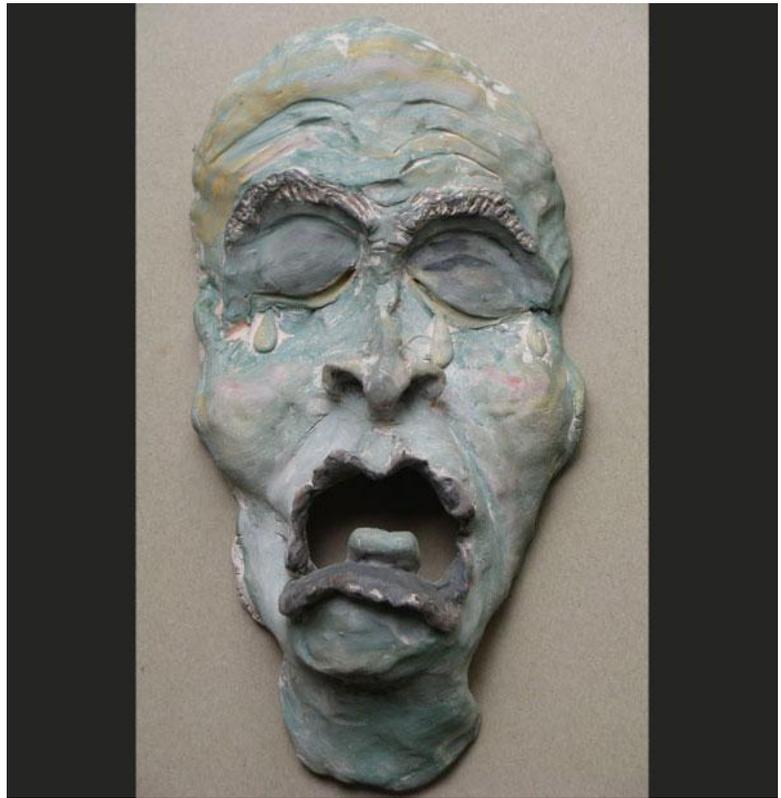
Lynda Robinson *My Migraine - Self Portrait* [n.d.]
Reproduced with permission

professionals to diagnose a variety of different headache sub-types based upon the visual depictions (Kurylyszyn et al. 1986; Stafstrom et al. 2005; Stafstrom et al. 2002).



Sterling AjayWitt *Self Portrait with Green Shirt* [n.d.]
Reproduced with permission

William Shirley *Jon's Bad Day* [n.d.]
Reproduced with permission



Mark Collen *CP III Trapped in Hell*
[n.d.]
Reproduced with permission

Discussion

I have a particular disdain for the word ‘empowerment,’ as I feel it is an overused cliché. Far from empowered, I all too often feel completely defeated and beaten down by my pain in spite of my best efforts to the contrary. I also loathe the old adage, ‘what does not kill us makes us stronger,’ as chronic pain is exhausting, destroys quality of life, and is known to lead to depression. I do believe, however, that pain can also serve numerous positive purposes. In particular, pain is a powerful and insightful lens through which to examine and learn about the human condition. Pain can cultivate and develop desirable attributes such as empathy, compassion, nurturing, thoughtfulness, and humility – and chronic pain sufferers routinely demonstrate incredible resilience, creativity, courage, collaboration, and determination under extremely challenging circumstances.

I would also like to respectfully acknowledge that the relationship between pain, art-making, art as a language, and the role of art in socio-political activism is very complex; so simply creating art, in any form, cannot be expected to provide a voice or visual language, produce catharsis, alleviate pain, solve one’s problems, or empower the disenfranchised. Pain is a highly subjective, variable, and individual experience. On this note, my daughter Heather (herself an unwilling authority on the topic of chronic pain) has insightfully reminded me that not everyone needs to, chooses to, or is ready to share, disclose, or communicate his or her pain. She also asserts that some people make conscious efforts to keep pain from taking control over their lives by suppressing its visibility and disallowing it a voice. Hopefully, when pain is ignored in this way, it is because the sufferer is using denial as a purposeful management strategy. In any case, silence must be acknowledged as a valid coping mechanism for some; and it is not an

assumption of this research that every person in pain feels compelled to describe or share it. Nor should sufferers necessarily be encouraged by others to express their pain. If chronic pain is acknowledged as a marginalized aspect of identity, then ‘coming out’ must be respected as a deeply personal decision.

I choose to communicate and share my pain with empathetic supporters when I feel it is appropriate to do so, and having visual access to the visceral, corporeal, chronic pain sensations of fellow sufferers, albeit online, is an incredibly validating and liberating experience for me. The realization that someone actually understands and believes my pain, as well as the knowledge that I am connected with a vast community of people with similar challenges, fears, successes, hopes, ideas and information to share, is invaluable. After much reflection, I propose that the ‘cathartic release’ inherent in using art as a language to express corporeal pain lies just as much, if not more so, in its welcome reception than in its production and expression. I credit the courage of such artists, who unabashedly and publicly expose their pain, with having inspired me to re-examine and revise my original 2011 collection, *Officially Unapologetic*. In confronting my pain in much more direct and honest ways, I feel I have found a stronger voice and more accurate language for its communication.³²

³² Hence the dual dates.



H. Ráine *Self-Portrait - Vultures* (from *Officially Unapologetic* series) 2011/2014 Digital Collage



H. Ráine *Self-Portrait - Relentless* (from *Officially Unapologetic* series) 2011/2014 D-Print

In Conclusion

Most people are naturally narrative beings who are inclined to present and re-present their experiences of the world in order to make sense of their lives and integrate with society (McIntyre in Morris 2001; Coulter-Smith 2000; Ochs and Capps 1996).^{33, 34} Experts who theorize about the communication of pain suggest that salvaging or creating meaning from painful experiences is a necessary form of spiritual freedom for some people, and posit that pain is an invitation to dialogue (Frankl 1984; Jackson 2002).³⁵ Pain is also beginning to be understood as shared cultural property, in which group members hold equal social, political, and economic stakes in individual pain. Because pain affects not only the individual, it cannot be viewed as contained within the individual. Thus, a solid understanding of the pain of others not only generates empathy for the individual, but can also improve social functioning and cohesion.

Pain is imbued with meaning that must be communicated in order to be understood, but actively shatters language. This paradox causes significant frustration for pain sufferers and those who wish to help. Morris (1994) probes the deeper question of who, in our culture, would be authorized to speak about pain on behalf of sufferers who are silenced and marginalized by pain. “Will doctors retain the sole authorized voice, or

³³ Narrative discourse is not confined to any one form of communication, and visuality is considered communicative in itself rather than merely an adjunct to the verbal (Fischer in Coulter-Smith 2000).

³⁴ According to Ochs and Capps (1996) “personal narrative is simultaneously born out of experience and gives shape to experience. In this sense, narrative and the self are inseparable” (20). The authors also posit that narrative is not only a tool with which we navigate relationships with others, but is also “an essential resource in the struggle to bring experiences to conscious awareness” (Ochs and Capps 1996: 21).

³⁵ Viktor Frankl (1984), a psychologist who survived Aushwitz, wrote “Man’s Search for Meaning” (originally in 1959) in reaction to the pain, suffering, and hopelessness he felt and witnessed while interred.

will a biocultural model allow us to hear other voices currently silent, subjugated, or forced to the margins of public discussion?” (23). With the inception of postmodernism, both disability and pain entered into a new arrangement with narrative. By using performance art, self-portraiture, and performative self-portraiture as visual languages for pain – not to mention the ubiquity of internet forums, blogs, chatrooms, and video diaries – highly vocalized and publicized representations of the private, intimate body in pain have made their way into the social arena, public sphere, and virtual world. These changes go well beyond the simple empathic witnessing of the pain of others.

Art constitutes a visual language that is not only arresting, but has proven it can successfully bridge the communication gap caused by pain’s silencing effects by either subverting the gaze, generating empathy through the power of the gaze, or by simply providing sufferers with a platform by which to express their suffering – with or without the expectation of catharsis, feedback, commentary, or the knowledge of whether or not one’s message has been seen or heard (or by whom). Self-representational images that depict corporeal pain are a highly effective means by which chronic pain sufferers, including professional artists, can and do articulate pain, speak the unspeakable, and share the otherwise ‘unshareable.’

References

- Aguggia, Marco and Enrico Grassi. 2014. "The Painful Muse: Migrainous Artistic Archetypes from Visual Cortex." *Neurological Sciences* (2014) 35 (Suppl. 1): S51-S55.
- Bell, Susan E. 2002. "Photo Images: Jo Spence's Narratives of Living with Illness." *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*. 2002, Vol. 6 (1): 5-30.
- Bending, Lucy. 2006. "Approximation, Suggestion, and Analogy: Translating Pain into Language." *The Yearbook of English Studies*, 36(1): 131-137.
- Bradley, William. 1981. "Evocative Images." *Studies in Art Education*, 23(1) (1981): 33-39.
- Brand, Paul and Philip Yancey. 1993. *Pain: The Gift Nobody Wants*. New York: HarperCollins.
- Broude, Norma and Mary D. Garrard, Eds. 2005. *Reclaiming Female Agency: Feminist Art History after Postmodernism*. Berkeley: University of California Press.
- Burke, Peter. 2001. *Eyewitnessing: The Uses of Images as Historical Evidence*. London, UK. Reaktion Books Ltd.
- Burns, Bill, Cathy Busby and Kim Sawchuk, Eds. 1999. *When Pain Strikes*. Minneapolis; London: University of Minnesota Press.
- Burns, Jonathan Kenneth. 2009. "Mental Health and Inequity: A Human Rights Approach to Inequality, Discrimination, and Mental Disability." *Health and Human Rights*, 11(2): 19-31.

- Caravaggio, Michelangelo Merisi da. 1595-1600. Boy Bitten by a Lizard [image].
 Artstor. Retrieved November 30, 2014 from <http://library.artstor.org/library>.
- Cartwright, Lisa. 1995. *Screening the Body: Tracing Medicine's Visual Culture*.
 Minneapolis; London: University of Minnesota Press.
- Chadwick, Whitney. 2002. *Women, Art, and Society*, 3rd ed. London: Thames and
 Hudson.
- Chouliaraki, Lillie. 2006. *The Spectatorship of Suffering*. London: Sage.
- Ciabattari, Jane. 1984. "The Wages of Pain." *The Threepenny Review*, No. 16 (Winter,
 1984): 20-21.
- Cohen, Esther. 2000. "The Animated Pain of the Body." *The American Historical
 Review*, 105(1) (Feb. 2000): 36-68.
- Collen, Mark. [n.d.]. CP III Trapped in Hell [image]. Reproduced with permission.
 Retrieved November 28, 2014 from PainExhibit.org
- Coulter-Smith, Graham, Ed. 2000. *The Visual-Narrative Matrix: Interdisciplinary
 Collisions and Collusions*. Southampton, UK: Southampton Institute.
- Dennett, Terry. 2009. "Jo Spence's Camera Therapy: Personal Therapeutic Photography
 as a Response to Adversity." *European Journal of Psychotherapy and Counselling*.
 11 (1), March 2009: 7-19.
- . 2001. "The Wounded Photographer: the Genesis of Jo Spence's Camera Therapy."
Afterimage 29 (3) (November 2001): 26.
- Detsi-Diamanti, Zoe, Katerina Kitsi-Mitakou and Effie Yiannopoulou, Eds. 2009. *The
 Future of Flesh: A Cultural Survey of the Body*. New York: Palgrave.

- Devereaux, Leslie and Roger Hillman, Eds. 1995. *Fields of Vision: Essays in Film Studies, Visual Anthropology, and Photography*. Berkeley: University of California Press.
- Di Bella, Maria Pia and James Elkins, Eds. 2013 *Representations of Pain in Art and Visual Culture*. New York: Routledge.
- Elkins, James. 1998. *On Pictures and the Words that Fail Them*. Cambridge, UK: Cambridge University Press.
- . 1999. *Pictures of the Body: Pain and Metamorphosis*. Stanford, CA: Stanford University Press.
- Fishman, Scott and Lisa Berger. 2000. *The War on Pain*. New York: HarperCollins.
- Fox, Broderick. 2011. "Shooting Pains." Pp. 17-30 in Sternudd, Hans T. and Angela Tumini, Eds. *How does it Feel? Making Sense of Pain*. Oxford, UK: Inter-Disciplinary Press.
- Frankl, Viktor. 1984. *Man's Search for Meaning* (Rev. Ed.). New York: Washington Square Press.
- Freud, Sigmund. 2001a. "The Interpretation of Dreams." in Strachey, James (ed.). *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 5. London: Vintage and Hogarth Press.
- . 2001b. "Mourning and Melancholia." Pp. 237-258 in Strachey, James (ed.). *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 14. London: Vintage and Hogarth Press.

- . 2001c. "Beyond the Pleasure Principle." Pp. 1–64 in Strachey, James (ed.). *The Standard Edition of the Complete Works of Sigmund Freud*, vol. 18. London: Vintage and Hogarth Press.
- . 2001d. "The Ego and the Id." Pp. 1–66 in Strachey, James (ed.). *The Standard Edition of the Complete Works of Sigmund Freud*, vol. 19. London: Vintage and Hogarth Press.
- Garber, Elizabeth. 1992. "Art Critics on Frida Kahlo: A Comparison of Feminist and Non-Feminist Voices." *Art Education*. 45(2) (Mar., 1992): 42-48.
- Gómez-Peña, Guillermo and Elaine Peña. 2005. *Ethno-Techno: Writings on Performance, Activism, and Pedagogy*. New York: Routledge.
- Greenhalgh, Trisha. 2009. *Chronic Illness: Beyond the Expert Patient*. BMJ: British Medical Journal, 338(7695) (Mar. 14, 2009): 629-631.
- Griffin, Ann and Vanessa May. 2012. "Narrative Analysis and Interpretive Phenomenological Analysis." Pp. 442-456 in Seale, Clive, Ed. *Researching Society and Culture* (3rd Ed.). Thousand Oaks: SAGE.
- Grosz, Elizabeth. 1994. *Volatile Bodies: Toward a Corporeal Feminism*. Bloomington, IN: Indiana University Press.
- Grünewald, Matthias (1515). The Crucifixion of Christ (Centre Panel of Isenheim Altarpiece) [image]. Unterlinden Museum at Colmar, Alsace, France. Retrieved November 22, 2014 from Artstor (<http://0-library.artstor.org.aupac.lib.athabascau.ca/library/welcome.html>).
- Health Union. 2014. "8 Important Facts Everyone should know About Migraine." Migraine.com Infographic. March 25, 2014. Retrieved December 8, 2014 from

Migraine.com. 2010-14 Health Union, LLC <http://migraine.com/infographic/8-important-facts-everyone-know-migraine/2/>

Herrera, Hayden. 1983. *Frida: A Biography of Frida Kahlo*. New York: Harper Perennial.

Hunter, John. 1961. "The Mark of Pain." *The American Journal of Nursing*, 61(10) (Oct., 1961): 96-99.

Isaak, Jo Anna. 1996. *Feminism and Contemporary Art: The Revolutionary Power of Women's Laughter*. London; New York: Routledge.

Jackson, Marni. 2002. *Pain: The Fifth Vital Sign*. Toronto: Random House.

Jones, Amelia. 2002. "The 'Eternal Return': Self Portrait Photography as a Technology of Embodiment." *Signs*. 27 (4) (Summer, 2002): 947-978.

Jones, Amelia and Andrew Stephenson, Eds. 1999. *Performing the Body/Performing the Text*. London; New York: Routledge.

Kahlo, Frida. 1932. Henry Ford Hospital [image]. The Frida Kahlo Foundation. Retrieved November 28, 2014 from <http://www.frida-kahlo-foundation.org/> with *Creative Commons License*.

---. 1944. The Broken Column [image]. The Frida Kahlo Foundation. Retrieved November 28, 2014 from <http://www.frida-kahlo-foundation.org/> with *Creative Commons License*.

Kleinman, Arthur, Veena Das, and Margaret Lock, Eds. 1997. *Social Suffering*. Berkeley, CA: University of California Press.

- Kurylyszyn, Nadia, Patrick J. McGrath, Mario Cappelli, and Peter Humphreys. 1986. "Children's Drawings: What Can they Tell us About Intensity of Pain?" *The Clinical Journal of Pain*. 2 (3): 155-158.
- LaCapra, Dominick. 1999. "Trauma, Absence, Loss." *Critical Inquiry*, Vol. 25, No. 4 (Summer, 1999): 696-727.
- Lafrance, Marc. 2009. "Skin and the Self: Cultural Theory and Anglo-American Psychoanalysis." *Body & Society* 2009 15 (3): 3-24.
- Laocoön and his Sons [image]. Artstor. Retrieved November 30, 2014 from <http://library.artstor.org/library/>
- Levine, Peter A. 2010. *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*. Berkeley: North Atlantic Books.
- Levine, Ellen G. and Stephen K. Levine, Eds. 2011. *Art in Action Expressive Arts Therapy*. London; Philadelphia: Jessica Kingsley Publishers.
- Lewis, Bradley. 2006. "A Mad Fight: Psychiatry and Disability Activism." Pp. 339-352 in Davis, Lennard J. *The Disability Studies Reader*. New York: Routledge.
- Lewis, Philip E. 1966. "Merleau-Ponty and the Phenomenology of Language." *Yale French Studies*, No. 36/37, Structuralism (1966):19-40.
- Main, Susane. 2014. "Picturing Pain: Using Creative Methods to Communicate the Experience of Chronic Pain." *Pain News* 12(1): 32-35.
- McLaren, Peter L. 2002. "Critical Performance Pedagogy." Pp. 41-54 in Stucky, Nathan and Cynthia Wimmer. *Teaching Performance Studies*. Chicago: Southern Illinois University.

- McNiff, Shaun. 2011. "From the Studio to the World: How Expressive Arts Therapy can Help Further Social Change." Pp. 78-94 in Levine, Ellen G. and Stephen K. Levine, Eds. *Art in Action Expressive Arts Therapy*. London; Philadelphia: Jessica Kingsley Publishers.
- Melzack, Ronald. 1973. *The Puzzle of Pain*. New York: Basic Books.
- Melzack, Ronald and Patrick D. Wall. 1982. *The Challenge of Pain*. Harmondsworth: Penguin Books.
- Merleau-Ponty, Maurice. [1945]1962. *Phenomenology of Perception*. Translated by Collin Smith. London: Routledge & Keagan Paul.
- . 1968. *The Visible and the Invisible*. Lefort, Claude, Ed. Translated by Alphonso Lingus. Evanston, Ill.: Northwestern University Press.
- Meyers, Diana Tietjens, Ed. 1997. *Feminists Rethink the Self*. Boulder, CO: Westview Press.
- Morris, David B. 1991. *The Culture of Pain*. Berkeley; Los Angeles: University of California Press.
- . 2001. "Narrative, Ethics, and Pain: Thinking with Stories." *Narrative*, 9 (1) (Jan., 2001): 55-77.
- . 1994. "What We Make of Pain." *The Wilson Quarterly*, 18 (4) (Autumn, 1994): 8-26.
- Mulvey, Laura. 1989. *Visual and Other Pleasures*. Bloomington: Indiana University Press.
- Naumburg, Margaret. 1987 [1966]. *Dynamically Oriented Art Therapy: Its Principles and Practice*, New York: Grune and Stratton, Inc.; Chicago: Magnolia Street Publishers.

Newham, Paul. 1999. "Voicework as Therapy: The Artistic Use of Singing and Vocal Sound to Heal Mind and Body." Pp 90-113 in Levine, Ellen G. and Stephen K. Levine, Eds. *Foundations of Expressive Arts Therapy: Theoretical and Clinical Perspectives*. London; Philadelphia: Jessica Kingsley Publishers.

Obourn, Megan. 2005. "Audre Lorde: Trauma Theory and Liberal Multiculturalism." *MELUS* 30(3) Personal and Political (Fall, 2005): 219-245.

Ochs, Elinor and Lisa Capps. 1996. "Narrating the Self." *Annual Review of Anthropology*, Vol. 25 (1996): 19-43.

Padfield, Deborah. 2011. "'Representing' the Pain of Others." *Health*. 15(3): 241–257.

Prometheus [image]. Artstor. Retrieved November 30, 2014 from <http://library.artstor.org/library/>

Ráine, Harmony. 2011. Pierced (from Officially Unapologetic series) [image].
Courtesy of the artist.

---. 2011/2014. Relentless (from Officially Unapologetic series) [image]. Courtesy of the artist.

---. 2011. Self Portrait – Primal (from Officially Unapologetic series) [image].
Courtesy of the artist.

---. 2011. Untitled Self Portrait (from Officially Unapologetic series) [image].
Courtesy of the artist.

---. 2011/2014. Vultures (from Officially Unapologetic series) [image]. Courtesy of the artist.

Robinson, Lynda. [n.d.]. My Migraine - Self Portrait [image]. Reproduced with permission. Retrieved November 28, 2014 from PainExhibit.org

- Sacks, Oliver. 1992. *Migraine*. New York: Vintage.
- Scarry, Elaine. 1985. *The Body in Pain: The Making and Unmaking of the World*. New York: Oxford University Press.
- Scheff, Thomas J. 2001. *Catharsis in Healing, Ritual, and Drama*. Lincoln, NE: iUniverse.com Inc.
- Selzer, Richard. 1994. "The Language of Pain." *The Wilson Quarterly*, 18 (4) (Autumn, 1994): 28-33.
- Semino, Elena. 2010. "Descriptions of Pain, Metaphor, and Embodied Simulation." *Metaphor and Symbol*, 25: 205–226.
- Shirley, William. [n.d.]. Jon's Bad Day [image]. Reproduced with permission. Retrieved November 28, 2014 from PainExhibit.org
- Skelly, Julia. 2007. "Mas(k/t)ectomies: Losing a Breast (and Hair) in Hannah Wilke's Body Art." *Thirdspace: a Journal of Feminist Theory & Culture*, Vol. 7, issue 1 (Summer 2007): 3-16. Retrieved November 15, 2010 from www.thirdspace.ca/journal/article/viewArticle/skelly/48.
- Snyder, Sharon and David T. Mitchell. 2006. *Cultural Locations of Disability*. Chicago: University of Chicago Press.
- Sontag, Susan. 1989. *AIDS and Its Metaphors*. New York: Farrar, Straus and Giroux.
- . 1977. *Illness as Metaphor*. New York: Farrar Straus Giroux.
- . 2003. *Regarding the Pain of Others*. New York: Farrar Straus Giroux.
- Spence, Jo. 1982-1986. Dated Self-Portrait (from A Picture of Health? series) [image]. Reproduced with permission. Retrieved November 28, 2014 from http://www.jospence.org/picture_of_health

- . 1982-1986. Property of Jo Spence? (from A Picture of Health? series) [image].
Reproduced with permission. Retrieved November 28, 2014 from
http://www.jospence.org/picture_of_health
- . 1982-1986. Untitled Self-Portrait (from A Picture of Health? series) [image].
Reproduced with permission. Retrieved November 28, 2014 from
http://www.jospence.org/picture_of_health
- Stafstrom, Carl E., Shira R. Goldenholz and Douglas A. Dulli. 2005. "Serial Headache Drawings by Children with Migraine: Correlation with Clinical Headache Status." *Journal of Clinical Neurology* 20 (10) October 2005: 809-813.
- Stafstrom, Carl E., Kevin Rostasy, and Anna Minster. 2002. "Children's Drawings in the Diagnosis of Headache." *Pediatrics*. 109 (3). March 2002: 460-472.
- Sturken, Marita and Lisa Cartwright. 2009. *Practices of Looking: an Introduction to Visual Culture* (2nd Ed.). New York: Oxford University Press.
- Sternudd, Hans T. and Angela Tumini, Eds. 2011. *How does it Feel? Making Sense of Pain*. Oxford, UK: Inter-Disciplinary Press.
- Thomson, Rosemarie Garland. 1997. *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. New York: Columbia University Press.
- . 2002. "Integrating Disability, Transforming Feminist Theory" *NWSA Journal* 14 (3),
Feminist Disability Studies (Autumn 2002): 1-32.
- Tierney, Hanne. 1996. "Hannah Wilke: The Intra-Venus Photographs – Intra-Venus by Hannah Wilke." *Performing Arts Journal*, 18 (1) (Jan., 1996): 44-49.

- Tumini, Angela and Mira Crouch. 2011. "Introduction." Pp. vii-x in Sternudd, Hans T. and Angela Tumini, Eds. *How does it Feel? Making Sense of Pain*. Oxford, UK: Inter-Disciplinary Press.
- Vertosick, Frank T. 2000. *Why we Hurt: A Natural History of Pain*. New York: Harcourt.
- Vetlesen, Arne Johan. 2010. *A Philosophy of Pain*. Translated by John Irons. London, UK: Reaktion Books.
- Vick, Randy M. and Kathy Sexton-Radek. 2009. "Art and Migraine: Researching the Relationship between Artmaking and Pain Experience. *Art Therapy: Journal of the American Art Therapy Association*, 26(3):114-123.
- Wacks, Debra. 1999. "Naked Truths: Hannah Wilke in Copenhagen." Reviewed work(s): *Hannah Wilke: A Retrospective* by Sandra Goldman, Alfred M. Fischer, and Laura Cottingham. *Art Journal*. Vol. 58, No. 2 (Summer, 1999): 104-106.
- Wall, Patrick. 2000. *Pain: The Science of Suffering*. New York: Columbia University Press.
- Wallis, Brian, Ed. 1984. *Art after Modernism: Rethinking Representation*. New York: New Museum of Contemporary Art; Boston: D. R. Godine.
- Wark, Jayne. 2006. *Radical Gestures: Feminism and Performance Art in North America*. Montreal; Kingston: McGill-Queen's University Press.
- Watney, Simon. 1986. "Jo Spence." *History Workshop*. No. 21 (Spring, 1986): 210-212.
- Wilke, Hannah and Donald Goddard. 1992. Intra-Venus #4 July 26 & February 19 [image]. Artstor. Retrieved November 30, 2014 from <http://library.artstor.org/library>
- Witt, Sterling Ajay. [n.d.]. Self Portrait, Green Shirt [image]. Reproduced with permission. Retrieved November 28, 2014 from PainExhibit.org

Wong, Donna and Connie Baker. 1983. Wong-Baker FACES Pain Rating Scale [image].

Retrieved December 3, 2014 from www.wongbakerFACES.org