Surrogate Bodies: How contemporary art practice can communicate the lived experience of chronic pain.

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Abstract

This research project explores how contemporary art practice can deepen our understanding of embodied experiences of persistent pain and illness. Through installation-based practice, I aim to make visible my intangible experiences of living with endometriosis. Kate Seear identifies endometriosis as a disease characterised by uncertainty, a trait that permeates its aetiology, treatments, health outcomes, and broader discourse. Rather than attempting to define an essence of the disease, which risks losing sight of its vast and multifaceted scope, my research sits within the questioning of it, embracing its abstract and fluctuating qualities to more accurately articulate my embodied experience.

Informed by the philosophical and phenomenological perspectives of Drew Leder and S. Kay Toombs, among others, this research examines how pain and illness transform lived experience, reshaping not only one's physicality but one's identity and self-conception. Additionally, I turn to Elaine Scarry's understandings of 'the weapon' and 'the wound' as primary metaphors for articulating embodied notions of pain. We can observe these metaphors playing out within the practices of Chiharu Shiota and Rebecca Horn, who further utilise the element of tension – which has come to play a central role in my own practice – employed as a structural tool, a conceptual and theoretical underpinning, and a conduit for conveying feeling itself. Lastly, insights from Eugenie Lee and Jill Bennett highlight the value of affect and heightened bodily awareness as a lasting outcome within the viewer, particularly within socially engaged practice.

In foregrounding the feelings that surround persistent pain and illness, my studio outcomes aim to hold space for difficult emotions and sensations, evoking a heightened bodily response in the viewer. The outcomes of this research aim to connect people in shared pain and illness journeys, whilst raising awareness and education within the broader community.

Content Warning: This paper discusses themes and topics that may be distressing to some readers, including notions of pain, violence, trauma as well as the display of graphic surgical images. Reader discretion is advised.

Statement of Originality

This volume is presented as a record of the work undertaken for the degree of Master of Fine Arts within Sydney College of the Arts, The University of Sydney. This is to certify that to the best of my knowledge, the content of this thesis is my own work and has not previously been submitted for a degree or diploma in any university.

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Alannah Dair 15/01/2025

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Introduction

The study of pain traverses a wide array of fields, from medical sciences such as neuroscience and anaesthesiology, to social sciences including psychology, sociology, and anthropology. Additionally, disciplines such as philosophy, literature, historical studies, along with interdisciplinary fields including cultural studies, critical theory, disability studies, ethnography, feminist and gender studies, and the arts, each offer unique perspectives and methodologies for understanding the complex phenomenon of pain.

Employing a visual autoethnographic approach, this research, grounded in artistic practice, seeks to explore how artistic expression can better articulate an individual's lived experience of persistent[1] pain. Assuming the role of artist-as-theorist, wherein the practice of making can be considered investigative knowledge production,[2] the outcomes of this research lie in the inquiry itself: a questioning and exploration of realities and possibilities rather than a need to formulate concrete answers.

This research is grounded in a philosophical understanding of pain, specifically in its phenomenological approach, addressing pain as a subjective and embodied experience, highlighting its qualitative aspects rather than reducing it to mere physical or objective phenomena.

This paper provides context for my ongoing artistic practice, aiming to create a body of work that accurately communicates my lived experience with endometriosis, a chronic inflammatory condition.[3] By adopting a holistic perspective, I strive to convey not only the physical aspects of my pain but

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[1]As will be the terminology from this point forward, with 'chronic' holding a more stigmatised connotation implying a fixed condition, 'persistent' is chosen to emphasise the ongoing nature of the pain without the associated negative implications.

[2]Graeme Sullivan, *Art Practice as Research: Inquiry in Visual Arts*, 2nd ed. (Thousand Oaks, CA: SAGE Publications, Inc., 2009), 155-186.

[3]One of many ways to understand and consider this disease.

also the emotional, psychological, and durational components of the chronic illness experience, which are often overlooked within the clinical encounter.

In my efforts to effectively communicate my lived experience of persistent pain, I have realised that the challenges of articulating my journey with endometriosis go beyond the physical limitations of my body. These challenges are deeply intertwined with social and cultural constructions of disease, illness, and gender, as well as the inherent limitations of language itself. These interconnected elements of navigating pain, illness, and disease are inseparable. Just as the body and mind coexist within the same vessel, external influences and societal systems exert their influence both upon us and within us, intricately interwoven and impossible to unravel. Failing to acknowledge these external factors deprives the discussion of essential context, hindering a comprehensive understanding of why navigating endometriosis can be physically, psychologically, and emotionally traumatic for many.

My experience with pain is one that is, unfortunately, shared by many. Numerous conditions give rise to comparable physical and psychological ordeals. Consequently, I aspire for this research to extend its relevance beyond merely illustrating my personal journey with endometriosis. It resonates with broader experiences of pain and illness, encouraging those fortunate enough to be untouched by such struggles to empathise and contemplate the nature of their own health. As Susan Sontag states;

> Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.[4]

By bringing my research into public discourse through the medium of contemporary art, I aim to achieve greater engagement with these concerns

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[4] Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1978), 3.

via heightened bodily responses in the viewer; utilising embodied experience as a way of communicating and educating others that leaves a lasting impression and hopefully enacts change. Whether that be an individual's changed behaviour towards people with persistent pain and illness, or a medical professional who gains insight into a patient's emotional perspective, we cannot discount the individual impacts we each have on one another.

Despite our inability to comprehensively feel what another feels, it is my hope that by voicing how we each experience our bodies we can come to greater collective understandings of what 'normal' bodily functioning entails, discern what aspects of our bodies are pathologised, identify what systems need to be dismantled and reconfigured, and ultimately bring into focus a questioning of how we can provide better care for one another within our social, cultural and medical spheres. This is in line with Pamela Moss and Isobel Dyck's argument within their text *Women, Body, Illness* that women with chronic illness (and I consider this to extend to all who have persistent pain and chronic illness) are not 'inherently ill' but rather live within an ill society, one that must be reconfigured with people and bodies in mind first, rather than assigning people to categories that do not encompass their lived experiences.

Chapter 1, *Illness as Experience*, explores the lived realities of persistent pain and illness, examining philosophical, phenomenological, and sociological insights from Drew Leder, S. Kay Toombs, Māra Grīnfelde, Gillian Bendelow, Simon Williams, and Kate Seear. This chapter utilises phenomenological and sociological frameworks to investigate how illness disrupts not only the physical body but one's self-perception and relationship with the world. Julia Kristeva's concept of abjection elucidates the psychological dimensions of chronic illness and disease, emphasising the erosion of bodily boundaries and identity at play. Additionally, Seear's understanding of endometriosis as characterised by uncertainty, along with Pamela Moss and Isobel Dyck's perspectives on chronic illness, advocate for embracing diverse, contradictory experiences to better question and articulate our lived experiences of health.

In Chapter 2, I engage in a questioning of *why* pain is so difficult to communicate to others. Drawing on the insights of Elaine Scarry, I explore how language often proves inadequate in conveying intense physical pain. Scarry identifies two key metaphors, 'the weapon' and 'the wound,' as tools to convey aspects of the pain experience to others. This chapter examines these metaphors to understand their role in addressing the challenge of communicating pain effectively.

Chapter 3 explores how the metaphors of 'the weapon' and 'the wound' provide a lens through which to view the practices of Rebecca Horn and Chiharu Shiota in communicating embodied feelings and experiences of illness. Additionally, I trace my own artistic practice, detailing how these metaphors have informed my developing research both conceptually and aesthetically.

Chapter 4 considers the role of the viewer, emphasising the potential for contemporary art practice to shift perspectives of pain. Jill Bennett offers a compelling lens through which to interpret the work of Doris Salcedo and Sandra Johnston, who mediate collective grief and trauma through their bodies and creative practices, with affect an intended outcome held within the viewer. Furthermore, at the forefront of pain communication, Eugenie Lee's work inspires a reflection on my own practice, contemplating its potential for social engagement and transformative impact on viewers.

Finally, I will conclude by addressing the outcomes of this research and looking to the future to predict the direction in which I see this work evolving beyond the scope of this research project.

Chapter 1. Illness as experience

This chapter explores the lived experience of persistent pain and illness through the perspectives of Drew Leder and S. Kay Toombs, among others. Using phenomenological, philosophical, and sociological frameworks, it examines how illness disrupts the self and one's world, whereby the body becomes the focus of our experience and a source of alienation. Julia Kristeva's concept of abjection is used to deepen the understanding of the psychological dimensions of chronic illness and disease, highlighting how these conditions erode bodily boundaries and further challenge one's sense of identity. Additionally, Kate Seear's sociological analysis of endometriosis highlight the disease's inherent uncertainty and variability, questioning traditional medical paradigms and societal expectations.

The body can be considered an omnipresent aspect of our lives, the medium through which we exist and experience the world.[5] Despite its constant presence, the body often remains absent from our direct perception, functioning in the background. This corporeal absence plays a crucial role in our daily functioning, allowing us to act in the world without constant focus on individual muscles, organs, or sensations.[6] However, when the body's normal functioning is disrupted, as is the case in illness or injury, it demands our full attention and becomes the focal point of our experience. As stated by Gillian Bendelow and Simon Williams, this heightened sense of bodily awareness is particularly evident in those who experience persistent pain and illness.[7]

In the context of persistent pain, 'illness' refers to the subjective experience of being unwell. To clarify, one can experience pain without being 'ill,' and conversely, one can suffer from illness without experiencing pain. Physical

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[5] Drew Leder, *The Absent Body* (Chicago: University of Chicago Press, 1990), 1, citing Maurice Merleau-Ponty, *The Visible and the Invisible: Working Notes*, May 1960.

[6] Leder, 1.

[7] Gillian A. Bendelow and Simon J. Williams, *The Lived Body: Sociological Themes, Embodied Issues* (London: Routledge, 1998), 159.

sensations of pain often serve as protective mechanisms, warning us against further harm and illness. However, pain and illness can also exist without apparent stimuli or reason, persisting for prolonged periods, as is the case with many chronic health conditions.

When one experiences ongoing pain and/or illness, the intensity and duration of these experiences can completely disrupt one's conception of self, their identity and the way in which they act in the world.[8] With the painful body at the centre of one's subjectivity, the previously taken-for-granted disappearance of the body is substituted by a state of 'dys-appearance' in which the body (or body part) is perceived as 'bad' or 'ill'; transformed into an obstacle or limitation.[9] Severe persistent pain can produce feelings of alienation, isolation, disintegration and corporeal betrayal.[10] For the sake of one's integrity and in order to make sense of their experiences, people often abstract their pain and separate it from their body, conceptualising their pain as an entity that is not themselves.[11]

Not only can sensations of pain create the experience of the body as an alien 'thing', pain extends beyond the material body to influence the ways in which one engages with and in the world; affecting a person's understanding of their past, present and future.[12] Drew Leder, S. Kay Toombs, and Māra Grīnfelde believe that the experience of illness itself can be conceptualised as a disruption of self, the experience of space, time, and the relationships we have with others.[13] Toombs elaborates:

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[8]Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985), 7.

[9]Drew Leder, *The Absent Body*, 83-99; Māra Grīnfelde, "The Four Dimensions of Embodiment and the Experience of Illness," *AVANT: The Journal of the Philosophical-Interdisciplinary Vanguard* 4, no. 2 (2018): 117.

[10]Bendelow and Williams, *The Lived Body*, 159.

[11]Ibid.

[12] Grīnfelde, "The Four Dimensions," 118.

[13] Grīnfelde, "The Four Dimensions," 115.; Leder, *The Absent Body*, 81.; S. Kay Toombs, "The meaning of illness: A phenomenological approach to the patient-physician relationship," *The Journal of Medicine and Philosophy* 12, no. 3 (1987): 219–240.

> Illness is experienced by the patient not so much as a specific breakdown in the mechanical functioning of the biological body, but more fundamentally as a disintegration of his "world" […] As such, it represents a chaotic disturbance in the various and varying interactions between embodied consciousness and world, and strikes at the very heart of the "I am." [14]

One not only negotiates the complexities of their ill health and the limitations of their body but their understanding of self and the meanings they've consciously (or unconsciously) assigned to their pain and suffering. Toombs believes we fundamentally experience illness as a loss of wholeness; not only of physical ability but of bodily integrity, with the body no longer operating with the will of one's mind, but with a will of its own; ultimately disrupting the unity between body and self.[15]

This life-altering aspect of persistent pain and illness is often overlooked within Western biomedicine as practitioners have come to assess the body according to disease frameworks; treating the body as a puzzle that must be solved whilst ignoring the patient's own bodily knowledge and the meanings they have ascribed to their experiences.[16] It is interesting to consider whether this lack of care towards the lived experience of the patient is due not entirely from a lack of medical education or training (although this can play a role), but rather reflects the greater position of western medicine today as a technical discipline rooted within the empirical sciences.[17] In an attempt to

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[14] Grīnfelde, "The Four Dimensions,"115, citing S. Kay Toombs, "Illness and the paradigm of lived body," *Theoretical Medicine* 9 (June 1988): 207.

[15] S. Kay Toombs, *The Meaning of Illness: A Phenomenological Account of the Different Perspectives of Physician and Patient* (Dordrecht: Kluwer Academic Publishers, 1992), 90.

[16]Grīnfelde, "The Four Dimensions," 110; Drew Leder, *The Body in Medical Thought and Practice* (Chicago: University of Chicago Press, 1992), 5; J. A. Marcum, "Biomechanical and phenomenological models of the body, the meaning of illness and quality of care," *Medicine, Health Care and Philosophy* 7, no. 3 (2004): 311–320.

17 Howard Waitzkin, "A critical theory of medical discourse: Ideology, social control, and the processing of social context in medical encounters," Journal of Health and Social Behavior 30, no. 2 (1989): 220.

rectify the depersonalising medical experiences had within the clinical encounter, patient-centred care is becoming widely adopted as a primary approach to modern healthcare.[18]

As one's control over their body wavers, it can come to be understood as a site for potential incident,[19] a source of anxiety and vulnerability. Here, the concept of abjection offers a lens through which to deepen our understanding of the psychological and existential dimensions of living with chronic illness and pain. Abject embodiment encapsulates the erosion of bodily boundaries, an experience in which one is subjugated by the will of the body rather than mastering it.[20]

Abjection, in relation to the ill or diseased body, can be understood as the psychological and existential experience of encountering bodily states or conditions that disrupt the boundaries between self and other, inside and outside, a condition whereby meaning collapses.[21] Kristeva, in *Powers of Horror: An Essay on Abjection*, argues that abjection is a fundamental aspect of human existence, beyond psychological phenomenon, it exists as a cultural and social construct, intertwined with language, symbolism, and ritual.[22] She argues that abjection arises from encounters with the grotesque, the disgusting, and the taboo, evoking profound feelings of discomfort and repulsion.[23]

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[18]Lori Jo Delaney, "Patient-centred care as an approach to improving health care in Australia," *Collegian* 25, no. 1 (2018): 1; and Rinchen Pelzang, "Time to learn: understanding patient-centred care," *British Journal of Nursing* 19, no. 14 (2013): 1.

[19] A term that struck me, used to describe the abjection felt by cancer patients within Dennis D. Waskul and Pamela van der Riet, "The Abject Embodiment of Cancer Patients: Dignity, Selfhood, and the Grotesque Body," *Symbolic Interaction* 25, no. 4 (2002): 487-513.

[20] Ibid, 510.

[21]Julia Kristeva, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982), 4.

[22] Kristeva, 45.

[23] Kristeva, 17.

Endometriosis: a disease in constant iteration

Endometriosis has an abstract medical diagnosis that tells you everything it isn't and nothing that it is. Medically defined in terms of 'endometrial-like tissue' (tissue similar to, but not the same as, the lining of the uterus) which grows outside of the uterus into other areas of the body[24] - such terms provide little to no reference, as to how the disease acts, manifests and how it is lived. This ambiguity stems from its unclear aetiology and extends to its unknown cure, a situation that can be attributed not only to the disease's complexity but also from insufficient research into its underlying mechanisms and varied manifestations.[25]

Although it predominantly affects women and those assigned female at birth, recent research has also found several rare cases in cisgender men.[26] This research, along with the discovery of the disease in foetuses, girls who have not yet menstruated, and the increasing recognition of extra pelvic endometriosis contests the widely used theory of retrograde menstruation as the cause or catalyst for the disease.[27] Despite this evidence, western medical treatments remain tied to supressing menstruation.[28] Thereby Kate Seear describes endometriosis as the "literal and metaphorical point at which various 'threats' to the gendered, natural, human, and traditional body are

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[24]Giuseppe Benagiano, Ivo Brosens, and Donatella Lippi, "The History of Endometriosis," *Hum Reprod Update* 20, no. 5 (2014): 720, citing Audebert A, Backstrom T, Barlow DH, et al., "Endometriosis 1991: a discussion document," *Hum Reprod* 7 (1992): 432–435; *Gynecol Obstet Invest*.

[25]Katherine Ellis, Deborah Munro, and Jennifer Clarke, "Endometriosis Is Undervalued: A Call to Action," *Frontiers in Global Women's Health* 3 (2022): 1-8; Kate Seear, in *The Makings of a Modern Epidemic*, refers to Evers stating that "medicine actually performs the incomprehensibility of the disease as a function of the disease itself" (J. Evers, "Introduction," in *Endometriosis: Current Management and Future Trends*, ed. J. Garcia-Velasco and B. Rizk (New Delhi: Jaypee, 2010), xvii– xviii), 64

[26] Cara E. Jones, "Queering Gendered Disabilities," *Journal of Lesbian Studies* 25, no. 3 (2021): 195.

[27] Pietro G. Signorile et al., "New Evidence of the Presence of Endometriosis in the Human Fetus," *Reproductive Biomedicine Online* 21, no. 1 (2010): 142-47.

[28] Cara E. Jones, "Wandering Wombs and 'Female Troubles': The Hysterical Origins, Symptoms, and Treatments of Endometriosis," *Women's Studies* 44, no. 8 (2015): 1083.

enacted."[29] This characterisation emphasises the disease's significance not only as a medical condition but also as a social and cultural phenomenon.

Lisa San Miguel supports Seear's argument that the ontology of endometriosis is one of constant iteration, adapting to reflect a range of contemporary crises and anxieties across the 20th century, as seen in its depiction as a career woman's disease, an inherent personality type, as environmental consequence, or due to dioxin exposure.[30]

Questioning why some information (such as evidence of the disease in cis men) to be considered an anomaly, Seear believes that if we sit with these 'contradictions' in what we understand the disease to be, we can come to realise we've constructed frameworks that hold our implicit biases.[31]Moreover, Seear contends that endometriosis is a highly gendered, politicised phenomenon; one that is so multifaceted that any attempt to 'pin it down' or provide an overview, risks erasing the complexities and multiplicities inherent in reality.[32] Common approaches have historically focused on selective pathologies, has marginalised certain individuals, separated context from investigative inquiry, and has ignored the lived experience of the patient.[33]

Therefore, Seear argues that understanding endometriosis requires acknowledging its current state of uncertainty – a characteristic which permeates multiple aspects; from its indeterminate aetiology and fluctuating nature influenced by social and cultural constructs, to the ambiguity encountered in medical settings, the variability of treatments available, and the diverse lived experiences of patients.[34]

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[29] Seear, 29.

[30] Seear, 166; Lisa Michelle Sanmiguel, *From "Career Woman's" Disease to "An Epidemic Ignored": Endometriosis in U.S. Culture since 1948* (PhD diss., University of Illinois, 2000), 3.

[31] Seear, 17.

[32] Ibid, 20.

[33] Ibid, 27-165.

[34] Ibid, 2-4.

Seear, just as Elizabeth Grosz states in her infamous text *Volatile Bodies* emphasises the need for articulating experience through lived bodies.[35] By challenging discursive concepts of chronic illness through personal accounts, rooted in our individual embodied experiences, Moss and Dyck believe we can expand upon our collective understanding of what health entails, thereby reclaiming agency over our bodies.[36] Further, they believe that the varied, multiple, and contradictory accounts of chronic illness challenge our cultural meanings of being ill, the social organisation of illness, and definitions of illness itself.[37] They ask us to consider, 'what if having chronic illness is just another way to be?'[38]

Through my artistic practice, I delve into the psychological, emotional, and physical aspects of living with endometriosis - capturing the pain and surrounding feelings that shape the illness experience, such as anxiety, fear, and uncertainty, phenomena that is socially and culturally influenced.[36] My work contributes to the discussion and understanding of the disease by offering a nuanced, empathetic perspective that encompasses the complexity and lived reality of the disease.

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[35]Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Indianapolis: Indiana University Press, 1994), 18; Kate Seear, *The Makings of a Modern Epidemic: Endometriosis, Gender and Politics* (New York: Routledge, 2014), 172.

[36] Seear, 169.

Chapter 2. Articulating embodied experiences of persistent pain beyond language

> To have great pain is to have certainty; to hear that another person has pain is to have doubt – Elaine Scarry[37]

This chapter draws upon medical phenomenology, embodiment studies and affective philosophy to explore how chronic pain exists not only as a physical sensation but as a transformative experience that infiltrates all aspects of one's life and identity. Influenced by feminist and queer disability studies, I wish to highlight the constraints of language in effectively conveying the experience of chronic pain. The theories of Elaine Scarry shape this chapter to consider the use of metaphor as a crucial tool in bridging the gap between the ineffable nature of pain and our need to communicate it to others. In the realm of contemporary art, there is an opportunity to communicate the experience of chronic illness in ways that surpass language's limitations.

Exploring the implications of pain, Elaine Scarry suggests in her book *The Body in Pain: The making and un-making of the World*, that "perhaps only in prolonged and searing pain caused by accident, or by disease or by the breakdown of the pain pathway itself, is there the same brutal senselessness as torture."[38] In this state, the physical intensity and uncertain duration of pain completely disintegrate ones' sense of identity and world as they know it.[39] Similarly, French philosopher Emmanuel Levinas expressed that profound pain has the power to completely subjugate the self, with the cause of one's suffering residing in the 'impossibility of retreat.'[40] In this experience of

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[37]Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World*, (New York: Oxford University Press, 1985), 7.

[38]Ibid, 35.

[39]Ibid

[40]Emmanuel Levinas, Totality and Infinity: An Essay on Exteriority, 4th ed., vol. 1 (Springer Netherlands, 1980), 238; Kristin Zeiler, "A Phenomenological Analysis of Bodily Self-Awareness in the Experience of Pain and Pleasure: On Dys-Appearance and Eu-Appearance," Medicine Health Care and Philosophy 13, no. 4 (2010): 333-342.

intense pain, one can recognise a spatio-temporal shift that Scarry believes occurs as either the "constriction of ones' world to the immediate vicinity of the body, or the swelling of ones' body to fill their entire universe".[41]

When a person suffering from persistent pain and/or illness is asked to describe and communicate their experiences, whether this be to a medical professional, friend or family member, language seemingly fails us. Although it is widely acknowledged that pain is difficult to communicate through language[42], clinical environments continue to depend on verbal descriptions for pain assessment and communication. Numerical rating scales and questionnaires are often used to measure pain and its intensity, prioritising the function and mobility of patients over their internal and emotional states of being.[43] By creating language-centred assessments of pain we have found ourselves producing certain versions of pain that require patients to fit within pre-determined criteria, rather than shaping a more comprehensive picture based on the unique embodied experiences had by individuals.[44]

Scarry argues that the physical experience of pain "not only resists language but actively destroys it, bringing about an immediate reversion to a state anterior to language."[45] Scarry believes the capacity to experience physical pain differs from every other bodily and psychic event in that it has no object.[46]

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[41]Elaine Scarry, *The Body in Pain*, 35.

[42]Jen Tarr, Flora Cornish, Elena Gonzalez-Polledo. "Beyond the Binaries: Reshaping Pain Communication through Arts Workshops." *Sociology of Health & Illness* 40, no. 3 (2018): 577–92.; Joanna Bourke, *The Story of Pain: From Prayer to Painkillers*. Oxford: Oxford University Press, 2014.; R Kugelmann, "Complaining About Chronic Pain." *Social Science and Medicine* 49, no. 12 (1999): 1663-76.; Anne Werner, Kirsti Malterud. "It Is Hard Work Behaving as a Credible Patient: Encounters between Women with Chronic Pain and Their Doctors." *Social science & medicine* 57, no. 8 (1982): 1409-19.

[43]Tarr, et al., "Beyond the Binaries" 577–92.; Amanda C de Williams, Huw Talfryn Oakley Davies, Yasmin Chadury. "Simple Pain Rating Scales Hide Complex Idiosyncratic Meanings." *Pain* 85, no. 3 (2000).

[44] Tarr et al., "Beyond the Binaries," 577-578.

[45]Elaine Scarry, *The Body in Pain*, 4.

[46]Ibid, 162.

> It is precisely because pain takes no object that it, more than any other phenomenon, resists objectification in language" … "Hearing and touch are of objects outside the boundaries of the body, as desire is of x, fear is fear of y, hunger is hunger for z; but pain is not 'of' or 'for' anything – it is itself alone.[47]

Due to this objectlessness, articulating a comprehensive understanding or picture of pain becomes an extremely challenging process. When asked to articulate our pain through language alone, we often find ourselves falling back on metaphor to achieve a greater sense of our embodied experiences. According to Scarry, we commonly employ two recurrent metaphors to depict pain: the weapon, which represents the external object causing pain, and the wound, which visualises the resulting damage accompanying the pain.[48] Regardless of whether these objects are real or imagined, both the weapon and the wound serve as a means to communicate the experience of pain to those outside the sufferer's body,[49] allowing one to access another's pain through shared bodily sensation in relation to the object. This process of lifting pain out of the body to make the invisible visible, requires us to move into the realm of imagination.

For Scarry, the language of pain inherently relies on metaphor to allow the transformation of the unseen into the seen.[50] Imagination, just like metaphor, can be considered an essential tool in pain communication. Without a referent for one's pain, we are left with a void, therefore imagining an object is necessary in order to conceptualise and communicate our pain to others. In fact, it is difficult for us *not* to imagine pain in the weapon or the wound, as they have become the primary external symbols through which we perceive pain.[51] Moreover, as time has passed, these objects have come to inherit the

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[47] Ibid, 161.

[48] Elaine Scarry, *The Body in* Pain,15.

[49] Ibid, 16.

[50] Ibid, 162.

[51] Ibid, 16.

capacity for pain in our collective imagination, with us envisioning weapons as already bearing the cries of suffering within them. [52]

Figure 1. Joseph Beuys, *When You Cut Your Finger, Bandage the Knife*, 1962.

Noted by Scarry, this sentiment can be seen as playing out within Joseph Beuys small sculpture titled *When You Cut Your Finger, Bandage the Knife* (1962). Wrapped in gauze, a kitchen knife appears to induce a bodily memory of pain whilst also capturing the essence of the potential wound that could be, and by the suggestion of the title has already been, inflicted by the object. The body although visually absent, remains highly present as we consider both the artist's body and his pain in relation to our own bodily state.

The imagined metaphors for endometriosis ('like barbed wire wrapped around my uterus', 'as though hot pokers are prodding my insides', 'I feel like a shell of myself'), speak more to the real experience and capture an essence of how the disease exists (within lived bodies) that is non-existent within medical definitions and broader social and cultural understandings of the disease. Imagining can be considered a potent and useful tool in conceiving of pain in relation to current chronic health conditions. By augmenting

[52]Elaine Scarry, *The Body in* Pain,16.

scientific reality with how one feels their body, although imagined, creative methods can be used to articulate something nuanced about embodiment and the experience of living with chronic illness.

Returning to Scarry's notion that pain can consume the sufferer, manifesting as either the "constriction of ones' world to the immediate vicinity of the body, or the swelling of ones' body to fill their entire universe," I found this concept deeply resonated with my personal experience of pain and made me question how this sensation might play out in my studio practice. What materiality could a concept such as this have? When pain overrides all other sensation for prolonged periods of time, one becomes acclimatised to a 'base level' of pain. In my experience, my pain (pre-surgical intervention) was a constant ache, a dull gnawing sensation that was interjected by intense flare ups at any given moment. Physical and psychological pain gradually permeated every aspect of my life. I would often forget to eat unable to distinguish the difference between hunger pain and abdominal pain, I couldn't sleep, I no longer felt pleasure in small things. I felt numb, and yet filled with a heightened sense of anxiety in anticipation of when intense pain might strike next. I noticed that I began to harbour jealousy for those who took their health for granted, as pain was all I could think about. It has felt at times like I have blinkers on, and that I am looking down a narrow hallway that blocks out the world around me.

Additionally, I have surrendered to pain many times. I can recount lying on my back staring at the ceiling, no longer able to hold on to my body I let go and my arms would fall by my sides as the intense pain would build and eventually wash over me. In those moments it felt like I became the room, my body would feel heavy as though I was sinking, dissolving into the floor. I would find myself looking down at my body from above. In both of these recollections, pain can be seen as expanding to fill the world and/or constricting my world view to the immediate vicinity of my body. In these experiences of pain, time moves slowly, the limitations and expectations of my body (from myself and from others) are reduced despite my best efforts to push through.

Upon reading *The Absent Body* (1990) by Drew Leder, I came across a reference to Richard Zaner, who believes that the body not only belongs to us, but that we also belong to our bodies.[53] This concept has made me consider my own relationship to my body and to endometriosis. Although, as stated, we don't have a clear theory for the aetiology of endometriosis, we have found it to be formed within foetuses (assigned female).[54] Continuing this line of thinking it could be possible, then, that endometriosis existed in my body before my consciousness. Could I then belong to my endometriosis as it belongs to me? After all it is comprised of tissue formed by my own cells. Considering the body as a landscape, could endometriosis be an overgrown forest, that which I've cut down to build a highway through for my own existence? What is the goal of endometriosis? Endometriosis is considered a disease, thus unlike a virus whose aim is to spread and infect the cells of the host, it does not have a goal. Do diseases and illnesses therefore share the objectlessness of pain? Reflecting on my body existing simultaneously as a feeling and active subject, an observed and felt object, can I/my body therefore exist as both weapon and wound?

Using Elaine Scarry's articulation of extreme physical pain to elucidate what Leder and Toombs describe as the experience of illness - a breakdown of the world and self - I recognise in seeing myself as both weapon and wound, within Scarry's metaphor framework, captures this disintegration. My studio outcomes aim to harness these metaphors to communicate the impact of persistent pain and the seemingly incommunicable experience of illness.

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[53]"As Zaner notes, the own-body is not simply that which is mine; I also belong to it (The Context of Self, p. 52)" Drew Leder, *The Absent Body*, 48.

[54]Pietro G Signorile, et al. "New evidence of the presence of endometriosis in the human fetus." *Biomed Online.*(2010), Jul;21(1):142-7.

Chapter 3. Tension, violence and present absence in the work of Rebecca Horn and Chiharu Shiota.

How to express then, materially, the experiences and questions I have mentioned above? How have artists employed these metaphors of weapon and wound to articulate the experience of illness?

There are many artists who address persistent pain, illness and disease. I am indebted to the work of cornerstone artists such as Frida Kahlo, Hannah Wilke and Jo Spence, and have been inspired by contemporary artists such as Solomon Kammer, Cristina Flores Pescorán, and Panteha Abareshi in the articulation of their pain and illness experiences.[55]

Working from the position that installation art holds within it a unique ability to affect a heightened bodily awareness;[56] I have identified Rebecca Horn and Chiharu Shiota as two key practitioners who employ tension within sculptural installation-based practice, exemplifying the metaphors of both weapon and wound.

Horn and Shiota have extensive oeuvres that transgress across mediums. Whilst their choice of medium has varied, their explorations and reflections of themselves and of the human condition have remained constant. Both artists' practices are undeniably shaped by their individual experiences of

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[55]Furthermore the influence of artists such as Stathis Logothetis, Alberto Burri, Pakui Hardware, Eva Hesse, Mona Hatoum and Louise Bourgeois can be seen throughout the development of my practice. I carry them alongside me as I have engaged in a questioning of materiality itself, enactment of the medical gaze, violence and violation unto and of the body, and the doing-undoing-redoing involved in a working through of one's trauma and embodied experiences.

[56]As historically argued by scholars such as Claire Bishop and Julie Reiss, installation art uniquely engages viewers through heightened bodily and spatial awareness, leading to profound, self-reflective, and transformative experiences. This is further articulated within C. Kühnapfel, J. Fingerhut, and M. Pelowski, "The Role of the Body in the Experience of Installation Art: A Case Study of Visitors' Bodily, Emotional, and Transformative Experiences in Tomás Saraceno's 'In Orbit,'" *Frontiers in Psychology* 14 (2023): 1192689.

illness. For Shiota, her life underwent a profound change following a diagnosis of an aggressive form of ovarian cancer.[57] As she continues to navigate her health and treatments, her work has inevitably reflected her internal and external experiences. Meanwhile, Horn's artistic journey was also marked by illness; as a child, she contracted tuberculosis, and as a young art student, she suffered severe lung poisoning from exposure to fiberglass and polyester, resulting in a year-long confinement in a sanatorium.[58] During this period, the sudden deaths of both her parents further intensified her already challenging circumstances.[59] These profound experiences prompted both artists to explore themes of bodily fragility, transformation, and the human condition - themes that continue to resonate throughout their artistic practices.

In this chapter, I will analyse how Horn and Shiota have mediated and translated their experiences into symbolic materials and examine their ability to transform space in ways that generate affect - an interplay of emotional, embodied, and sensory responses in the viewer. Dissecting a select few artworks from each artist, I acknowledge that Scarry's metaphors for pain are but one lens through which to understand an aspect of their practices, and is by no means an exhaustive or comprehensive analysis. Below, I aim to uncover the ways in which Shiota and Horn harness tension to evoke visceral reactions, and how these insights have influenced my own thinking and practice-based outcomes.

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[57] Kwon Mee-yoo, "Chiharu Shiota Explores Uncertainty of Life in Busan," The Korea Times, February 6, 2020, Art 19.

[58] Lauren Mechling, "'She conducted her life like it mattered': the bold drawings of Rebecca Horn," *The Guardian*, January 12, 2023; Dana Bularca, "Rebecca Horn: devising intersubjective connections," *World Art* 9, no. 3 (2019): 329–349.

[59] Barbara Borges de Campos, "Disease, Distance, Desire: Rebecca Horn's Haunting Art of Isolation," *Sleek Magazine*, May 28, 2020.

The weapon in the work of Rebecca Horn

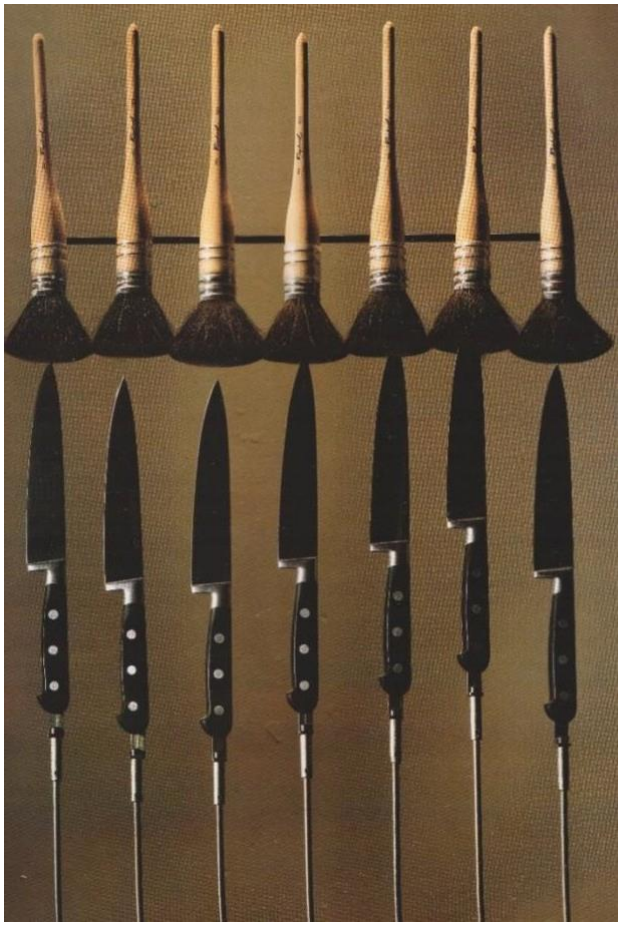

Figure 2. Rebecca Horn, *The Seventy-Seven Branches of Destiny*, 1993 (detail). © Rebecca Horn.

The weapon can be seen throughout Horn's practice, manifesting in various forms, some more overt than others. In works such as *The Seventy-Seven Branches of Destiny* (1993) and *High Moon* (1991), she explicitly incorporates objects such as knives and guns, that, like Beuys' knife, hold the potential for pain within. Yet unlike Beuys' practice, which Bruce W. Ferguson suggests, held a more pragmatic and earnest approach to reshaping the viewer's social concerns[60] - Horn utilises the weapon in a way that is symbolic, to manifest embodied feeling. Across her practice she positions herself as a conductor, an orchestrator if you will, as she assembles her sculptural installations to amplify the existing properties inherent in her

[60]Bruce W. Ferguson, "Rebecca Horn: Really Dangerous Liasons," in *Rebecca Horn: Diving through Buster's Bedroom*, ed. Ida Gianelli (Los Angeles: Museum of Contemporary Art, 1990), 19.

materials and of architectural space. In doing so Horn conveys personal and symbolic narratives whilst forming relational dialogues. It is here, in the relationality between her materials and architectural space, that a heightened sense of tension is borne.

As Ferguson argues, Horn's work holds desire at its core. Desire, framed in this context, exists as a form of seeking or longing that can be reworked "along any axis of action, almost at any moment."[61] This can be interpreted as encompassing not just physical and emotional wants but aspirations and possibilities. Indeed, Horn's sculptural works often hold within them, a desire for things to come, an anticipation, expressing often contradictory feelings that push and pull; lying beyond the articulation of language.[62] Her works exist not as the objects of desire themselves, rather they perform the concentrated emotions – existing in a space of questioning, their desires never reconciled.[63]

[61]Bruce W. Ferguson, 20. Personal note: Considering this notion in relation to myself, perhaps my works hold the desire for a pain-free state, desire to be whole, desire for recognition and for validation of my pain.

[62] Bruce W. Ferguson, 21.

[63]Tension lies here in the irreconcilability of these desires. And yet it, it is what Horn wished to construct, this state of seeking, of longing of questioning. To sit in this is the desired outcome perhaps?

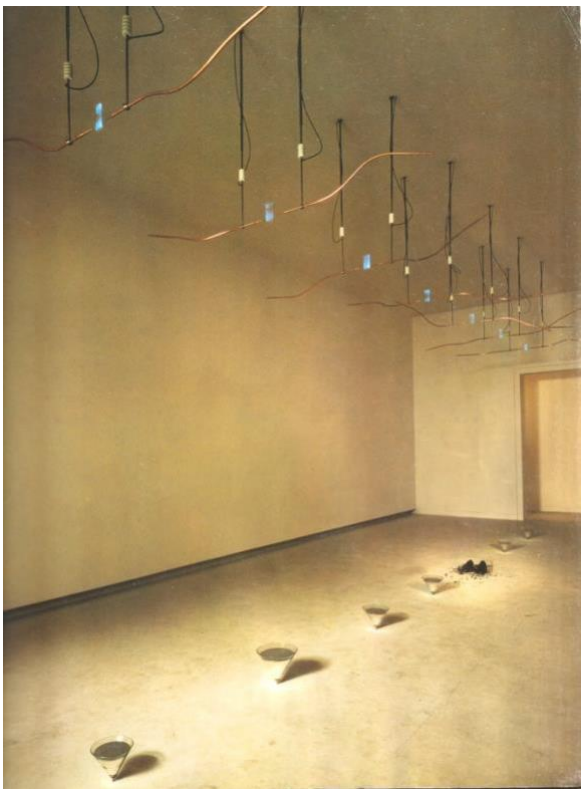

Figure 3. Rebecca Horn, *The Hydra Forest, Performing Oscar Wilde*, 1988, "The Carnegie International", Carnegie Museum, Pittsburgh, 1988-89. © Rebecca Horn.

In works such as *Hydra Forest*, a sense of palpable tension lies in the dialogue between several materials with volatile properties. Spinning tops line the floor of the space, filled with mercury, teetering precariously, their balance poised against the risk of spillage. Above, electric currents spark, suggesting the potential for ignition below. The sound of electricity fills the space. There exists a sense of anticipation, perhaps a sadistic kind, one where the viewer waits to see the possibility of catastrophe. Amongst the tops lies a pair of shoes and ashes, alluding to the act of a lightning strike, underscoring the unstable nature of the materials. The shoes, although Horn makes reference to them as Oscar Wilde's last pair, position the artist herself as present yet absent - the orchestration of the objects revealing her presence and intervention by its very construction. At once her objects seemingly hold individual agency beyond their materiality, and yet form a whole that speaks to her intended narrative, perhaps one of self-destruction, in reference to the hydra and Oscar Wilde as alluded to by the title.

Figure 4. Rebecca Horn, *An Art Circus*, 1988. Installation view, Marian Goodman Gallery, New York. © Rebecca Horn.

Figure 5. Rebecca Horn, *An Art Circus*, 1988. Installation view, Marian Goodman Gallery, New York. © Rebecca Horn.

We witness a similar tension in the potential for calamity unfolding in works like *An Art Circus* (1988) where needle-like objects hover mere inches from fragile materials such as liquid mercury and eggs, balanced precariously. Here the positioning of a weapon-like referent - the metronome-like pendulum that scours the space - creates a tension that transforms the overall environment into one that is both felt and held within the viewer. By constructing an atmosphere that embodies precarity and instability, Horn heightens the properties of these volatile and weapon-like elements to elicit visceral responses from the viewer.

I wish to evoke something similar within my own work, this anxiety that builds, despite our rational understanding that viewing the same work as it follows its mechanism will not change the outcome. Such an evocation speaks to me of the anxiety of pain and of my journey in health. It strikes me as materialising the uncertainty of the body as a site for potential incident. Furthermore, a compelling component within Horn's work is that her objects move with their own agency; they are not triggered by the viewer, they breathe themselves. They hold their own agency in the space and occupy the same tense as the viewer[64] - the emotions are performed, felt and held in real time. Horn creates stories and spaces for these works to break free of their materiality, becoming something more through her construction. Similarly, I have strived to elicit agency within my own works, perhaps due to the loss of my own agency within the clinical encounter. I have aimed for my works to extend beyond the frameworks that wish to contain them, occupying the space of the viewer as subjects, as surrogate bodies that are manifestations of my embodied experiences of pain and illness.

When considering the works of Horn and Shiota side by side, many of Horn's works can be seen as performing their respective narratives, desires, and feeling states, holding the potential for violence and emotional tension within - stemming from the innate qualities that lie in her chosen materials and their spatial relationships. In contrast, Shiota's works could be understood to

[64]Bruce W. Ferguson, 23.

represent the unfolding or aftermath of such violence, holding feelings intertwined with sense memory[65] and loss.

The wound in the work of Chiharu Shiota

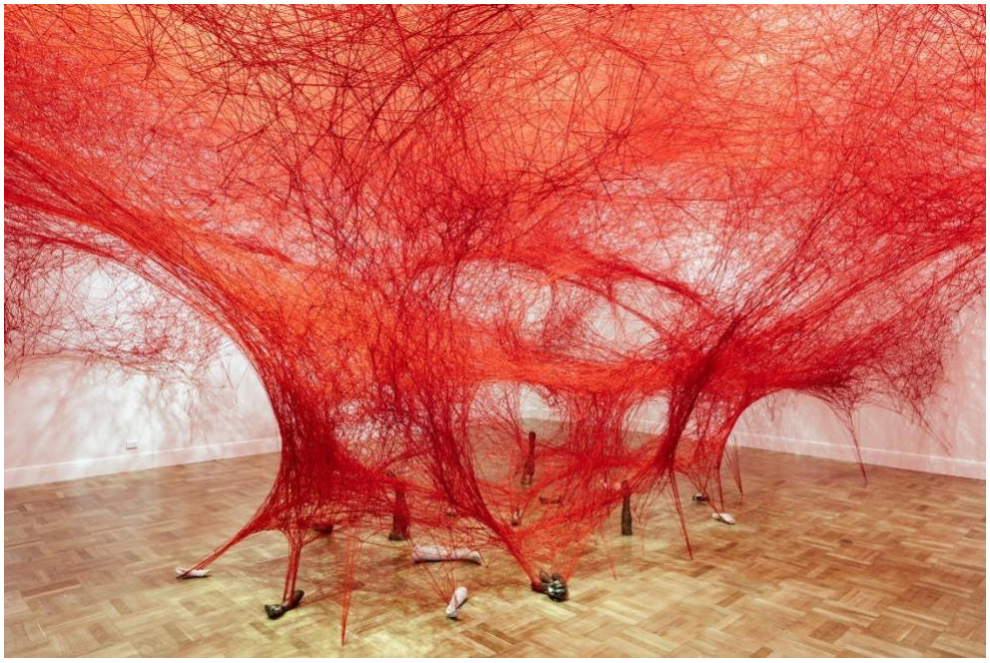

Figure 6. Chiharu Shiota, *Absence Embodied*, 2018. Bronze, plaster, red wool. Solo exhibition: Embodied. Art Gallery of South Australia, Adelaide, Australia. Photo by Saul Steed.

Seemingly fragile yet monumental in scale, Chiharu Shiota's installations transform architectural spaces into immersive environments charged with psychological and emotional resonance. Reminiscent of the protective warmth of a cocoon, the dangers of a spider's web, a pulsating network of veins, or the intricate connections of neuropathways, the artist invites viewers to navigate their own memory and felt experiences in relation to her work.

In works such as *Absence Embodied* (2018), we encounter a scene where the body has seemingly ruptured, the violence unfolding before us, suspended in time, embodying what one could consider the 'ultimate' expression of the wound metaphor; the fragmented body. The artwork portrays a shattered body, torn apart and exhausted, held together by mere strings. The physical

[65] A term coined by Charlotte Delbo outlined in depth in the following chapter.

tension within these threads suggests a visceral collapse of the physical, mental, and emotional self. What remains is unfolding pain, fear, and a stark confrontation with mortality and decay, reducing oneself to a collection of dysfunctional parts. Reflecting on her experience of learning that her cancer had returned after 12 years in remission, along with her subsequent treatment of chemotherapy, Shiota remarked;

> My body was in pieces, assembled together, but I did not feel whole. I wanted to scatter my body parts on the floor, the absence in me becomes embodied, but at the same time every single body part expresses much more emotion than my whole body could. By looking at a single contorted hand, fragmented arm or twisted foot you can feel an emotional state, a whole existence. While I was passed through the system, I felt absent from my existence, but in order to keep my existence I need to create art, I need to create Absence Embodied. Me, myself, my emotion, and the material are part of the ritual of creating art. It is not only an art piece but necessary for my life.[66]

In viewing Shiota's cast body parts, I recognise them as extensions of my own body. It is as she says, when we see a contorted hand, we can almost feel the pain as if it were our own. However, once these painful limbs are connected to a person, a barrier seemingly emerges. It becomes difficult to fully empathise with pain when it is confined within the body of another, perhaps because it now takes on psychological components, as a subject and not an object? Is pain easier to render in a contorted body part as opposed to a contorted body because a body part is something each of us can visualise as our own?

Considering these ideas, Shiota's work raised several questions for me: Can we consider fragmentation to be a useful tool in allowing one to experience another's pain? Furthermore, can this state of ambiguity and abstraction allow one to access another's experience of pain through an artwork? Is what

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[66]Leigh Robb, "Curator's Insight - Absence Embodied," *Articulate*, accessed June 26, 2024.

we access but a reflection of our own embodied experiences through a work? And if so, can experiencing our own bodies in relation to another's pain translate into a greater level of understanding? These questions attempt to grasp the intersubjective experience of communicating pain itself.

Figure 7. Chiharu Shiota *Tracing Boundaries, 2021*, wool, metal frame, five doors. Espoo Museum of Modern Art, Espoo, Finnland. Image by Paula Virta / EMMA

It's worth mentioning here, that tension in Shiota's work emerges not only as the visible force at play within her threads, but also from the juxtaposition of her materials. In casting the body in bronze for instance, she solidifies what is typically a porous and fragile vessel, transforming the source of her vulnerability into a permanent, concrete material – yet in its dislocated form this immortalising of the self in pieces speaks of psychological and emotional fractures that will never quite heal.

Shiota’s work invites us to interpret Scarry’s notion of the wound metaphor as fragmentation - the self in pieces, physically, psychologically, and emotionally. Fragmentation signifies a loss of self, a mutilation, disintegration, and violation, which can be both individual and collective. It

represents not only the physical evidence of pain but also materialises the disintegration of one's self and world in the experience of illness.

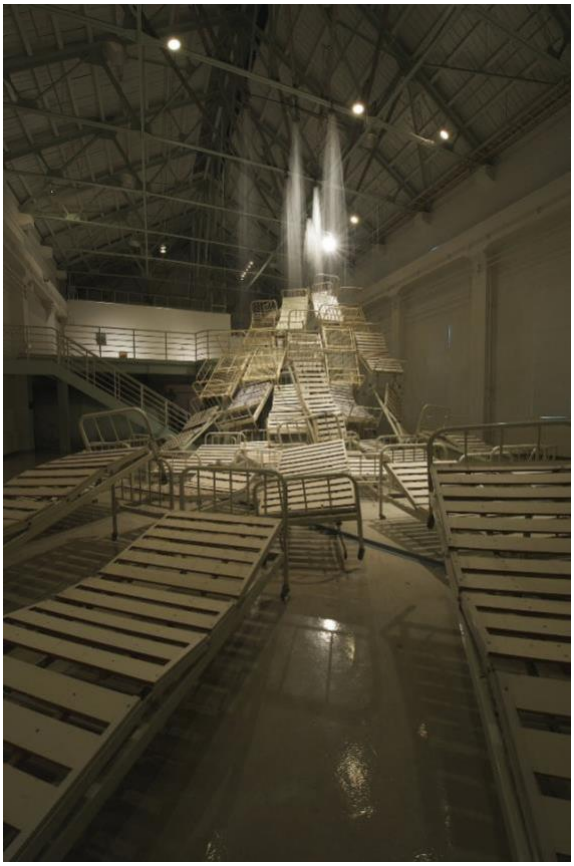

Figure 8. Chiharu Shiota, *Flowing Water, 2009,* hospital beds, bedding, telephones, photos, water, Nizayama Forest Art Museum, Toyama, Japan. Images by Sunhi Mang.

In a clear acknowledgment of illness, death and mortality; hospital beds make an appearance within the work of both artists as seen within *Inferno* (1994) and *Flowing Water* (2009). For those familiar with the hospital setting, seeing the beds is enough to locate us to a specific place, and time in our lives. They are evocative objects, used within only certain settings, when one finds themselves in need of care and rehabilitation. Hospital beds, evoke a haunting absence where the presence of the human body is implied but not shown; inviting viewers to contemplate an array of considerations such as the process of healing, the fragility of life, and the emotional and physical isolation that often accompanies medical care.

In each artwork, the beds are installed ascending to the ceiling, forming a collective body that is larger than the self. Precariously arranged, they speak of instability and collapse, mirroring an individual's experience of health and illness. In this state, these beds hold a tension - a balance between life and death, existing in a liminal space.

Both artists incorporate movement into these installations, though I argue they evoke different feelings. In Shiota's work, with its rushing water and angled beds, suggests a frantic, anxiety-inducing experience akin to drowning. Water, which one could consider typically linked to health through its symbolism of cleansing and rebirth, here, takes on a storm-like intensity, mirroring the dynamic and often turbulent nature of bodily processes and emotional states. In contrast, Horn's iterations of *Inferno*, such as within the Chapelle de la Salpêtrière in Paris, utilises electrical currents that traverse up her bedframes through vein-like cords to create a sense of slow, spiralling transcendence. Dripping water falls from the highest bedframe into a black pool below, taking on a meditative metronome-like quality, which simultaneously activates the surrounding architectural space and closes an energy cycle within the work.

Figure 9. Rebecca Horn, *Inferno*, Chapelle de la Salpêtrière. Copyright © Rebecca Horn.

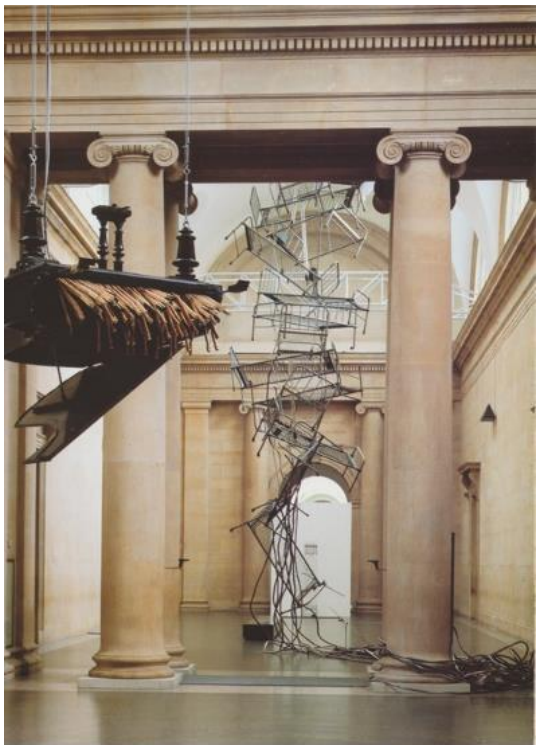

Figure 10. Rebecca Horn, *Concert for Anarchy*, 1990; *Inferno*, 1994; *Hydra-Piano*, 1988. Installed at the Tate Gallery, London, 1994. Copyright © Rebecca Horn.

Navigating Internal Landscapes: Materialising embodied experience

Figure 11. Alannah Dair, *The patient. The doctor. The host. The vessel,* lycra fabric, safety pins, metal hardware, metal wire, LED lights. 2022. Metro Arts, Brisbane. Image: Carl Warner.

How have I translated my embodied experiences into material form?

Throughout this research project, I have explored various materials to discern how their inherent qualities could translate my embodied sensations of pain and illness. I experimented with latex, rubber, elastics, and plastics, yet I consistently return to fabric for its ascribed intimate connection to the body, its capacity to hold tension, and its ability to retain inscribed histories. The inherent elasticity of synthetic fabrics in particular, has allowed me to push and pull my work to the brink of distress, where fibres snap and threads unravel. Its weft allows it to hold and share tension across itself rather than tearing or resisting my intervention. Moreover, as I trialled various methods of installation, I found that the fabric held the histories of each iteration, each (medical) intervention; the pin pricks, scars, and stretch marks resembling the physical pain and various treatments endured by my body. This synthetic

aspect of the material further responds to controlled heat, melting at a low threshold under a flame.

I began trialling the application of heat to my fabrics without consciously realising that I was performing a form of self-surgery on a surrogate body. Upon this realisation, I understood that enacting electrocauterisation and ablation techniques[67] was a way of processing what was in store for my body and perhaps a means of regaining a sense of control. Burning my fabric serves as both an act of care (removing disease) and an expression of my resentment for how the disease has affected my life, for how my body has 'failed' and 'betrayed' me. As the fabric melts, the loss of material forms a wound. The violence of the act is present in the absence of fabric. The intervention leaves it permanently transformed, in an ambiguous state between healing and deterioration.

As seen within the various iterations of *The Patient. The Doctor*. *The Host. The Vessel.* I employed safety pins, medicalised hardware, and clinical lighting in conjunction with my fabric 'skins' to construct 'object-bodies' that negotiate a state of being in a liminal space between 'heath' and 'illness'. The hardware can be seen as forming the structure of the bodies themselves, with safety pins serving as a means of fixing permanent/impermanent boundaries, folds, and tension that hold my 'object-bodies' in place. The pins not only act on the skin, but are part of the skin itself - a holding of oneself together; reminiscent of external acting systems and frameworks yet also internal structures both physical and psychological. This is echoed further by the clinical lighting that acts on and permeates through the 'skin,' enacting the medical gaze wherein one lays bare all, where private becomes public, the internal is externalised.

[67]Methods for excising and burning off endometriosis during laparoscopic surgery

Figure 12. Alannah Dair, Close up views of *The Patient. The Doctor. The Host. The Vessel*, 2022, Pari, Parramatta. Images: Terence-Kent Ow.

Figure 13. Alannah Dair, Installation view of *The Patient. The Doctor. The Host. The Vessel*, 2022, Pari, Parramatta. Image: Terence-Kent Ow.

Figure 14. Alannah Dair, Installation view of *The Patient. The Doctor. The Host. The Vessel. Reconfiguration for The Waiting Room Project*, 2022, Sydney Sexual Health Centre. Image: The Waiting Room Project.

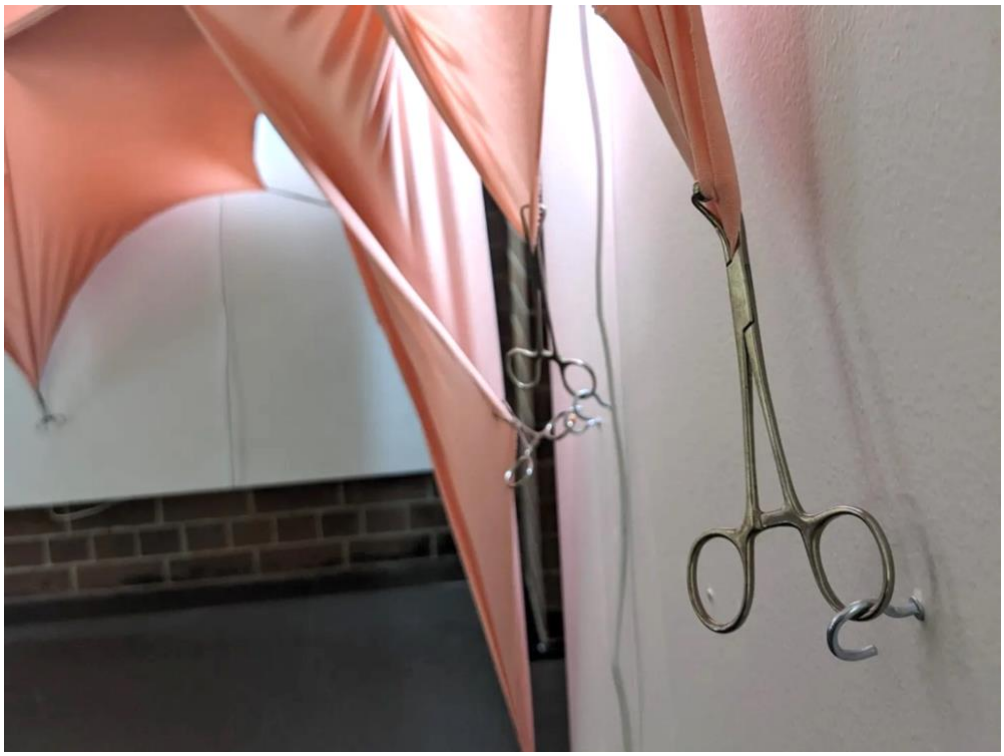

Figure 15. Alannah Dair, Close up of *Navigating Internal Landscapes*, 2022, Old Teachers College, SCA. Image: Alannah Dair.

As I continued my research, I understood the need to visualise pain in the referent. Considering the metaphors of weapon and wound in relation to my work *Navigating Internal Landscapes*, I identify my use of surgical forceps as taking on the role of "the weapon." Suggestive of violence yet understood as tools used for care, these instruments become imbued with tension, inviting the viewer to engage on a bodily level - whether through personal experiences with chronic illness, medical procedures, hospitalisation, or even in the absence of such encounters. Made for the purpose of clasping and manoeuvring flesh, these surgical tools become even more unsettling when one realises up close that they are used pieces of equipment, with individual labels and handwritten letters carved into the steel.[68] These specific types of forceps are the same type to have been used on my own body during various surgeries and procedures. Employed within the context of an installation, these forceps become instruments to visualise attributes of my pain.

In combination with the fabric, medical hardware and lighting, one can understand that these objects are not only acting on the surrogate 'object-body' before them but are an extension of the body itself, as it engages in a constant procedure of self-dissection.[69] Together, these elements evoke a sense of present absence: my hand and intervention are invoked through their creation, my experiences held within them, yet the works themselves possess their own agency as they navigate space. The forceps, medical hardware, and burnt sections of material, can be understood as visual metaphors of pain. As the forceps hold the potential for pain within them, the wounds are the aftermath, the loss of self, the loss of a whole.

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[68]In early 2022, I presented my research at UNSWAD where I had a chance meeting with a fellow postgraduate student studying at the National Art School. Through her, I acquired a box of medical equipment that her father had found on the kerbside. To my amazement it was a box of used gynaecology equipment from a well-known hospital in Sydney. This development changed the course of my research, as I began to incorporate these instruments into my studio experimentations.

[69]This understanding can be linked to Drew Leder's notion that the hand of the doctor is but an extension of our own quest for a pain free state. Leder, 78.

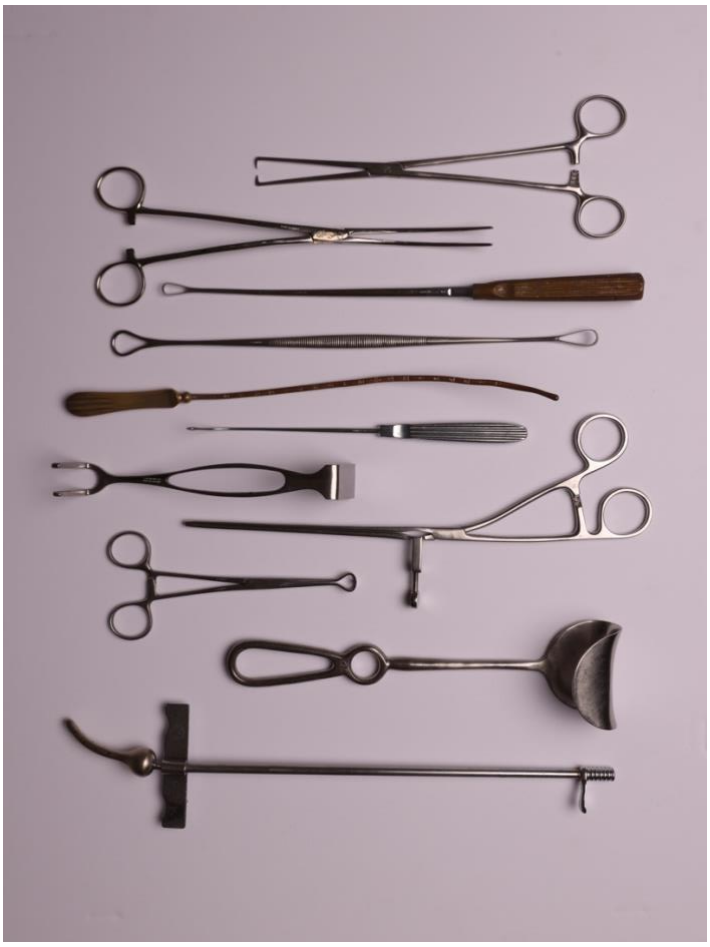

Figure 16. Selected contents within a found box of gynaecology equipment. 2023. Image: Alannah Dair

As I continue to reuse my materials, each iteration can be understood as a work or ‘object-body' continually negotiating its state of being somewhere between healthy and ill, normal and deviant, almost disabled and almost abled, [70] involved in a continuous state of ‘becoming.’ [71] Similar to Shiota’s practice, I avoid installing my work with a specific form in mind, rather, the

[70] Making reference to *Women Body Illness: Space and Identity in the Everyday Lives of Women with Chronic Illness* by Isobel Moss and Pamela Dyck. They argue that women with chronic illness exist "in between" hegemonic discourses in a state of transition, quoting the text: "not quite ill but not quite healthy, almost disabled and almost abled, both very nearly normal and very nearly deviant" (Isobel Moss and Pamela Dyck, 2002), 33.

[71] Judith Butler's concept of "becoming" understands identity as a constant process rather than a fixed state or essence. Identity is continuously formed and reformed through performative acts. This idea is discussed in *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990) and *Bodies That Matter: On the Discursive Limits of Sex* (New York: Routledge, 1993).

outcomes are the result of an encounter between the materials and myself as we negotiate space. As I allow the work to 'speak' for itself, to hold a sense of agency and state of being reflective of how I feel within my own body.

Reflecting on my evolving work, I've discerned that tension has become a central component within my practice. I employ tension as a structural tool, as a conceptual and theoretical underpinning and as a conduit for conveying emotional and psychological feelings.[72]

Figure 17. Alannah Dair, close up of *Abeyance II*, found fabric, LED light, surgical forceps, safety pins and metal hooks, 2024. Schmick Contemporary, Haymarket. Image: Terence-Kent Ow.

[72]In that tension resides between my discursive and corporeal bodies, in the experience of illness, in the physical presentation of endometriosis that adheres organs and muscle tissue together, and as a way to form and alter space within my object-bodies themselves.

Figure 18. Alannah Dair, *Abeyance II*, found fabric, LED light, surgical forceps, safety pins and metal hooks, 2024. Schmick Contemporary, Haymarket. Image: Terence-Kent Ow.

Figure 19. Alannah Dair, *Abeyance*, found fabric, LED light, found metal object, safety pins, metal wire, 2018. Webb Gallery, Griffith University, South Bank. Image: Alannah Dair.

As an example, *Abeyance II* is an iteration of an older work, recontextualised and reimagined within Schmick Gallery in Haymarket, Sydney. This work was installed following a pelvic ultrasound in March 2024, that confirmed my disease had grown back. Information foreshadowed by increasing pain. As she moved the probe within me, the clinician metaphorically described my disease as resembling filmy spiderwebs – this comparison can be visually understood in my surgical images. It spurred me to consider that the disease, like a spider, had rebuilt itself. Akin to a spider, the disease moves silently, forming dense networks of connections and neural pathways,[73] reconstructing its ideal landscape. It acts against the organisation of the body itself,

[70] There is a growing body of evidence suggesting endometriosis potentially changes and constructs new nerve endings, fibres, and pathways in the body. See P. Zheng et al., "Research on Central Sensitization of Endometriosis-Associated Pain: A Systematic Review of the Literature," *Journal of Pain Research* 12 (2019): 1447–1456.

a disruption to the mechanical/organic order of things. How terrifying and yet beautiful, that the disease constantly has its own rebirth despite my intervention - this act of healing, of working towards a pain free state, is a constant cycle and negotiation.

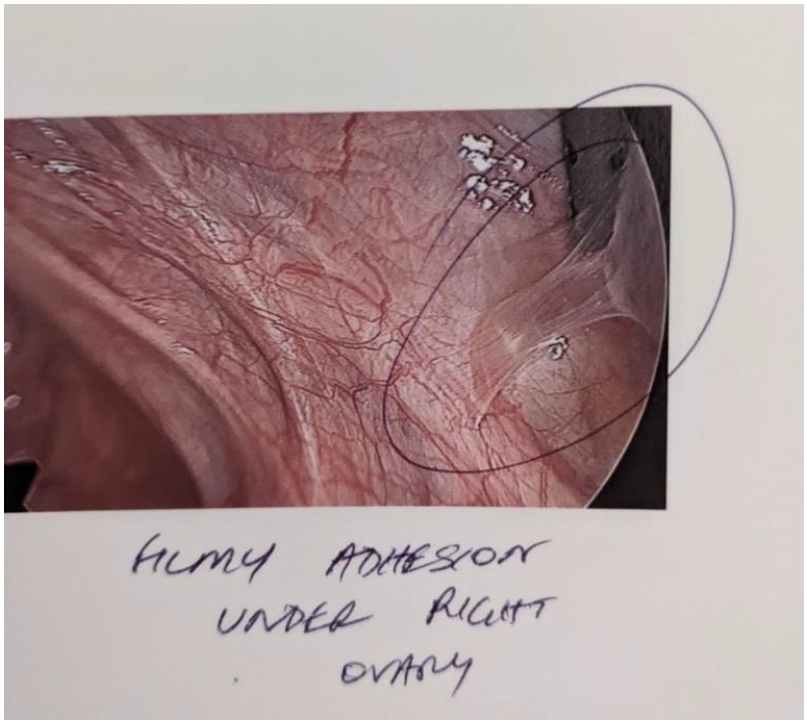

Figure 20. One of my surgical images from 2013, showing a ‘spiderweb’-like adhesion.

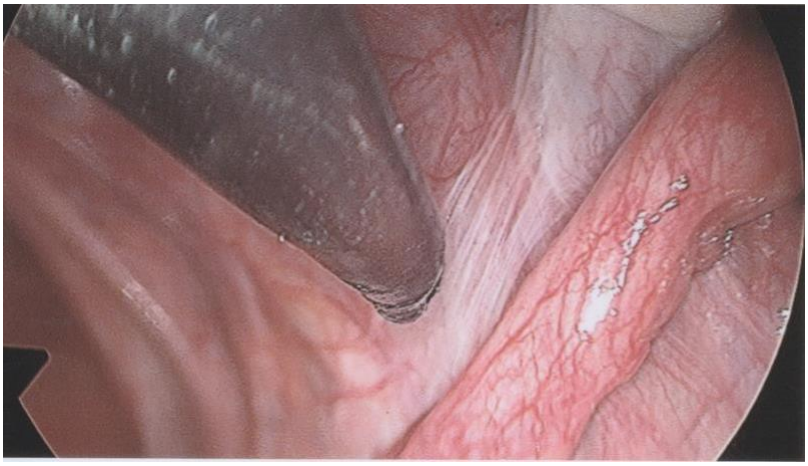

Figure 21. One of my surgical images from 2013, showing a ‘spiderweb’-like adhesion.

Figure 22. Charles Ray, *Tub with black dye*, 1986, tub, glass test tubes, pipe, dye. Image courtesy of the artist.

Furthermore, I am working through an ongoing concept of a roaming black puddle, which has gradually developed over the course of my research. Initially it was merely an idea I had sketched in an attempt to visualise the object of my pain. Without a referent, I considered what the void could materialise as to convey my pain. Not dissimilar from medieval theories that cited black bile as a humour that plagued the body with melancholia, I considered this material to resemble the visible and invisible characteristics of endometriosis as a disease, whilst being ambiguous and abject enough to stand in for the body itself.

As I considered this metaphorical object for my pain, I came to imagine it within a ‘dream scene’ of sorts. Within my imagined scene, I found myself outside of my body, watching as I am hunched over in pain. Suddenly I throw up, and as I look down a black puddle stares back at me. As I look at it, and it looks at me, I bend down and use my index finger to draw a crude smiley face in its surface. I then pause and force a smile back at it.

At first I did not know where this scene had come from. As I traced my research I could pinpoint discovering Charles Ray's *Tub with black dye* from 1986 as a possible first seed for this idea. As the name suggests the work consists of a large freestanding bathtub filled to the brim with black liquid, made further visible through protruding glass test tubes. Engaging the viewer both physically and psychologically, the use and subversion of a seemingly mundane domestic object brings ones' attention to their own relationship with not only the bathtub, but with the tension created by the modifications to the object, resulting in a visceral sense of unease and apprehension from the viewer. However, yet again this tension seemingly lies in the desire for the work to spill over, as though one is drawn by a morbid curiosity to see an accident unfold. As I sat with this work, I considered the liquid as a stand in for the body: what if this liquid had come from within me?

There is a surprising link here to Hippocratic understandings of the disease as outlined in *Endometriosis: ancient disease, ancient treatments* by Camran, Farr and Ceana Nezhat. In their surveying of endometriosis-related literature, they discovered an excerpt from a Hippocratic text that describes patterns of illness aligned with contemporary understandings of endometriosis symptoms. The authors of the original text describe the disease as "clots of black blood, resembling flesh" going on to state, ''When in a diseased state, the menses are of a bilious character; they have a black and shining appearance."[74] The authors of that study believe there is evidence to suggest bowel or lung endometriosis was observed, as they found, ''sometimes the menses are vicariously discharged by vomiting or stool." [75] Considering my black puddle to be endometriosis embodied, in abstract form, I realised it further draws comparisons to the notion of the wandering womb – a concept that Cara E Jones argues, has uncritically been applied to contemporary medical literature on endometriosis, referring to it as roaming uterine tissue.[76] I see the puddle as being evocative like the sculptures in Horn's work, that move with their own agency and seemingly hold life within them.

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[74]Nezhat, Camran, Farr Nezhat, and Ceana Nezhat. "Endometriosis: Ancient Disease, Ancient Treatments." *Fertility and Sterility* 98, no. 6S (December 2012): S1.

[75]Ibid

[76]Jones, "Wandering Wombs," 1083-1113.

Collating the insights and reflections of this chapter, it is evident that my work has evolved in response to my illness, the inherent qualities within my materials, the possibilities offered by architectural space, and the reciprocal interplay between my practical and theoretical research. This ongoing questioning of how to materialise pain and the complex emotions and sensations it evokes, has led to works that hold tension at their core - reflecting not only my lived experience but also resonating with ancient descriptions of endometriosis. For Horn and Shiota, tension seemingly resides in various aspects of their practices: in the agency of their materials, held structurally in threads, in precarity, and in the juxtaposition of materials engaging in dialogue with their environments. There is a tension in desire: a seeking of answers, where the act of seeking or sitting in a questioning of it all becomes the intended outcome. Indeed, when faced with abstract questions, answers may never be comprehensive, fixed, or definitive. Yet, engaging in the questioning of how to communicate pain and illness remains essential, offering space for deeper understanding and empathy - where language falls short of capturing the complexity of embodied experience.

Chapter 4. Holding Space for Difficult Feelings: Foregrounding Affect and Shifting Perception

Whereas I previously looked to Horn and Shiota for critical insights into how installation art and their chosen materials materialise pain and embodied experience, this chapter will consider how a select few contemporary artists foreground affect as an outcome of their artistic practices.

Affect can be understood as a state of being or the experience of emotion evoked through interactions with materials, individuals, or environments. Affects do not always align with conscious cognition but rather convey emotions, moods, or sensations from the artwork to the viewer, often surpassing verbal or rational comprehension, functioning on a deeper visceral or intuitive level.[77]

In her paper "Art, Affect, and the 'Bad Death': Strategies for Communicating the Sense Memory of Loss," Jill Bennett explores how Doris Salcedo and Sandra Johnston utilise their individual practices to mediate the grief and loss of others, with careful consideration of the viewer as a secondary witness to the trauma within their work.[78] Bennett argues that the outcomes generated by both Johnston and Salcedo transcend the visual, extending into the realm of affect which finds a home within the viewer who bears witness.[79]

Both artists create work that foregrounds and holds space for feeling itself rather than the act that is causative agent for the pain; they mediate trauma through their bodies with a consideration of the viewer and the experience they have in relation to the work. Showing the act of pain (ie the murder in relation to Salcedo's work or physical attack experienced by Johnston herself)

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[77]Brian Massumi, "The Autonomy of Affect," *Cultural Critique*, no. 31 (Autumn, 1995): 83-109, University of Minnesota Press.

[78] Jill Bennett, "Art, Affect and the 'Bad Death': Strategies for Communicating the Sense Memory of Loss," Signs 28, no. 1 (Autumn 2002): 333-351.

[79] Ibid

is not only traumatising for others, but does not actually convey how one experiences pain, the emotional, psychological, and bodily sensations that last long after this encounter, or the extent of who is affected by the 'bad death.'

Bennett argues that Salcedo's practice becomes a space to mourn, a way to hold and experience the ongoing effects of trauma as experienced by those who remain forever touched by the 'bad death,' speaking to the durational longevity of grief and associated feelings that take root in the body in multifaceted and unintelligible ways.[80] Additionally, Johnston's practice is referred to as an antidote to the emotional desensitisation perpetuated by media representations of grief.[81] Reflecting on this, I contemplate whether my own artistic practice could be considered an antidote to the stripping of feeling within the medical encounter.

As I shift my focus towards embodying affect in my work, I draw inspiration from both artists' commitment to engaging viewers on an embodied level, navigating the complexities of trauma and grief with empathy and depth. Striving to make my work embodied enough to allow others to hold space for more difficult sensations associated with grief, trauma and loss in relation to the experiences I have had with chronic illness.

I argue that I am attempting to make work from an embodied position. One that is aligned with Freud's concept of 'working through' trauma rather than 'acting out' the trauma in an uncritical way.[82] I have considered that although I enact self-surgery through burning my work, this is not so much a 're-enactment' of events, but rather I work from a position that foregrounds the

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[80]Bennett, 343.

[81]Ibid, 340.

[82]Kate Schick, "Acting out and working through: trauma and (in)security," *Review of International Studies* 37 (2011).

[83]A term defined by Charlotte Delbo in *Auschwitz and After* (1995), as cited in Bennett, "Art, Affect, and the 'Bad Death'," 334. According to Delbo, sense memory captures the physical sensations, smells, sounds, and visual impressions of an experience, particularly traumatic ones, in a way that is more immediate and visceral than conventional memory. It is the type of memory that is deeply embedded in the body, often resurfacing involuntarily and vividly, triggered by sensory stimuli.

feelings surrounding the surgery rather than the procedure itself. The enactment of self-surgery holds the 'sense memory'[83] or rather the feelings surrounding the act. It pre-empts my future surgeries based on my previous experiences that my body holds the memory of.

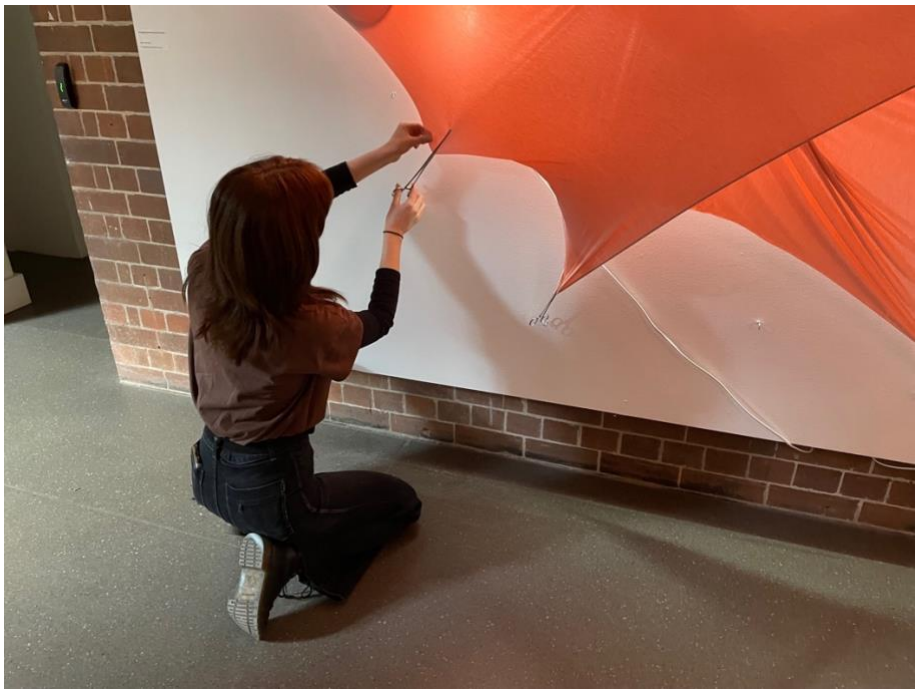

Figure 23. Alannah Dair, The artist installing *Navigating Internal Landscapes,* 2022, Old Teachers College, SCA. Image: Robyn Backen.

I have mulled over whether my work could be performative. In allowing the viewer to see the construction of my work as I clasp the surgical scissors and pull the fabric into form. Could this be a useful way to communicate the pain I experience? The act (either of making, of surgery, of pain) is not what is solely being foregrounded in my work but equally or perhaps more so, the feelings associated with it. Perhaps it is important that the act of making my work is not witnessed, as it would not do justice to the act of surgery. This extends to witnessing the 'act' of pain. For example, witnessing my actual surgery take place would be a confronting experience for the viewer, but even this would not convey the feelings of pain that I would experience in the immediate aftermath of the procedure. Furthermore, this would not convey

the symptoms and pain that have existed long before, and well beyond this intervention, speaking not of the duration and emotional toll of my embodied experiences. I also do not intend for my work to be triggering or a passing on of trauma to others. Historian Dominik LaCapra warns of artists who uncritically resubject a witness to trauma by retriggering memory.[84] There needs to be some consideration and mediation between the trauma and the viewer who bears witness and is thoughtfully holding space for the themes within my work.

Like Doris Salcedo and Sandra Johnston my work aims to reinstate the affective, emotionally intense sensations that accompany the experience of ill health within both the medical encounter and wider conception of chronic illness narratives. Can my work be considered as acting as a mediated form of my trauma? A second body that bears witness and holds my 'sense memory' which allows one to access their own bodily feelings and experience the intended affect? Unlike Salcedo and Johnston, I am the primary source of the trauma that I am wishing to express, whereas both artists use themselves as vessels/mediators to channel the pain of others. My 'object-bodies' become the vessels for mediating with care. I argue that my work allows one to understand pain in the weapon (surgical forceps) that visually lift attributes of pain out of the body, whilst simultaneously becoming the space in which one mourns/allows oneself to experience the feelings that arise in relation to more prolonged grief-like states that permeate experiences of chronic illness and pain.

[84]Gilman, Sander L. *Modern Philology* 94, no. 2 (1996): 276–79.; Bennett, 340.

Eugenie Lee: communicating the pain experience

Figure 24. Eugenie Lee, Inside view of custom-built anechoic chamber, as part of "Seeing is Believing; Virtual Reality Participatory Performance Installation", 2016-2019. Image: Silversalt Photography.

Figure 25. Eugenie Lee, "VR scene of participant's hand, CRPS stimulation 2" as part of "Seeing is Believing: Virtual Reality Participatory Performance Installation," 2016-2019. Image: Andrew Burrell.

The discussion on communicating embodied experiences of pain through contemporary art practice, particularly in relation to persistent pain and conditions such as endometriosis, must include artist Eugenie Lee. Positioned at the intersection of science, healthcare, and contemporary art, Lee has developed a distinctive practice focused on understanding pain and illness. As an artist that has endometriosis, adenomyosis and persistent pelvic pain, Lee has formed a socially engaged practice that currently centres on communicating pain to her viewers/participants.[85]

Her recent work '*Breakout my pelvic sorcery*' (2019 - present) is a collaborative project involving pain specialists, scientists, new media artists and engineers to present an alternative perspective on persistent pelvic pain.[86] The artwork consists of a hacked haptic device that simulates the sensations of pain. It merges both Lee's lived experience, and a scientific survey conducted by the Pelvic Pain Association of Australia, which collated the personal pain experiences of over 1000 Australian women's descriptions of pelvic pain, in their own words.[87] The artist has stated:

> The artwork is not just about virtually simulating pelvic pain symptoms. It focuses on shifting perspectives and creating an artistic platform that demonstrates what it's like to do simple things whilst experiencing persistent pain[88]

In her previous work, *Seeing is Believing,* the artist enacted[89] the clinical encounter as she guided her participants through a series of VR scenarios that elicited pain responses in the body through altering ones perception.[90] Here, we can see Lee's work holds possibilities that look to alternative methods of

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[85]Eugenie Lee, "Breakout My Pelvic Sorcery (work in progress 2019 -)," accessed June 27, 2024.

[86] Ibid

[87] Ibid

[88] Ibid

[89] To clarify, the artist enacts rather than reenacts as she actively embodies and performs elements of the medical experience in a creative or interpretive way, rather than a reenactment that implies a faithful representation of a specific event.

[90]Bec Dean, "To Enter a Place of Pain: The Work of Eugenie Lee," in *The Routledge Companion to Performance and Medicine*, ed. G. Bouchard and A. Mermikides, 9. 1st ed. (Routledge, 2024), 473.

persistent pain treatment - highlighting the brain's capacity to understand and respond to pain.[91] In these two artworks, Lee made it her goal to communicate embodied experiences of persistent pain and illness, aiming to cultivate empathy and understanding within her participants regarding the lived experiences of those who suffer from chronic conditions.

Similar to Lee's work, my practice highlights the challenging aspects of persistent pain that are rarely discussed in broader society. However, once these topics are introduced, people often show a keen interest in learning more. Lee has observed that many of her participants eagerly ask follow-up questions and passionately share their experiences with her work.[92] I have also encountered people really engaging in the more gnarly aspects of endometriosis in conversation. We find ourselves, then, utilising the institution/art space as a way to prime people to engage in these conversations and hold space for difficult feelings whether they were expecting to engage or not.

Just as Lee enacts the clinical encounter, involving her own body in performing and becoming the doctor/specialist, as mentioned above I too have previously titled various iterations of a work as *The patient. The doctor. The host. The vessel.* addressing my active participation in my own healthcare outcomes. Highlighting and questioning the level of violence one accepts as 'care,' as well as the violation I have felt from not only the disease but from medical intervention, the iterations of this work addressed the complex relationship I have with western medicine. In my cyborg-like state, one reliant on technological advancement,[93] I am grateful for the treatments that have enabled my daily function. However, over the years, I have also been prescribed medications that have caused more harm than good and countless practitioners have made me feel isolated and alienated in my experiences;

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[91]Dean, "To Enter a Place of Pain," 9.

[92]Hannah Reich, "Australian Artist Eugenie Lee Evokes the Chronic Pain of Endometriosis in High-Tech Experiential Artworks," ABC Arts, January 3, 2021.

[93]Referring to Donna Haraway's concept of the cyborg. Haraway's concept looks at the blurred boundaries between human and technology, stating that our dependency on technological enhancement makes us all cyborgs in some capacity.

forcing me to assume the role of the doctor in the best management of my pain. Despite our different approaches, both Lee and I aim to shift perspectives in the viewer/participant by creating spaces and experiences that provoke thought and empathy about the unseen aspects of pain and chronic illness.

Figure 26. Alannah Dair, *Navigating Internal Landscapes – Iteration II*, Lycra, safety pins, metal hooks, steel wire, surgical forceps, LED lights. Approx. 5m x 3m x 2m. Yarra Sculpture Gallery, 2023. Image: Alannah Dair.

Conclusion

The scope of this project has waxed and waned, stretched and tightened, engaging in the necessary ebb and flow characteristic of academic research. Through this journey I have come to understand that suffering gives rise to a search for interpretation and understanding. It is no accident that I have found myself using creative practice to work through my ongoing negotiations of health, utilising the process of making as a way to materialise the invisible and intangible sensations that I feel within.

Leder asserts in *The Absent Body* that the aversiveness of constant and unwavering pain creates an inescapable demand for a pain-free state; setting one up on a predetermined quest for answers.[97] Understanding the origin, extent, and significance of pain is essential for individuals to take reparative action or cope with pain's existential challenges.[98] By asking questions of myself, of medicine, of social, cultural and historical frameworks of disease and of contemporary art, I have attempted to add my own embodied experience of persistent pain and illness to broader discourse.

I began this research with the question *How can contemporary art practice communicate the experience of chronic pain and illness?* Through this research journey, I have navigated a plethora of literature that has greatly enriched my understanding of pain, illness, and the ability to communicate these experiences through artistic expression.

Insights from Merleau-Ponty, Leder, Toombs, Bendelow, and Williams provided philosophical, sociological, and phenomenological perspectives on the body. They elucidated how the experience of illness can lead to the disintegration of the self and one's world.

Kate Seear's recognition of uncertainty as a defining characteristic of endometriosis, articulated what I had known and lived, but struggled to express for years. Her articulation of the disease informed my engagement with the works of Rebecca Horn and Chiharu Shiota, prompting me to explore

how artistic practice can translate the anxiety, instability, and unpredictability of pain.

Elaine Scarry's identification of the weapon and the wound as recurrent metaphors for conveying pain in language became an invaluable framework for understanding how pain can be made visible outside the body. This concept, along with the notion of imagining, provided a lens to analyse how the works of Horn and Shiota materialise embodied experiences of pain and illness.

Additionally, engaging with the socially engaged practices of artists like Eugenie Lee, alongside Jill Bennett's theories of affect, shifted my perspective. While my artistic practice initially emerged from personal necessity, it evolved to consider the viewer, akin to the approaches of Doris Salcedo and Sandra Johnston. This shift underscores my commitment not only to personal expression but also to fostering dialogue and empathy through art.

One can consider the outcomes of this research to be fourfold, existing not only as a body of work that communicates my lived experience of endometriosis and illness, but this thesis itself acts as documentation of my thoughts, of my processes and methodologies and geographically locates my current work to a specific place and time, reflecting how contemporary practice can shed light on contemporary experiences of pain.[99]

I also consider the affect left within the viewer to be one of the key aims and outcomes of this research. It is my hope that the bodily engagement elicited by my work holds the potential to influence how individuals behave towards their patients, loved ones, colleagues, and friends - planting seeds for broader social and cultural changes in the perception of pain and illness.

Finally, this research - both practical and theoretical - has allowed me to contextualise myself not only as someone with endometriosis but as a contemporary artist. I have a greater understanding of the bodily processes,

psychological and emotional responses to pain and illness that I have experienced . I see the potential for my work to be situated within what Bec Dean identifies as the emerging field of biomedical art.[94] Through my use of surgical equipment and my position as 'artist-as-patient'[95], my practice continues to be informed by the evolving theories, understandings, and technologies of medical practice.

Looking forward beyond the confines of this research, I anticipate that the materiality of my practice will continue to evolve as I explore the possibilities for translating embodied experiences of pain and illness across further mediums and materials. As an element that invades the body, I have already drawn parallels between the pervasiveness of sound as a medium and the invasiveness of disease and physical pain. Additionally, I am excited by the possibilities of my evolving experimentations with black liquid. I see their potential to transform space through variations in their scale, behaviour and movement capabilities. I'm interested to learn from them as they form dialogues in relation to other objects and contexts.

[94]Rebecca Dean, "The Patient: Biomedical Art and Curatorial Care," PhD diss., University of New South Wales, 2019, 3.

[95]Dean, 102.

Exhibition Documentation

Figure 27. Alannah Dair, installation view of Opening through steel, a knowing in skin – Iteration II, 2024. Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. Black Bile, 2024. Engine oil, iron oxide, wood, magnets, motors, proximity sensor, Arduino Uno. Project Space, The University of Sydney. Image: Terence-Kent Ow.

Figure 28. Alannah Dair, installation view of Opening through steel, a knowing in skin – Iteration II, 2024. Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. Black Bile, 2024. Engine oil, iron oxide, wood, magnets, motors, proximity sensor, Arduino Uno. Project Space, The University of Sydney. Image: Terence-Kent Ow.

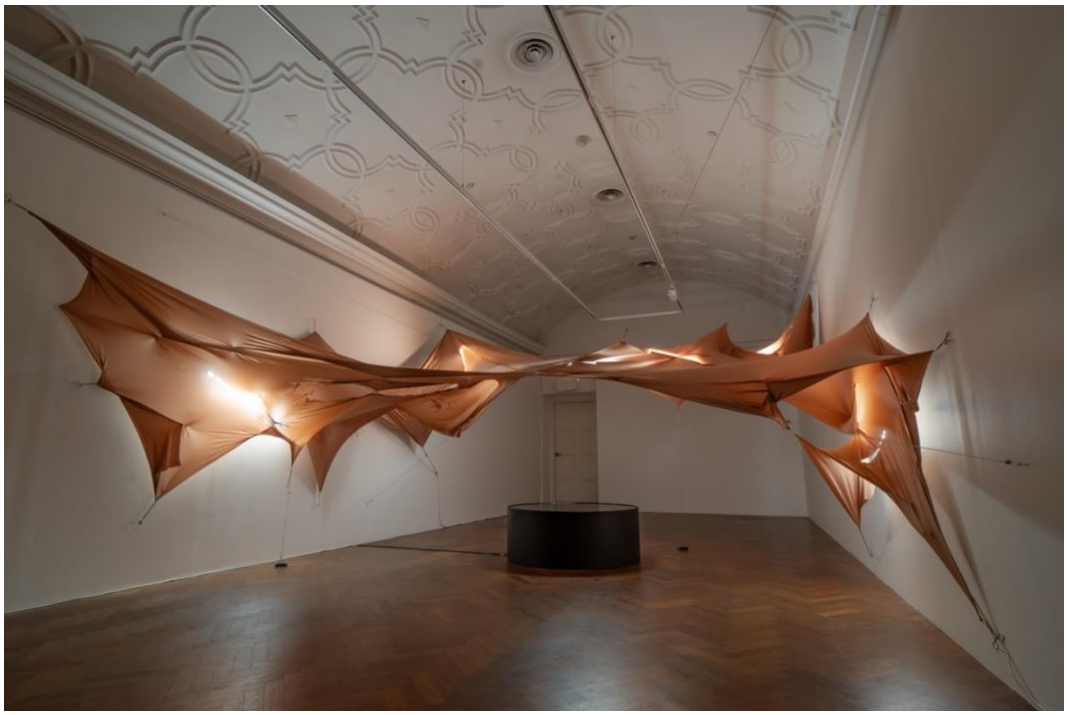

Figure 29. Alannah Dair, installation view of *Opening through steel, a knowing in skin – Iteration II*, 2024. Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. *Black Bile*, 2024. Engine oil, iron oxide, wood, magnets, motors, proximity sensor, Arduino Uno. Project Space, The University of Sydney. Image: Terence-Kent Ow.

Figure 30. Alannah Dair, installation view of *Opening through steel, a knowing in skin – Iteration II*, 2024. Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. *Black Bile*, 2024. Engine oil, iron oxide, wood, magnets, motors, proximity sensor, Arduino Uno. Project Space, The University of Sydney. Image: Terence-Kent Ow.

Figure 31. Alannah Dair, installation view of *Opening through steel, a knowing in skin – Iteration II*, 2024. Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. *Black Bile*, 2024. Engine oil, iron oxide, wood, magnets, motors, proximity sensor, Arduino Uno. Project Space, The University of Sydney. Image: Terence-Kent Ow.

Figure 32. Alannah Dair, installation view of *Opening through steel, a knowing in skin – Iteration II*, 2024. Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. *Black Bile*, 2024. Engine oil, iron oxide, wood, magnets, motors, proximity sensor, Arduino Uno. Project Space, The University of Sydney. Image: Terence-Kent Ow.

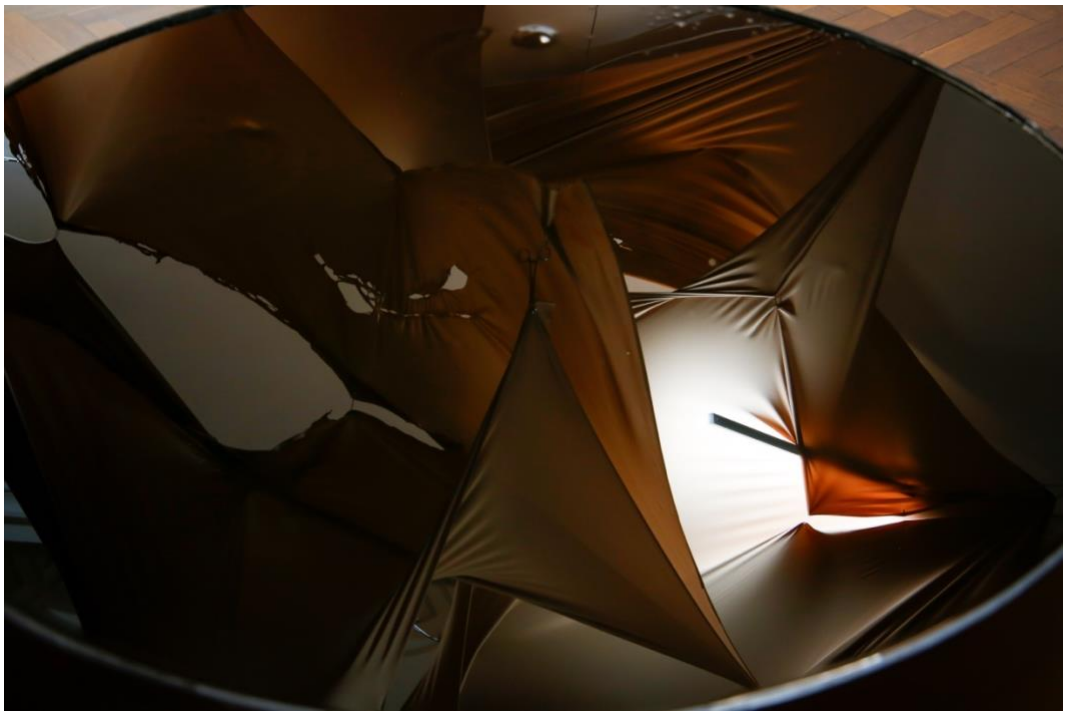

Figure 33. Alannah Dair, close up view of *Black Bile*, 2024. Engine oil, iron oxide, wood, magnets, motors, proximity sensor, Arduino Uno. Project Space, The University of Sydney. Image: Yuliannova Lestari.

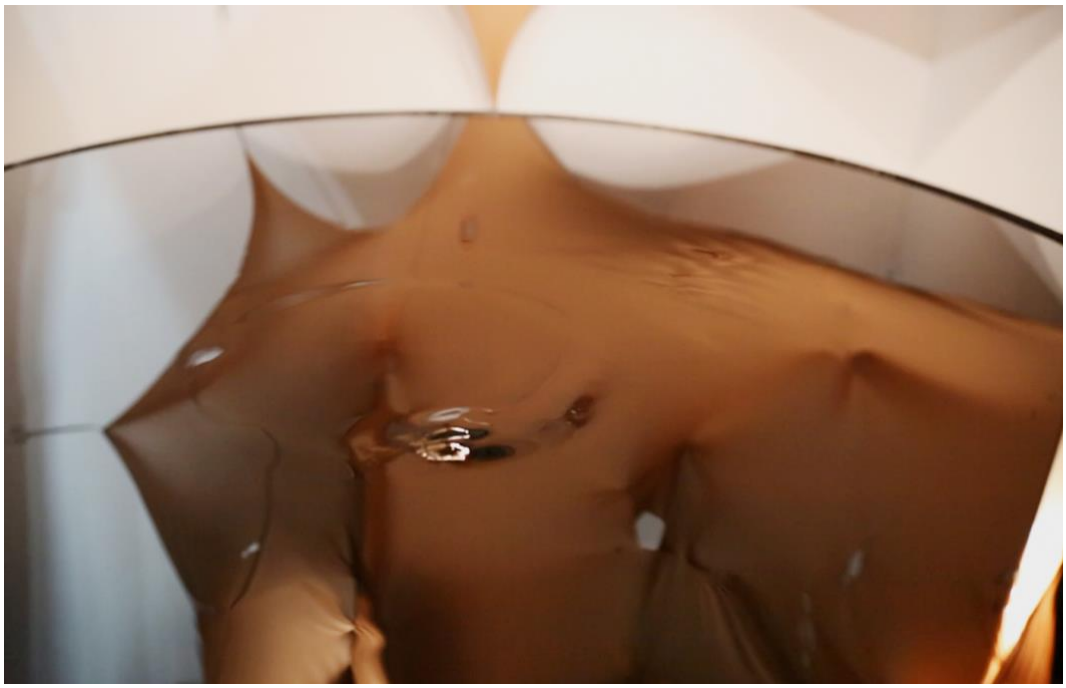

Figure 34. Alannah Dair, close up view of *Black Bile*, 2024. Engine oil, iron oxide, wood, magnets, motors, proximity sensor, Arduino Uno. Project Space, The University of Sydney. Image: Alannah Dair.

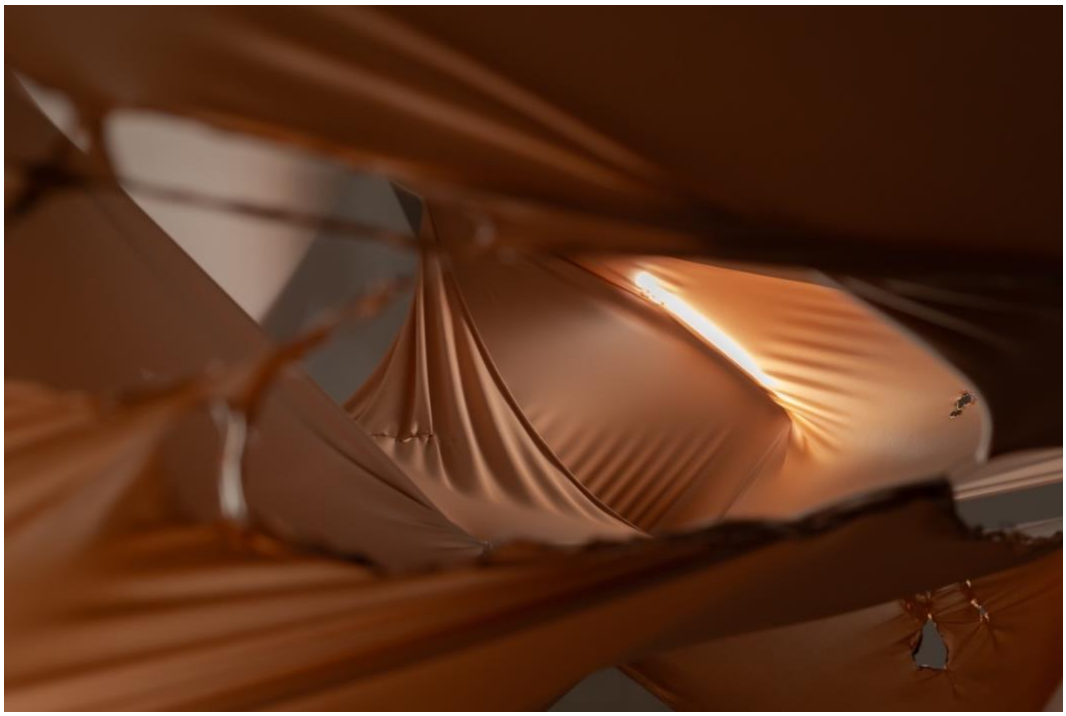

Figure 35. Alannah Dair, close up view of *Opening through steel, a knowing in skin – Iteration II*, 2024. Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. Project Space, The University of Sydney. Image: Terence-Kent Ow.

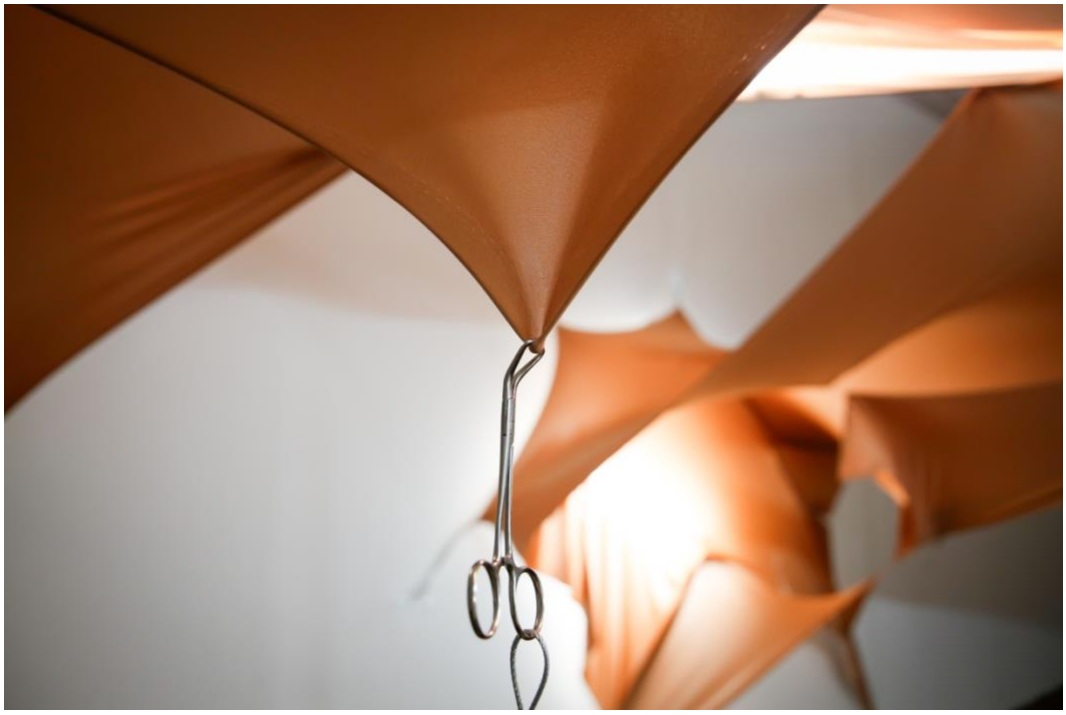

Figure 36. Alannah Dair, close up view of *Opening through steel, a knowing in skin – Iteration II*, 2024. Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. Project Space, The University of Sydney. Image: Yuliannova Lestari.

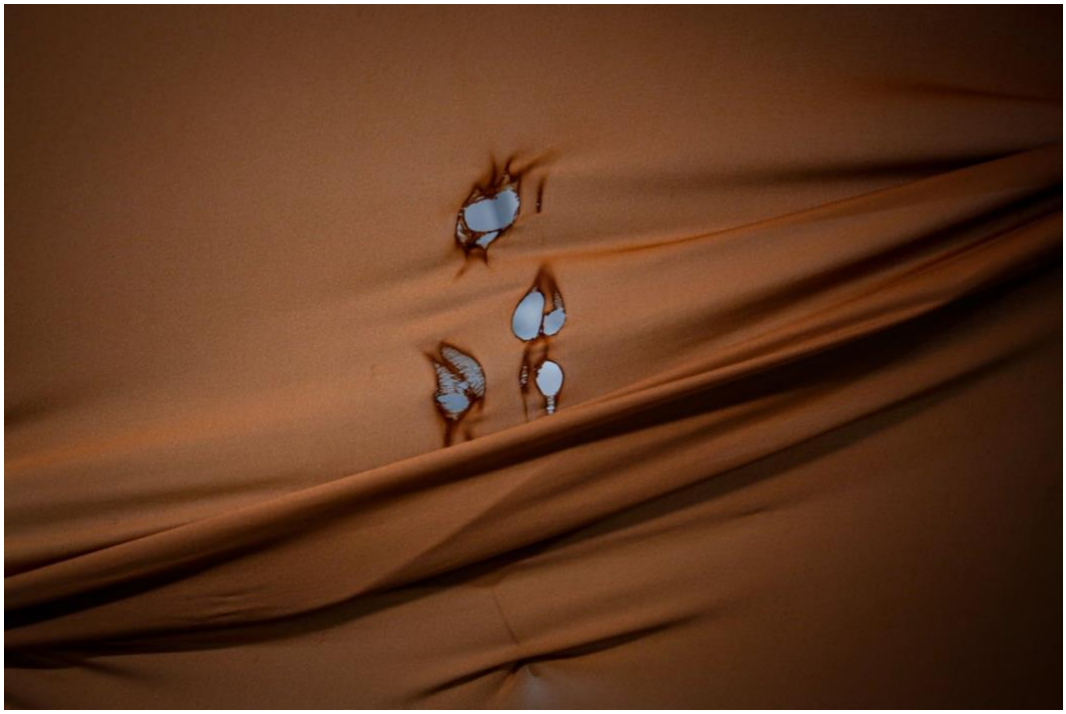

Figure 37. Alannah Dair, close up view of *Opening through steel, a knowing in skin - iteration II*, Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. 2024. Project Space, The University of Sydney. Image: Yuliannova Lestari.

Figure 38. Alannah Dair, close up view of *Opening through steel, a knowing in skin - iteration II*, Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. 2024. Project Space, The University of Sydney. Image: Yuliannova Lestari.

Figure 39. Alannah Dair, close up view of *Opening through steel, a knowing in skin - iteration II,* Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. 2024. Project Space, The University of Sydney. Image: Terence-Kent Ow.

Figure 40. Alannah Dair, close up view of *Opening through steel, a knowing in skin - iteration II*, Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. 2024. Project Space, The University of Sydney. Image: Yuliannova Lestari.

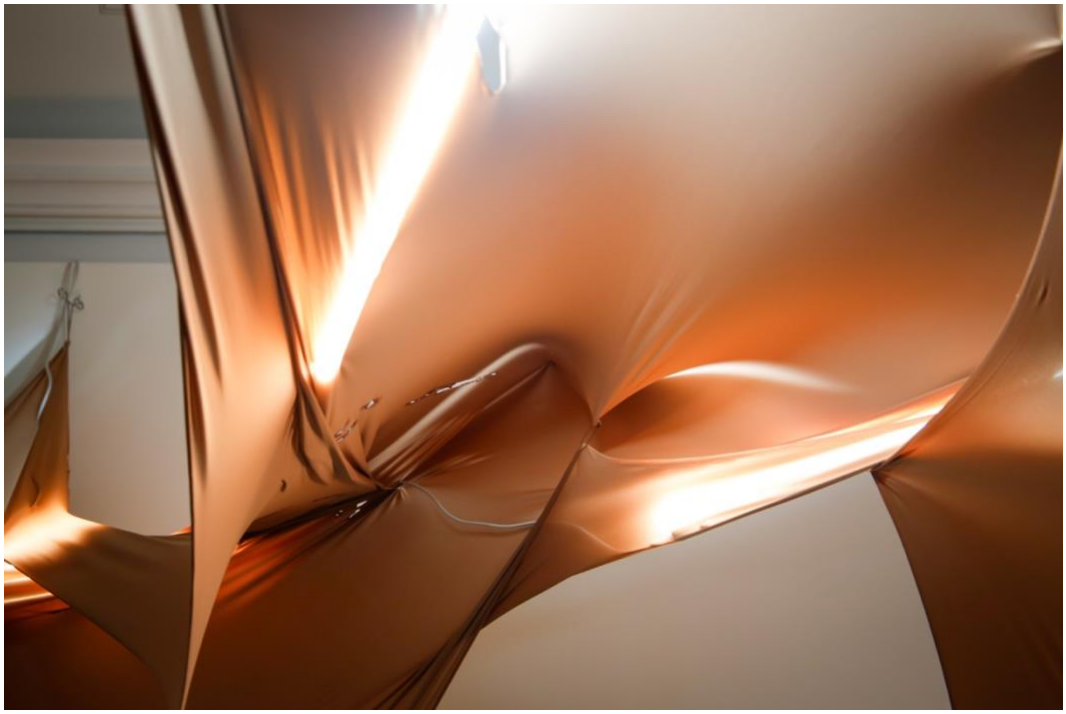

Figure 41. Alannah Dair, close up view of *Opening through steel, a knowing in skin - iteration II*, Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. 2024. Project Space, The University of Sydney. Image: Yuliannova Lestari.

Figure 42. Alannah Dair, close up view of *Opening through steel, a knowing in skin - iteration II*, Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. 2024. Project Space, The University of Sydney. Image: Yuliannova Lestari.

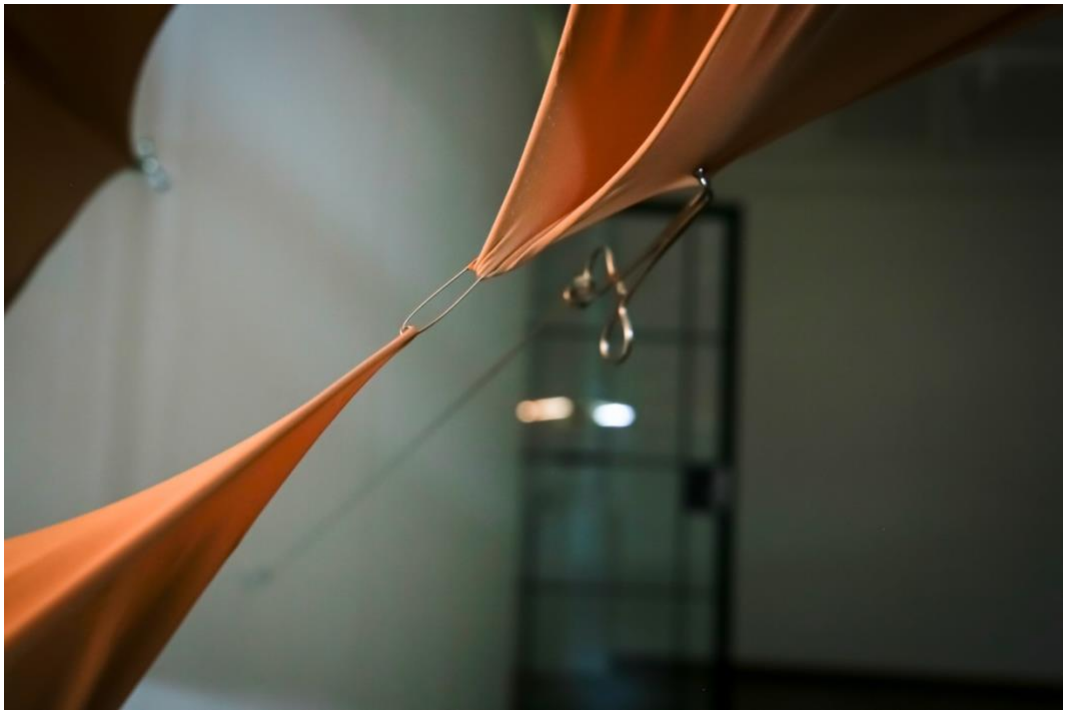

Figure 43. Alannah Dair, close up view of *Opening through steel, a knowing in skin - iteration II*, Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. 2024. Project Space, The University of Sydney. Image: Yuliannova Lestari.

Figure 44. Alannah Dair, close up view of *Opening through steel, a knowing in skin - iteration II*, Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. 2024. Project Space, The University of Sydney. Image: Terence-Kent Ow.

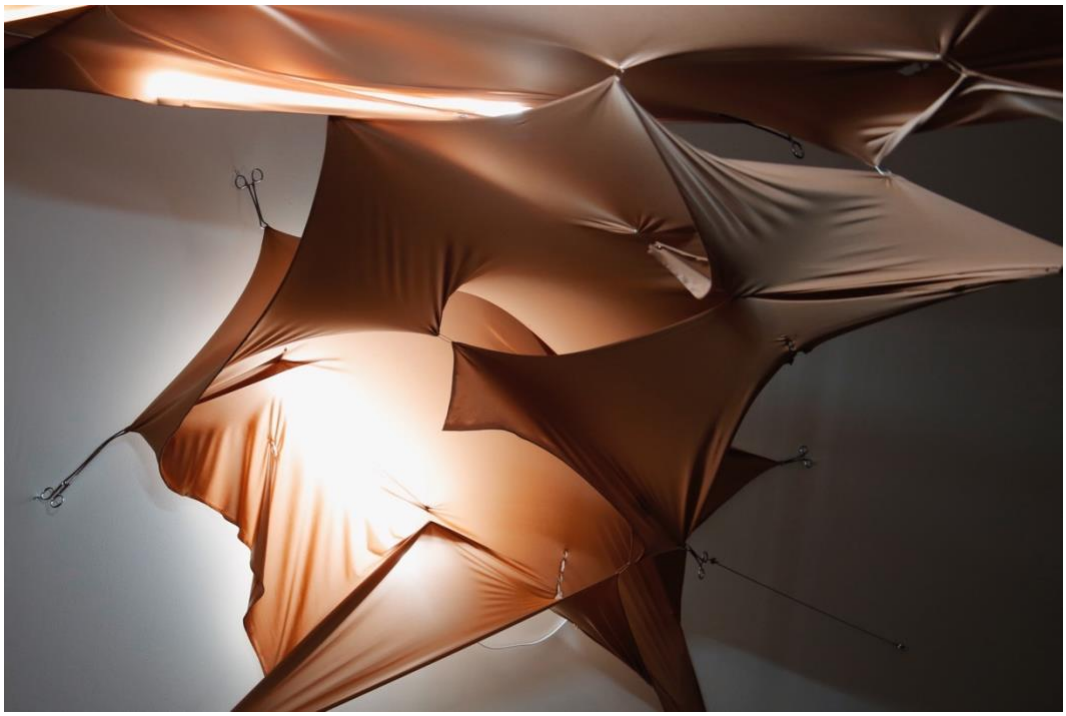

Figure 45. Alannah Dair, close up view of *Opening through steel, a knowing in skin - iteration II,* Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. 2024. Project Space, The University of Sydney. Image: Yuliannova Lestari.

Figure 46. Alannah Dair, close up view of *Opening through steel, a knowing in skin - iteration II* , Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights. 2024. Project Space, The University of Sydney. Image: Yuliannova Lestari.

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Exhibition text:

Opening through steel, a knowing in skin – iteration II, 2024.

Spandex, forceps, safety pins, metal hardware, metal wire, LED lights, lead weights.

This work serves as a surrogate body; a manifestation of my embodied experience navigating endometriosis. Held in tension by its own materiality, the work exists in a state between health and illness, where skin becomes the threshold between private and public, internal and external, as one lays bare themselves within the clinical encounter.

In a perpetual negotiation between acceptance and resistance, the body holds and questions the violence we accept as forms of 'care.' Visible wounds speak to electrocauterisation and ablation (surgical techniques used to remove the disease from the body) with the absence of flesh embodying an ambiguous position that is both one in the process of healing and yet of fragmentation and deterioration. For now, the disease and I coexist in a fragile harmony, a balance that can be disrupted at any moment if pain wishes to reassert control.

Black Bile*,* 2024.

Engine oil, iron oxide, wood, magnets, motors, proximity sensor, arduino uno.

Physical pain often manifests as a response to stimuli, a series of signals that act as a protective mechanism. However, pain can also exist seemingly without a referent or cause. Following this line of thought, I considered how the void could materialise to convey the sensations of pain within my body. Not dissimilar from medieval theories that cited black bile as a humour that plagued the body with melancholia, I considered the medium of black fluid to resemble the visible and invisible characteristics of endometriosis as a disease, whilst being ambiguous and abject enough to stand in for the body itself.

When a person suffering from persistent pain and/or illness is asked to describe and communicate their experiences, language seemingly fails. Elaine Scarry argues that the physical experience of pain not only resists language but actively destroys it, bringing about an immediate reversion to a state anterior to language. Scarry believes the capacity to experience physical pain differs from every other bodily and psychic event in that it has no object.

Richard Zaner postulates that the body not only belongs to us, but that we also belong to our bodies. This concept made me question the relationship I hold with my body and to endometriosis. Although, we don't have a clear theory for the aetiology of endometriosis, it has been found within foetuses. Continuing this line of thinking it could be possible, then, that endometriosis existed in my body before my consciousness. Could I then belong to my endometriosis as it belongs to me? After all it is comprised of tissue formed by my own cells. Materialising this consideration, using a proximity sensor, as one approaches the black puddle, it reacts to the presence of the body. The viewer may be unaware they've triggered a reaction in the work, mirroring the nuanced relationship between the disease and my own body. This relationship shifts from the black bile as being the disease, but perhaps the body itself, the viewer taking on the role of an unwanted visitor.

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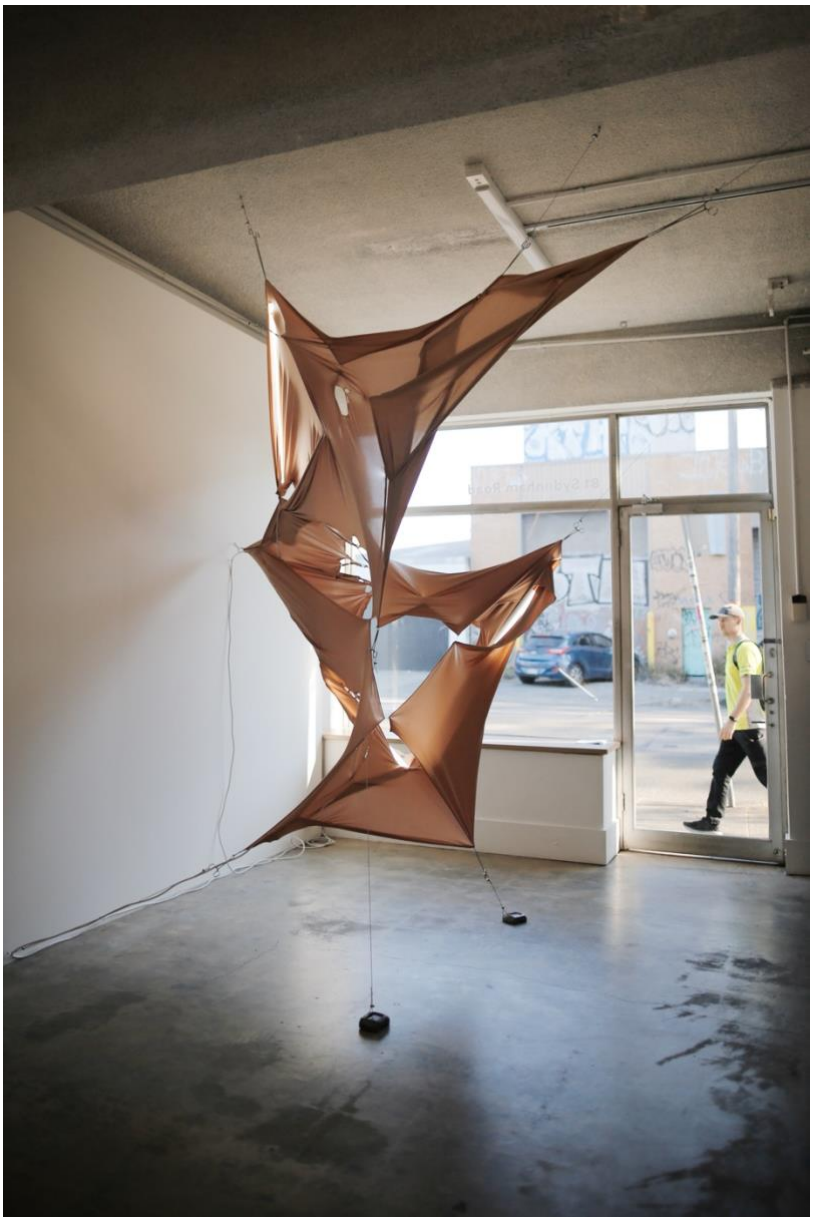
Warning: Graphic Content

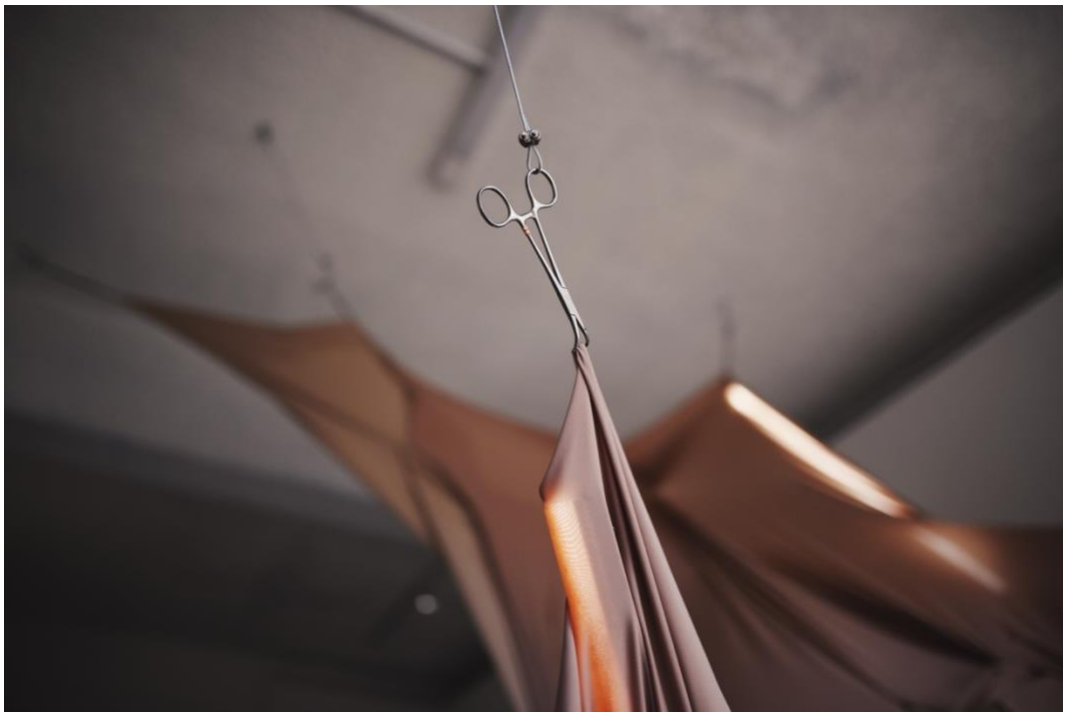
The following appendices contains graphic surgical images related to endometriosis excision. Viewer discretion is advised.

Appendices



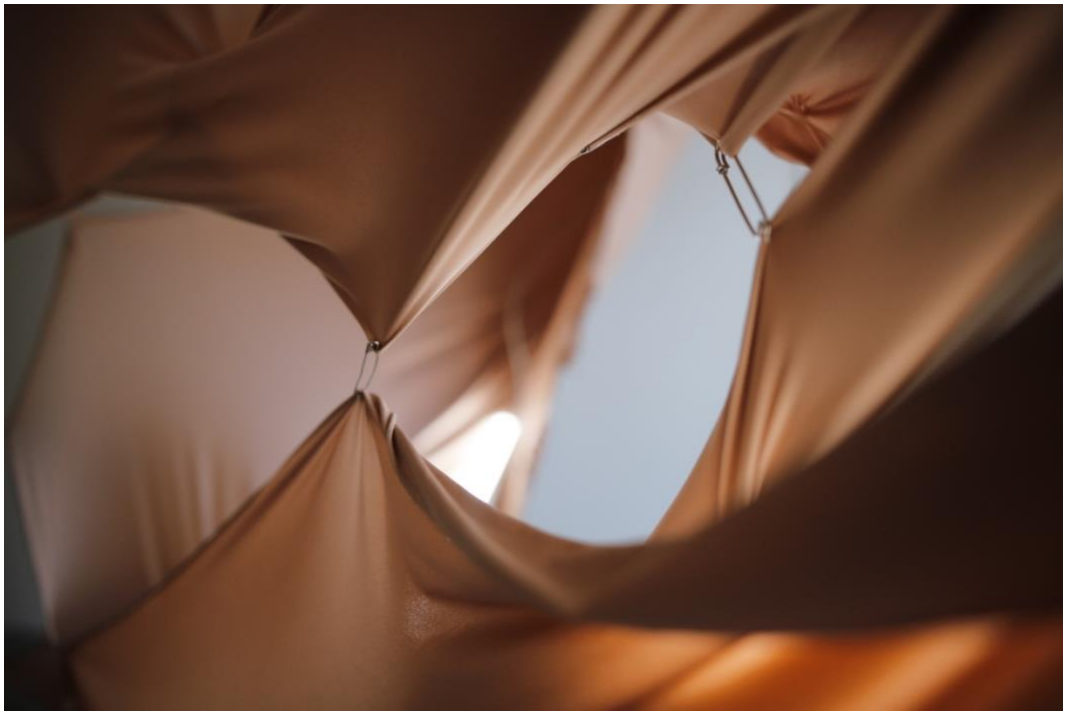
Appendix Figure 1. Alannah Dair, installation view of *Opening through steel, a knowing in skin,* 2024, Spandex, forceps, safety pins, metal hooks, metal wire, LED lights, lead weights. Sydenham International, Gadigal land /Sydney. Image: Yuliannova Lestari.

Appendix Figure 2. Alannah Dair, installation view of *Opening through steel, a knowing in skin*, 2024, Spandex, forceps, safety pins, metal hooks, metal wire, LED lights, lead weights. Sydenham International, Gadigal land /Sydney. Image: Yuliannova Lestari.



Appendix Figure 3. Alannah Dair, close up view of *Opening through steel, a knowing in skin*, 2024, Spandex, forceps, safety pins, metal hooks, metal wire, LED lights, lead weights. Sydenham International, Gadigal land /Sydney. Image: Yuliannova Lestari.

Appendix Figure 4. Alannah Dair, close up view of *Opening through steel, a knowing in skin*, 2024, Spandex, forceps, safety pins, metal hooks, metal wire, LED lights, lead weights. Sydenham International, Gadigal land /Sydney. Image: Yuliannova Lestari.

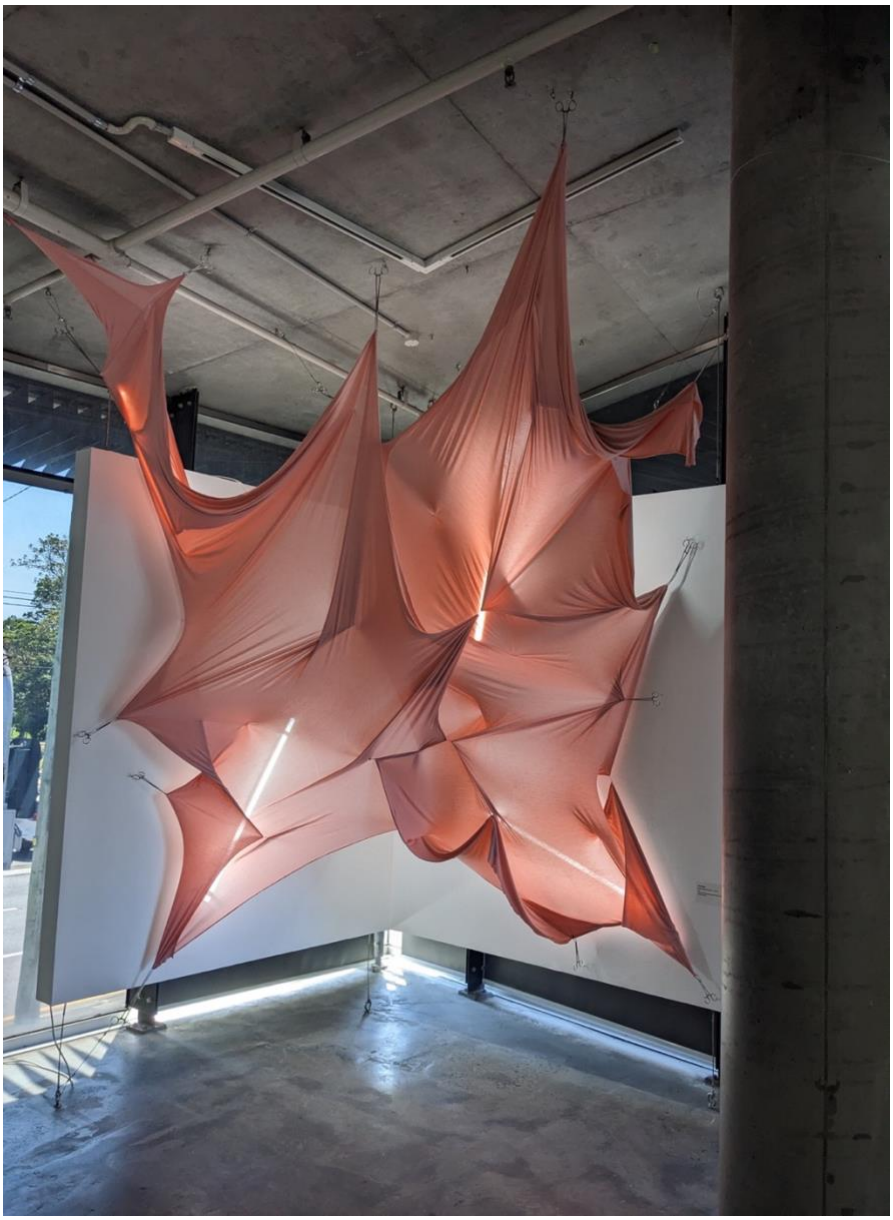


Appendix Figure 5. Alannah Dair, close up view of *Opening through steel, a knowing in skin*, 2024, Spandex, forceps, safety pins, metal hooks, metal wire, LED lights, lead weights. Sydenham International, Gadigal land /Sydney. Image: Yuliannova Lestari.

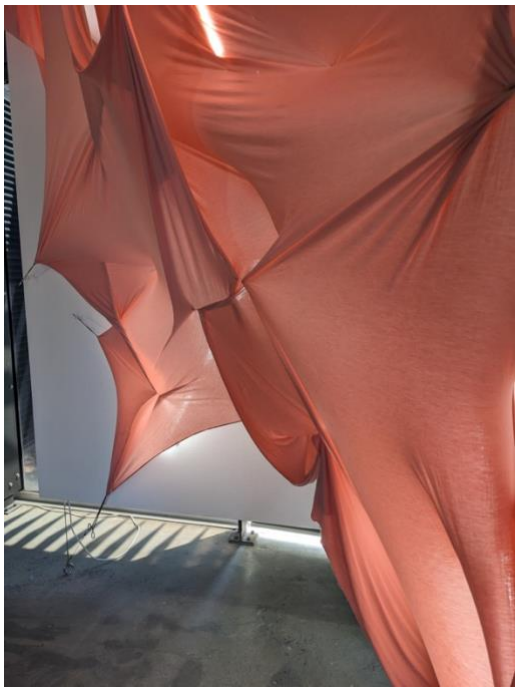
Appendix Figure 6. Alannah Dair, close up view of *Opening through steel, a knowing in skin*, 2024, Spandex, forceps, safety pins, metal hooks, metal wire, LED lights, lead weights. Sydenham International, Gadigal land /Sydney. Image: Yuliannova Lestari.

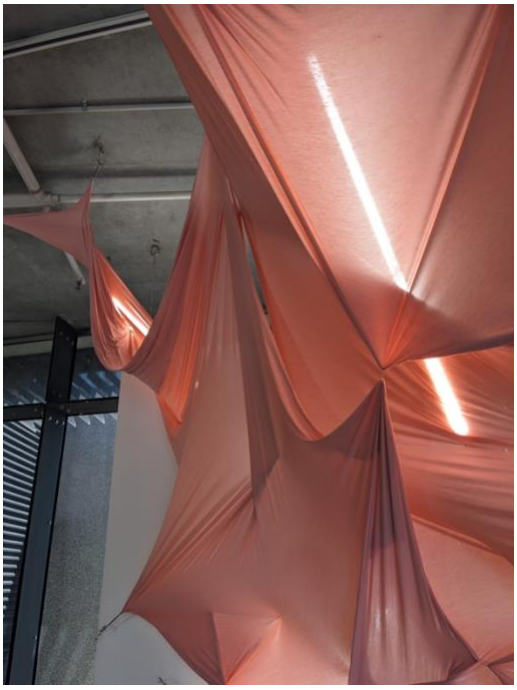
Appendix figure 7. Alannah Dair, installation view of *Abeyance II*, found fabric, LED light, surgical forceps, safety pins and metal hooks, 2024. Schmick Contemporary, Haymarket. Image: Terence-Kent Ow.

Appendix figure 8. Alannah Dair, close up photos of *Abeyance II*, found fabric, LED light, surgical forceps, safety pins and metal hooks, 2024. Schmick Contemporary, Haymarket. Images: Terence-Kent Ow.



Appendix Figure 9. Alannah Dair, installation view of *Navigating Internal Landscapes - iteration III*, 2023. Lycra, LED lights, safety pins, metal hooks, steel wire and surgical forceps, 2m x 3m x 1m, *USU Creative Awards*, Verge gallery, Gadigal land/Sydney. Image: Alannah Dair.





Appendix Figure 10. Alannah Dair, close up view of *Navigating Internal Landscapes - iteration III*, 2023. Lycra, LED lights, safety pins, metal hooks, steel wire and surgical forceps, 2m x 3m x 1m, *USU Creative Awards,* Verge gallery, Gadigal land/Sydney. Images: Alannah Dair.

Appendix Figure 11. Alannah Dair, *Navigating Internal Landscapes,* Lycra, safety pins, forceps, metal hooks, steel wire, LED lights. 2022. Old Teachers College, Sydney College of the Arts. Image: Alannah Dair.

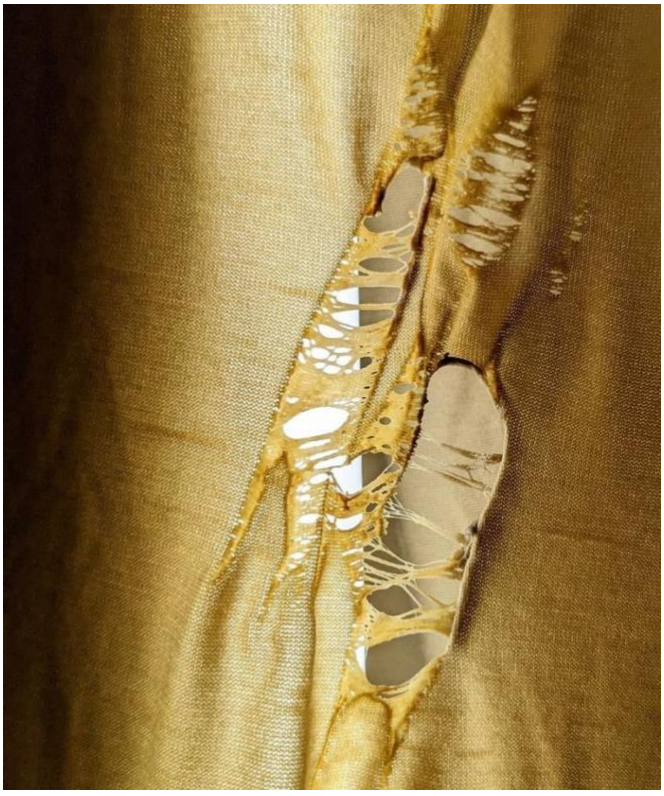
Appendix Figure 12. Alannah Dair, *Navigating Internal Landscapes*, Lycra, safety pins, forceps, metal hooks, steel wire, LED lights. 2022. Old Teachers College, Sydney College of the Arts. Image: Alannah Dair.

Appendix Figure 13. Alannah Dair, *Navigating Internal Landscapes*, Lycra, safety pins, forceps, metal hooks, steel wire, LED lights. 2022. Old Teachers College, Sydney College of the Arts. Images: Alannah Dair.

Appendix Figure 14. Alannah Dair, Installation view of *The Patient. The Doctor. The Host. The Vessel*, 2022, alongside *Salt Water Deluge* (Tucoerah River) by Linda Sok. Pari, Darug land/Parramatta. Image: Document photography.

Appendix Figure 15. Alannah Dair, Installation view of *The Patient. The Doctor. The Host. The Vessel*, 2022, Pari, Darug land/Parramatta. Image: Document photography.

Appendix Figure 16. Alannah Dair, Installation view of *The Patient. The Doctor. The Host. The Vessel*, 2022, Pari, Darug land/Parramatta. Image: Document photography.

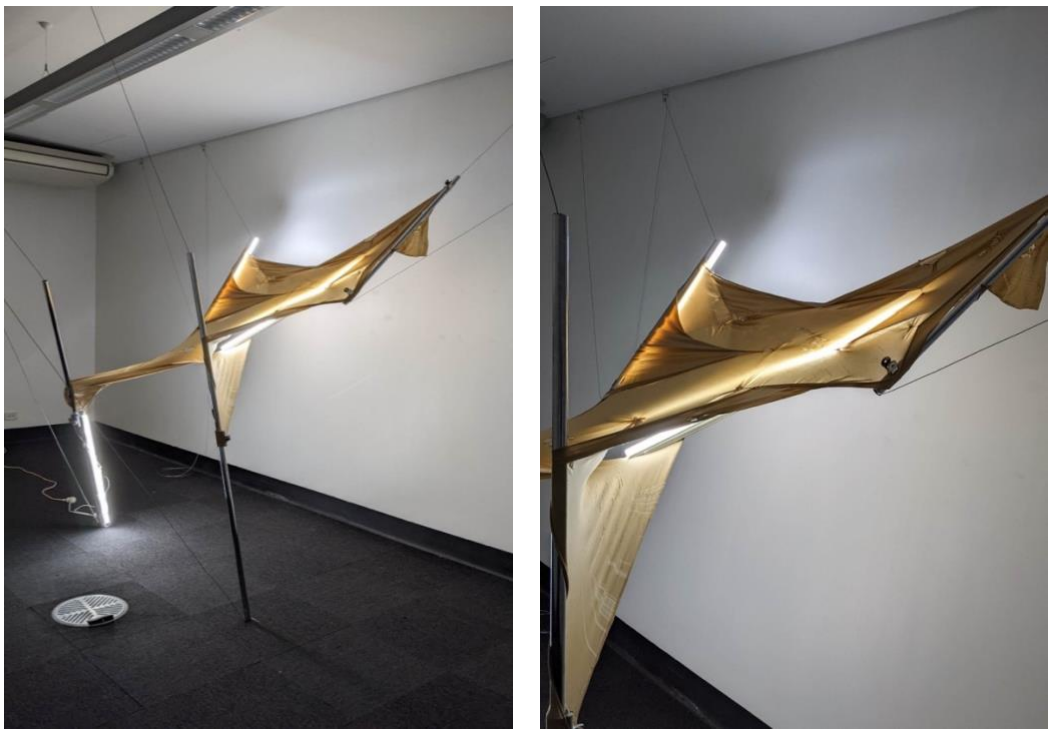


Appendix Figure 17. Alannah Dair, Studio process images – application of heat to fabric, 2023. Image: Alannah Dair

Appendix Figure 18. Alannah Dair, *The patient. The doctor. The host. The vessel*, lycra fabric, safety pins, metal hardware, metal wire, LED lights. 2022. Metro Arts, Brisbane. Image: Carl Warner.

Appendix Figure 19. Alannah Dair, close up view of *The patient. The doctor. The host. The vessel* (close up), lycra fabric, safety pins, metal hardware, metal wire, LED lights. 2022. Metro Arts, Brisbane. Image: Carl Warner.

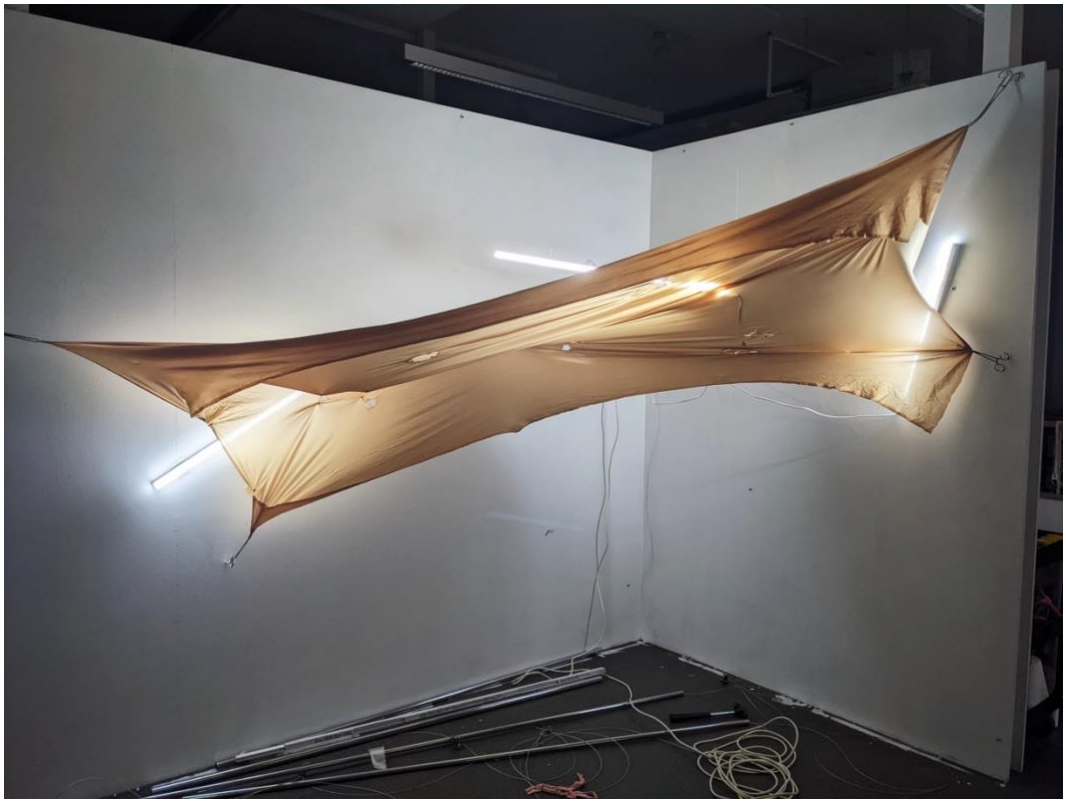
Appendix Figure 20. Alannah Dair, close up view of *The patient. The doctor. The host. The vessel* (close up), lycra fabric, safety pins, metal hardware, metal wire, LED lights. 2022. Metro Arts, Brisbane. Image: Carl Warner.



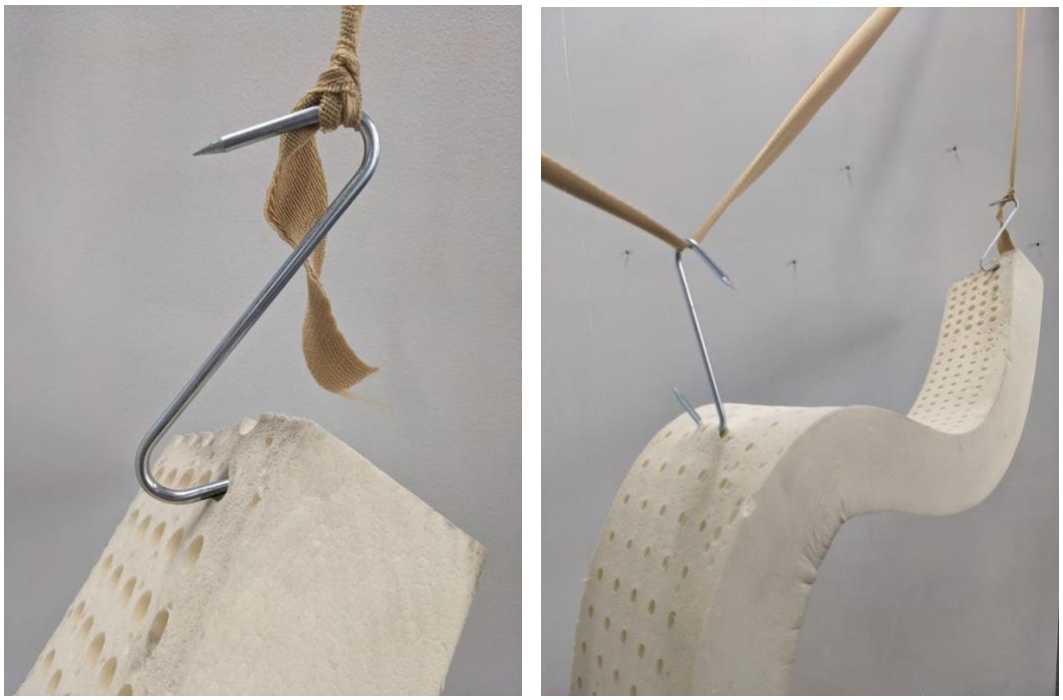
Appendix Figure 21. Alannah Dair, studio critique at UNSW, lycra fabric, safety pins, metal hardware, metal wire, LED lights. 2022. Images: Alannah Dair.

Appendix Figure 22. Alannah Dair, studio critique at UNSW, lycra fabric, safety pins, metal hardware, metal wire, LED lights. 2022. Image: Alannah Dair.

Appendix Figure 23. Alannah Dair, studio critique at SCA, lycra fabric, safety pins, metal hardware, metal wire, LED lights. 2022. Images: Alannah Dair.

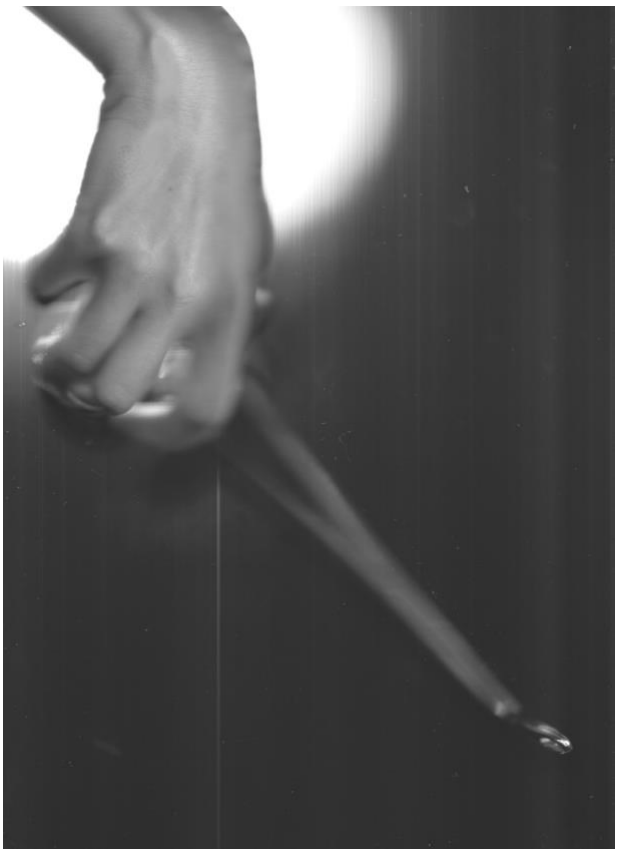


Appendix Figure 24. Alannah Dair, Studio process images – experimentation with found fabric, 2024. Image: Alannah Dair.

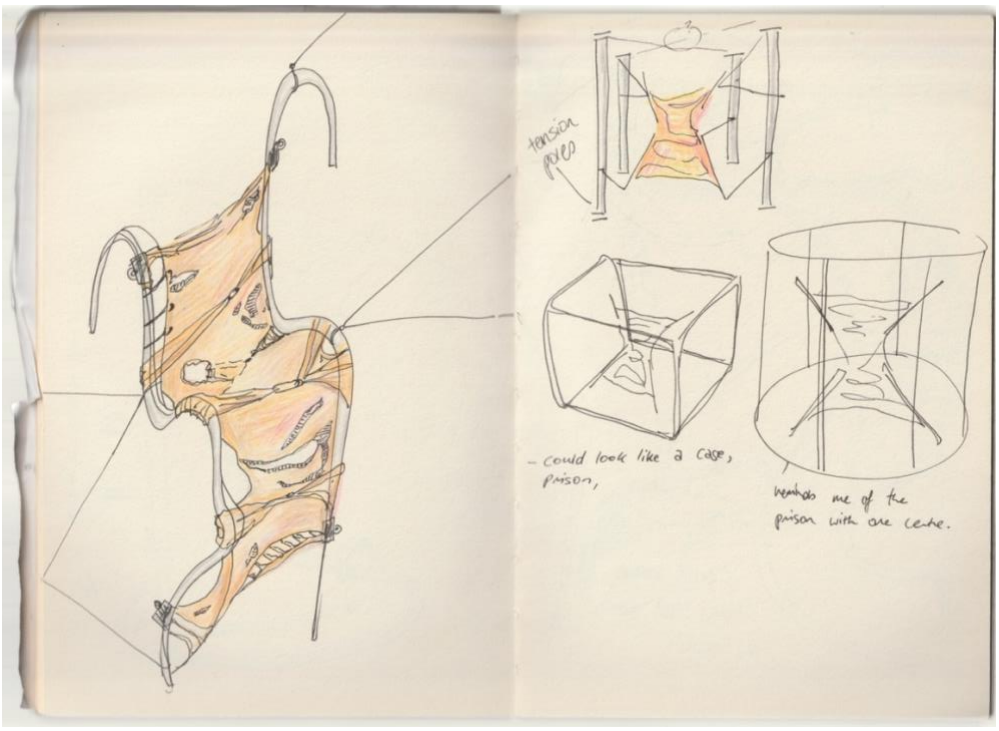


Appendix Figure 25. Alannah Dair, Studio Process images – experimentation with different materials; latex, elastics, metal hooks, 2024. Images: Alannah Dair.

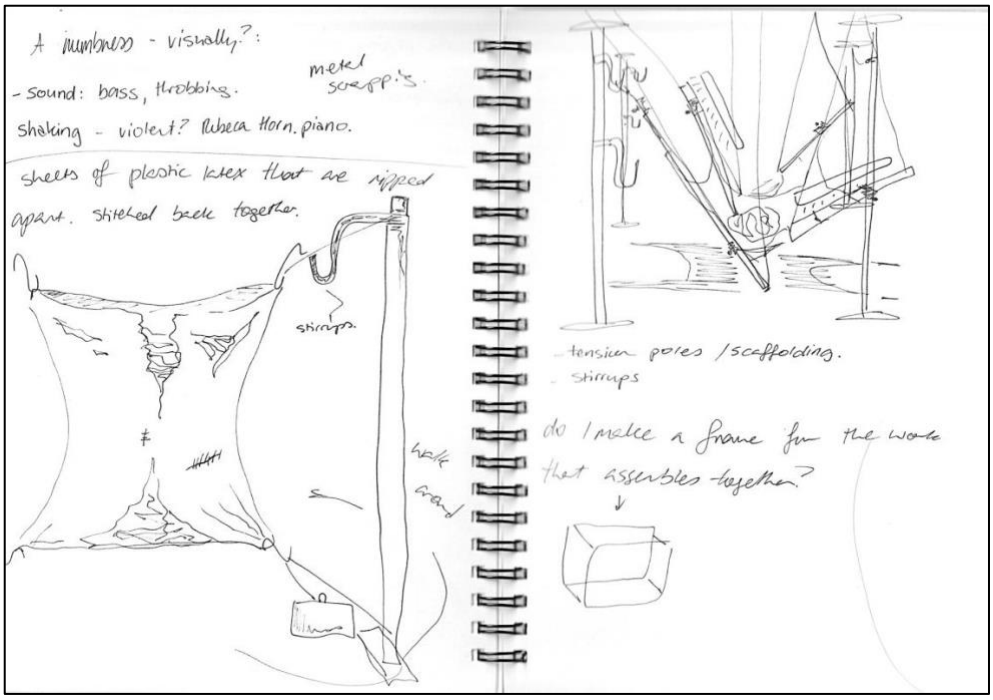
Appendix Figure 26. Alannah Dair, Experiments with a printer scanner, 2024. Digital scan.



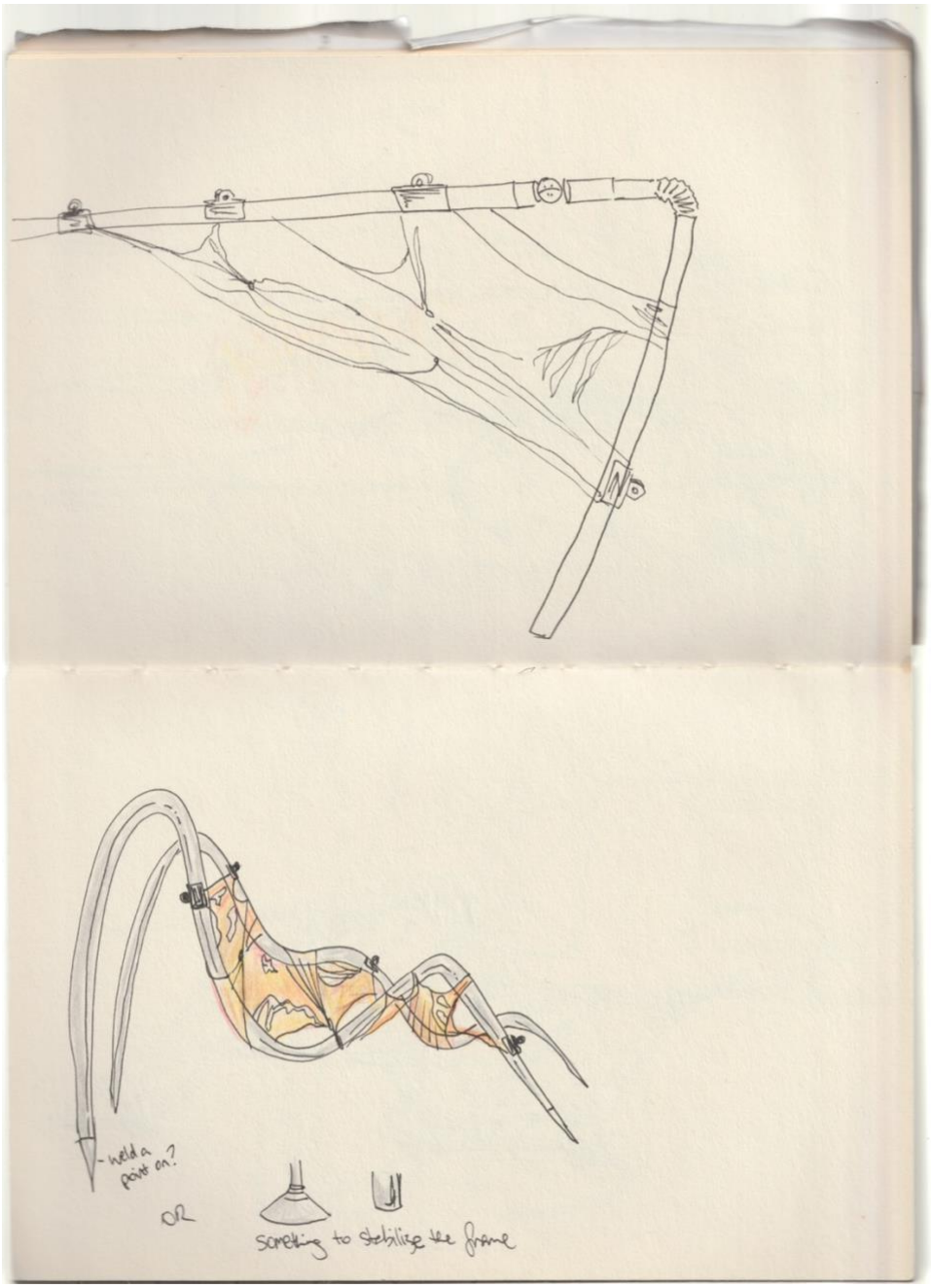
Appendix Figure 27. Alannah Dair, Experiments with a printer scanner, 2024. Digital scan.



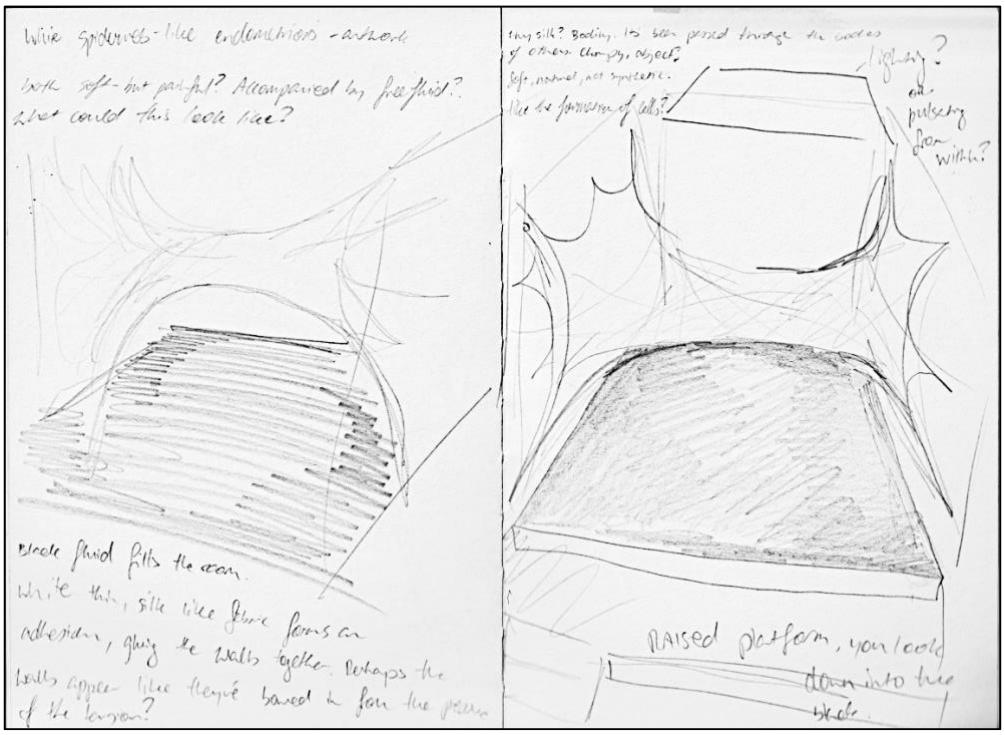
Appendix Figure 28. Alannah Dair, Sketches from notebook, 2022.



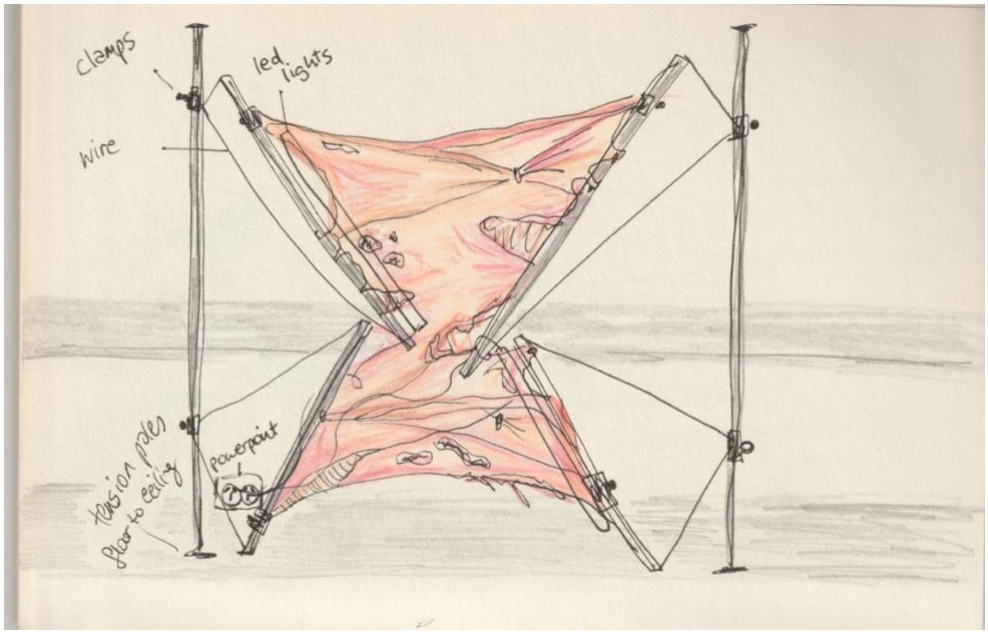
Appendix Figure 29. Alannah Dair, Sketches from notebook, 2022.



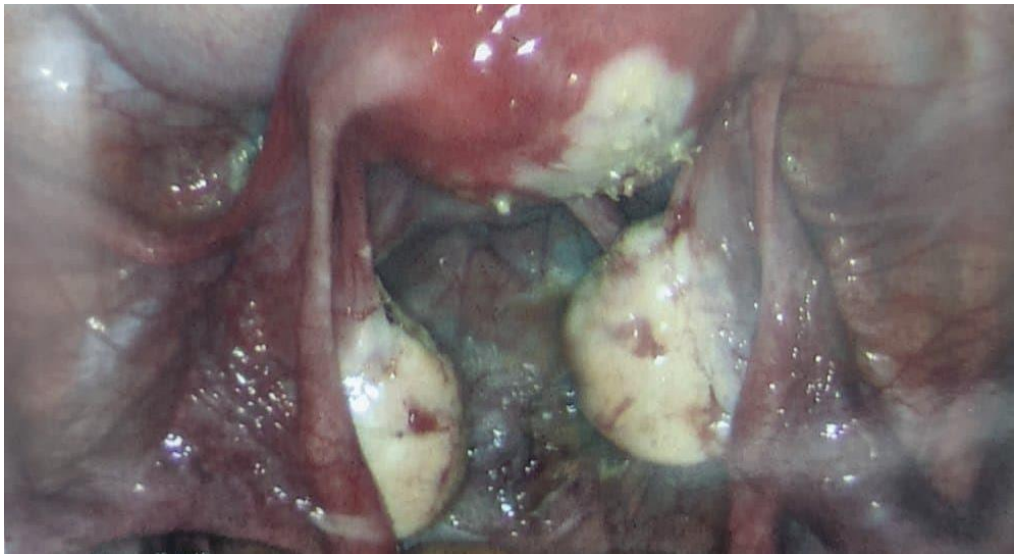
Appendix Figure 30. Sketches in notebook, 2022.



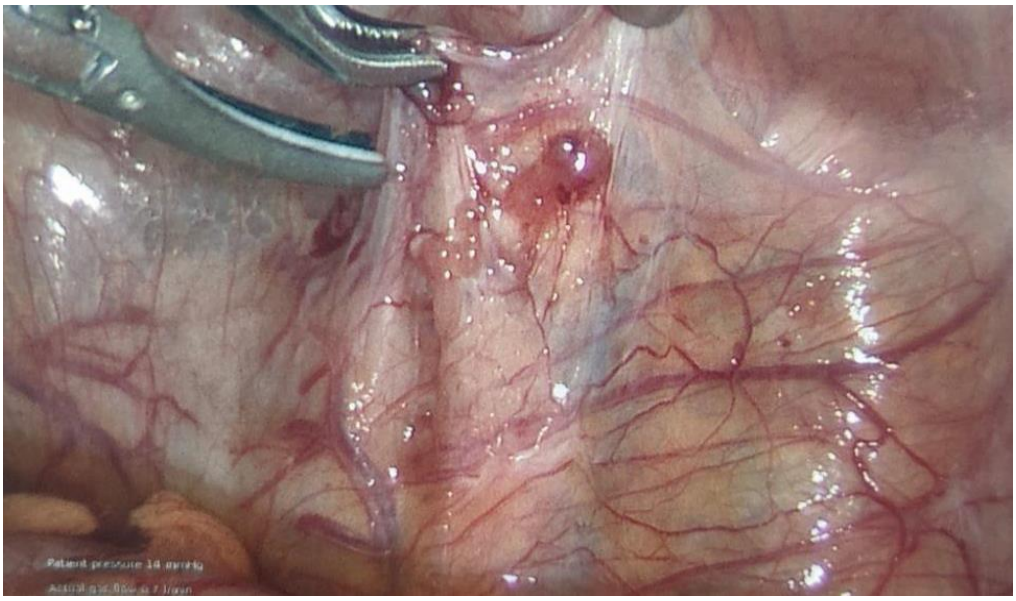
Appendix Figure 31. Sketches in notebook of black bile work beneath fabric, 2024.



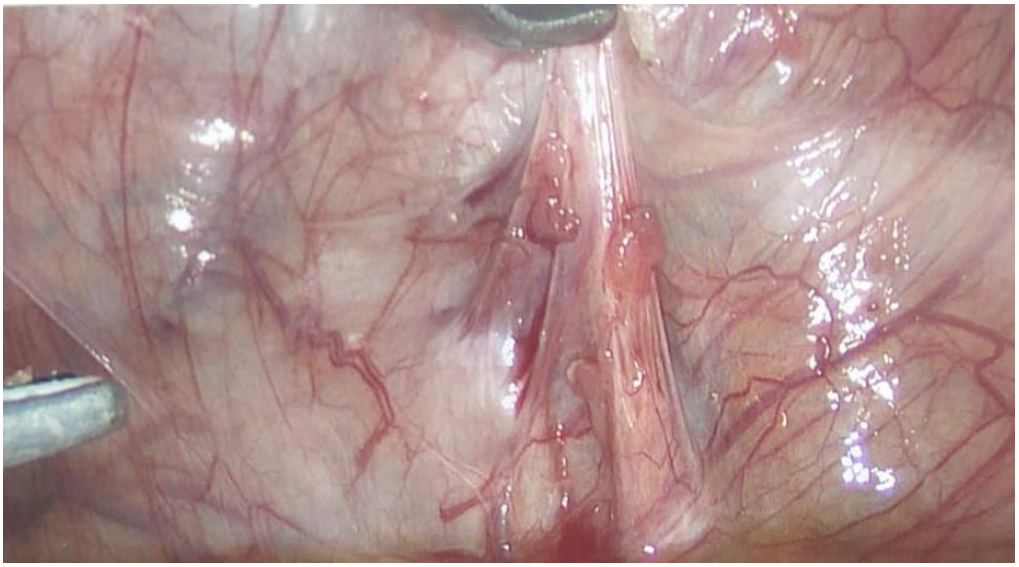
Appendix Figure 32. Sketches in notebook of install for The Waiting Room, 2022.



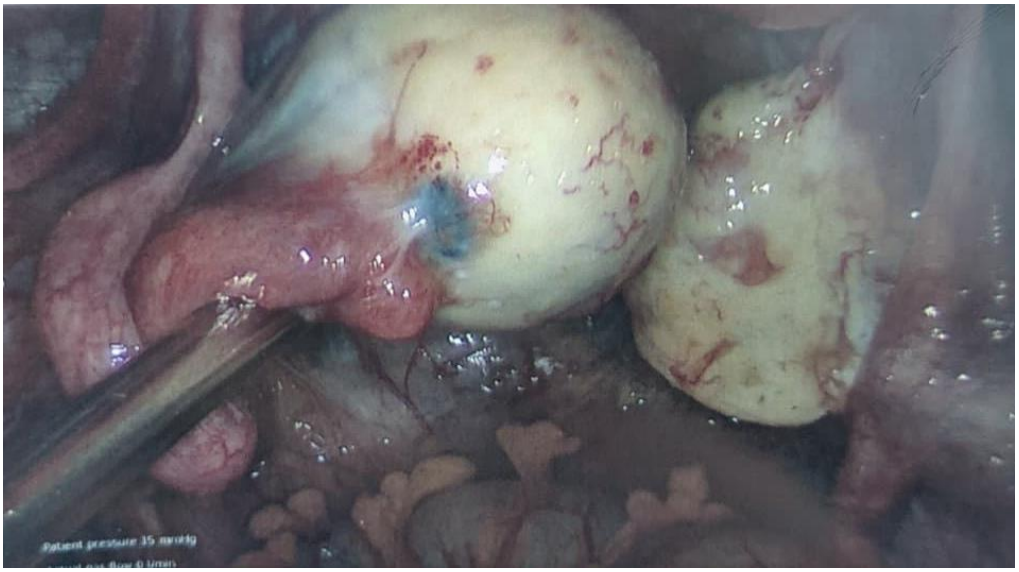
Appendix Figure 33. Alannah Dair, Laparoscopic excision surgical images of the artists body, 2022.



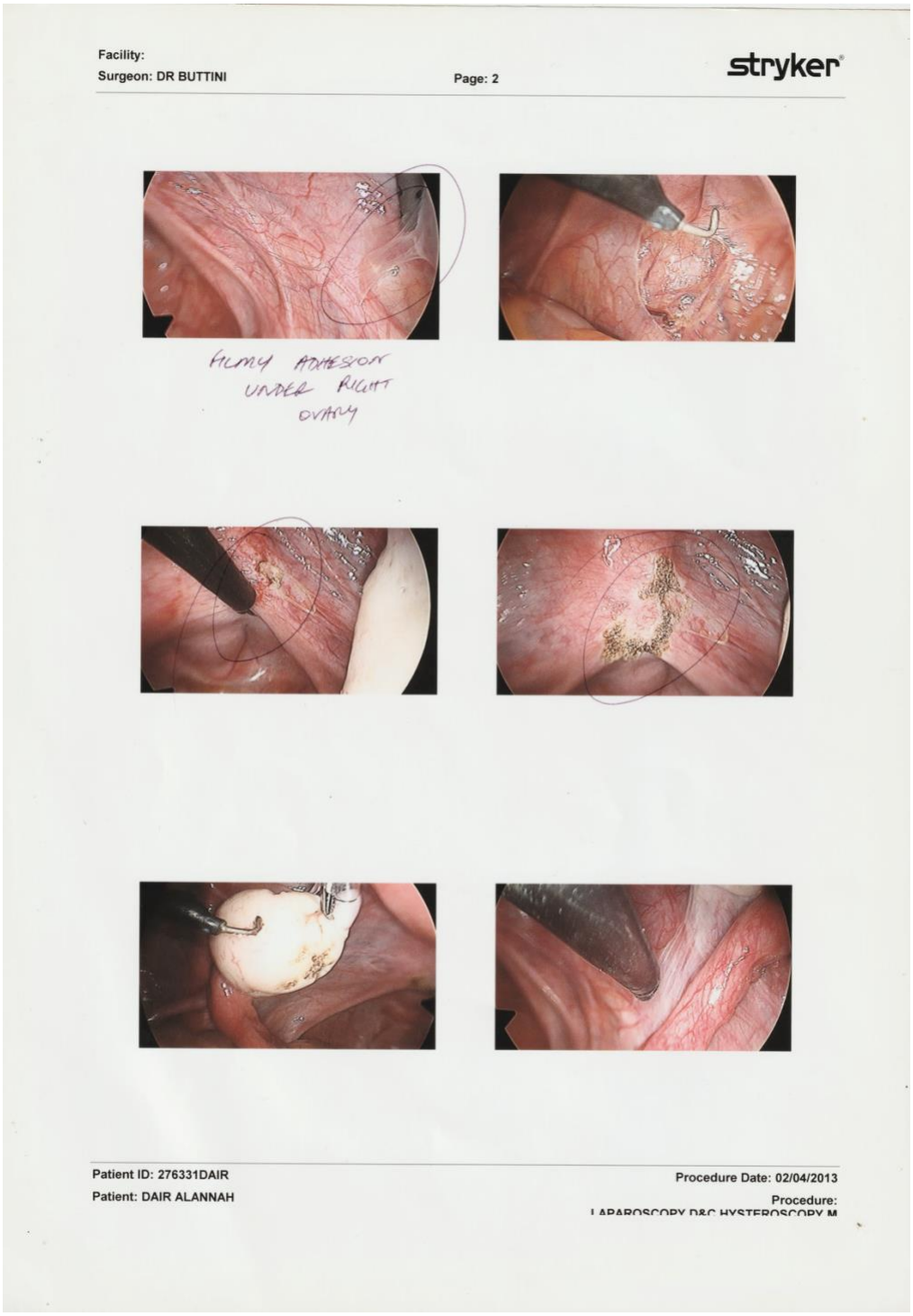
Appendix Figure 34. Alannah Dair, Laparoscopic excision surgical image of the artists body, 2022.



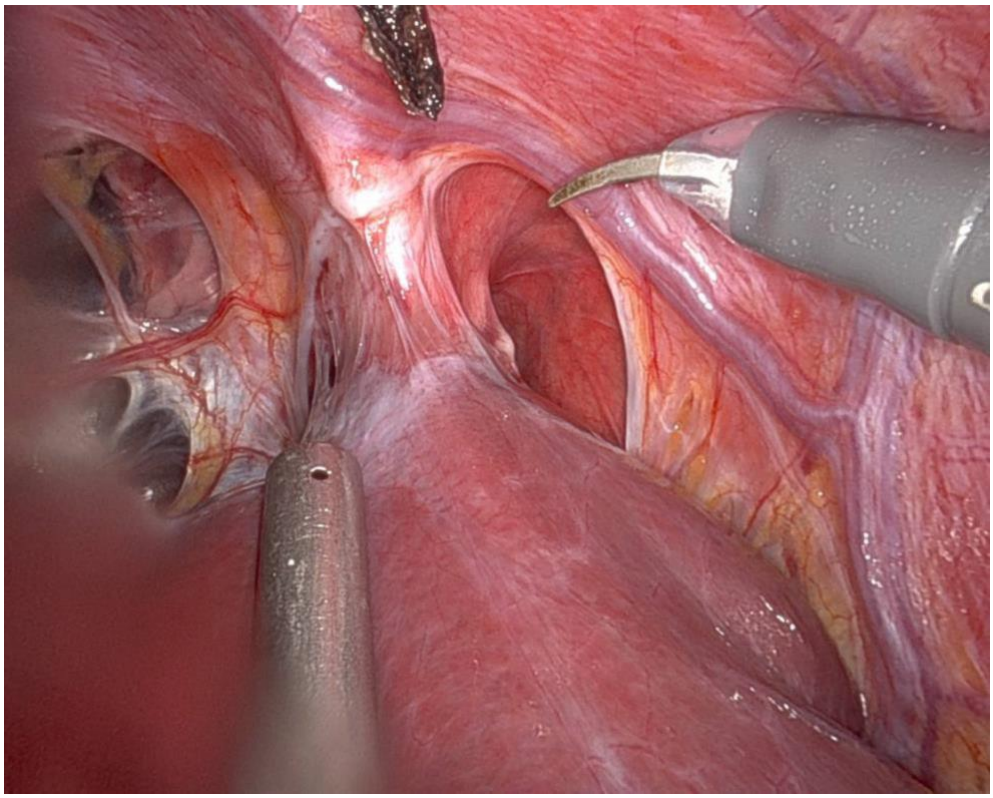
Appendix Figure 35. Alannah Dair, Laparoscopic excision surgical image of the artists body, 2022.



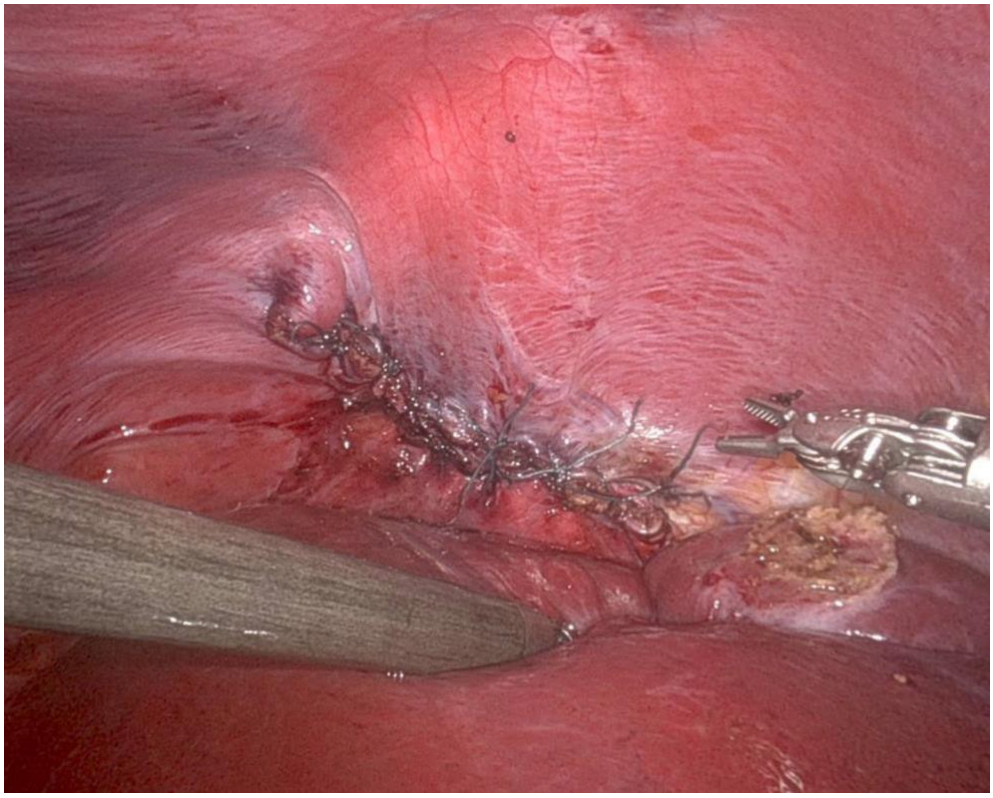
Appendix Figure 36. Alannah Dair, Laparoscopic excision surgical image of the artists body, 2022.



Appendix Figure 37. Alannah Dair, Laparoscopic excision surgical image of the artists body, 2022.



Appendix Figure 38. Horace Roman, "Young woman with very severe endometriosis," Facebook, June 23, 2024, https://www.facebook.com/horace.roman.50.



Appendix Figure 39. Horace Roman, "Young woman with very severe endometriosis," Facebook, June 23, 2024. https://www.facebook.com/horace.roman.50.