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Living with Fibromyalgia: Confronting Chronic Pain

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LIVING WITH FIBROMYALGIA:
CONFRONTING CHRONIC PAIN

A Thesis

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Master of Fine Arts

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My M.F.A. thesis exhibition, *Living with Fibromyalgia: Confronting Chronic Pain*, uses my personal experiences of living with fibromyalgia, a chronic pain condition, to create a visual representation of the pain and dysfunction that are a part of my everyday life. Today's society has an aversion to acknowledging pain and tends to treat it as a mere symptom because embracing pain forces us to accept our own mortality. We therefore shy away from frank discussions of pain out of instinct, often ostracizing those who are suffering. This body of work encourages the audience to directly confront the experience of living with fibromyalgia or other chronic pain conditions. I choose to use a visual medium to represent the nature of pain as attempts to define it with language often fall short.

The medium of encaustic paint is chosen because of its sculptural capacities to create woundlike surfaces and textures that emulate the struggles of life with fibromyalgia. Imagery that references the anatomical structures believed to cause fibromyalgia pain is also utilized in order to represent the body's flawed methods of functioning. This work engages the viewer in a way that pure language cannot so that we can challenge our societal norm to hide pain away.

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CHAPTER I

INTRODUCTION

Fibromyalgia is a chronic pain condition that affects over six million individuals in the United States alone (Anderson 1). Symptoms of fibromyalgia include “persistent fatigue, headaches, cognitive or memory impairment, morning stiffness and non-restorative sleep” as well as “reduced pain threshold and tenderness,” all of which can cause disruption in the ability of sufferers to complete daily tasks and fulfill responsibilities (Anderson 1; Annemans 547-48). Studies that looked at quality of life and disability indexes have also shown that fibromyalgia causes “significant disability and loss of function” (Annemans 548).

I have unfortunately experienced the widespread pain of fibromyalgia since I was thirteen years old, but I have had increased pain responses to innocuous stimuli as long as I can remember. Despite having almost every one of a laundry list of symptoms associated with fibromyalgia, it took more than seven medical specialists and almost four years for me to be diagnosed. This delay was largely because of a lack of any diagnostic or laboratory test that clearly identifies individuals with fibromyalgia (Annemans 548). Due to this shortcoming of modern medicine and its status as an invisible illness, fibromyalgia is considered to be underdiagnosed as doctors have to rely on a process of elimination and patients’ reported symptoms in order to make a diagnosis.

The causes and epidemiology of fibromyalgia are not thoroughly understood, but current research is making significant advances in our understanding of the condition. A large amount of evidence, however, suggests that blame might be placed on central sensitization, also known as pain amplification, by way of “augmented pain and sensory processing within the spinal cord and brain” (Baek 1-2). This was proven in a 2015 study, conducted by Korea University

Medical Center's Department of Neurology, that took MRI images of patients who had been diagnosed with fibromyalgia and found that they had increased neuron activity in areas of the brain associated with sensing pain. The researchers also noted that those with fibromyalgia exhibited a longer duration in cutaneous silent period, which is a type of spinal reflex, showing dysfunction of the central nervous system. A 2016 study by researchers at the University of Liverpool further showed that patients with fibromyalgia have "altered connectivity" to the default mode network which controls resting brain activity (Fallon 1). This study hypothesized that a reorganization of the default mode network could be the link between acute pain becoming chronic (Fallon 7-9). Finally, a 2014 study published in *Arthritis and Rheumatology*, a peer-reviewed medical journal published by the American College of Rheumatology, found evidence that central nervous system dysfunction is compounded by small fiber neuropathy, or the deterioration of nerve endings throughout the body's peripheral nervous system (Caro 1945). This study found that patients with fibromyalgia have lower epidermal nerve fiber densities than healthy controls, which likely contributes to the sensitization that leads to pain in sufferers.

The theories and research being conducted around fibromyalgia give those of us who suffer with the condition a better understanding of how our bodies are malfunctioning and why we experience the symptoms that we do. Additionally, having quantifiable, scientific proof of a biological cause to the pain also validates the millions of individuals suffering from fibromyalgia, many of whom have personally encountered medical experts that dispute the validity of the condition, believing that fibromyalgia is a psychosomatic disease alone (Anderson 1). Despite having been independently diagnosed by four separate rheumatologists, I still experience medical professionals who blatantly accuse me of having diagnosed myself using websites on the internet because symptoms generally don't appear until age twenty or later. I

find the biases and ignorance surrounding chronic pain conditions to be incredibly compelling, and this is largely why I am motivated to be open about my experiences with fibromyalgia in an effort to enlighten those that I come into contact with about the realities of the condition.

Although I had purposefully avoided focusing exclusively upon fibromyalgia in prior bodies of my paintings for fear of creating pieces that would be overly autobiographical and specific to only my struggles, experimenting with encaustic paint created work that reminded me of the physical sensations of chronic pain. I connected ripples that appear as the wax cools to the tension I feel in my muscles and joints on a regular basis, drips from the encaustic pours to the feeling of being constantly fatigued and drained by my symptoms, and tears and carvings into the wax surface to the sensation of the stabbing, almost scraping pain that regularly travels throughout my body. This led me to realize that there was an effective way to utilize art as a representation of this misunderstood condition, accessing a larger audience in a more impactful manner.

As someone who lives with fibromyalgia, every moment of my life is experienced through a lens of pain. This makes it somewhat difficult for me to imagine living a life without the overwhelming pain, fatigue, and memory lapses that I constantly experience. The relative normalcy of these symptoms in my life has led me to be very forthcoming in discussing my struggles. However, it has been my experience that many people shy away from discussing pain, finding it to be a very uncomfortable topic. This aversion contradicts the importance modern theory places upon pain, such as David B. Morris's book, *The Culture of Pain*, which begins with this assertion: "Pain is as elemental as fire or ice. Like love, it belongs to the most basic human experiences that make us who we are" (1). With a force as comprehensive to the human experience as pain, I am intrigued by our society's habit of flatly rejecting discussion of this

inherent vulnerability. Morris supports this: “As a culture, we do not take kindly to the tragic vision. We tacitly reject it” (255).

Despite this cultural norm, I am lucky enough to have extremely supportive family members and friends who allow me to discuss my struggles and empathize. Still, it is impossible for anyone who has never experienced chronic pain to completely fathom how it feels to be suddenly debilitated with very little, if any, warning. This barrier in communication and my research into pain theory have led me to believe that visual representations of the symptoms of fibromyalgia are an effective tool in clearly explaining the experiences millions of Americans have every day, thereby pushing my audience to confront chronic pain.

CHAPTER II

PHILOSOPHICAL INFLUENCES

The body of work in *Living with Fibromyalgia: Confronting Chronic Pain* reflects many concepts in modern pain theory from the past thirty years. Analyzing our society's reactions and beliefs surrounding pain was a major contributor to my assertion that there is a need for artwork that expresses pain because of the lack of basic understanding our culture shows toward chronic pain conditions. Pain theory was also essential to my understanding of how best to convey my experiences using a visual medium. It allowed me to reflect on the preconceived notions that I unknowingly held so that I could consciously exploit and refute different aspects of our shared understanding of pain.

Pain as a Symptom

Despite the plethora of research being conducted into chronic pain conditions, including fibromyalgia, there is a defined disconnect between patients and their physicians when it comes to actively treating pain, as mentioned in David B. Morris's *The Culture of Pain* (5). Western medicine as a whole regularly misinterprets pain "as no more than a sensation, a symptom, a problem in biochemistry." There are obviously biochemical systems involved in pain, as previously mentioned research reflects. However, this can lead to the idea that pain is nothing more than a symptom, overemphasizing that it, like all feelings, is subjective (14). Balancing an understanding of both the subjectivity of pain as well as the science behind pain is pivotal in effective treatment. Yet, our society's bias to quickly treat pain and move on has the capacity to hurt the chances of treatment for those with chronic pain. As Elaine Scarry writes in *The Body in Pain: The Making and Unmaking of the World*, "...to have great pain is to have certainty; to hear

that another person has pain is to have doubt...The doubt of other persons, here as elsewhere, amplifies the suffering of those already in pain..." (7).

The simplification of pain as a subjective symptom has also been used by some in the medical field to question the validity of several chronic pain conditions, including fibromyalgia. Two researchers from the University of Texas Health Science Center found that skeptics question fibromyalgia because of "the subjective nature of chronic pain, the subjectivity of the tender point examination, the lack of a gold standard laboratory test, and the absence of a clear pathogenic mechanism by which to define [fibromyalgia]" (Anderson 1). Furthermore, Morris argues that medical professionals are ill-equipped to handle pain itself. Eric J. Cassell, a medical ethics expert and physician, wrote in 1982 that "little attention is explicitly given to the problem of suffering in medical education, research, or practice" and that "The relief of suffering...is considered one of the primary ends of medicine by patients and lay persons, but not by the medical profession" (Morris 244-45). Psychiatrist Arthur Kleinman agreed, comparing the way that our medical system treats suffering to how one approaches a damaged car, as "a problem of mechanical breakdown requiring a technical fix" (244). By creating a body of work that uses texture and color to visually represent the experience of suffering from the debilitating symptoms of chronic pain, *Living with Fibromyalgia: Confronting Chronic Pain* is confronting the public with the realities of the condition in the hope that they will question their own habits of doubting the pain of others, even when the cause of such pain is invisible.

The lack of understanding in our society is a severe obstacle in the lives of those who live with chronic pain. This may be in part because there is no easy and accurate way to measure pain and suffering (Morris 247). This can lead to physicians treating their patients' complaints rather cavalierly because they believe them to be an "unreliable narrator" regarding their own

body (Scarry 6). *The Culture of Pain* argues that our society's focus solely on biomedical aspects of pain might be an overcorrection to the pseudoscientific diagnosis of hysteria that was so prevalent in the twentieth century (Morris 105). The social meanings that were ascribed to those diagnosed with hysteria decades ago are not altogether different from those we assign to chronic pain sufferers today (106). There is a remarkable amount of misunderstanding and judgment applied to both. Morris therefore suggests that our society's chronic pain sufferers would best be served by supplementing our medical understanding of pain "with a knowledge gained from the neglected voices...that we have trained ourselves, like mere apprentices, not to hear" (5). *Living with Fibromyalgia: Confronting Chronic Pain* is an attempt to add commentary to the discussion by using my voice, as I am one of many sufferers of a chronic pain condition whose input has long been ignored.

Society's Discomfort with Pain

The issues our medical systems display in regard to properly acknowledging and treating pain come from a much deeper instinct within our society to avoid discussion of pain. This goes beyond the discomfort of experiencing suffering and relates more to us accepting the intrinsic vulnerability and fragility of life. Morris writes that pain "places us within a social world where what we feel cannot be easily disentangled from what we learn from our culture and from how other people respond to us" (14). He also views pain as an incredibly strong force, stating, "Pain seems endowed with the power to pull the human figure out of alignment, to un-form or de-form us" (198). With such an imposing force that acts upon our human lives so strongly, it follows that experiencing and contemplating pain eventually leads to thinking about mortality. Herein lies the aspect of pain that is so uncomfortable for us. Morris notes that we therefore focus much more time and attention on medical advancements that might prolong life, "blindly [resisting] the

biological fact of death, strapping terribly damaged, infirm, or unconscious bodies onto machines that pump the blood and keep the cells alive until it takes a court order to allow death to reenter the world” (256). The works in *Living with Fibromyalgia: Confronting Chronic Pain* give the audience no choice but to be confronted with these thoughts of the finiteness of life because of the use of a large, overwhelming scale and surface textures that describe the sensations of chronic pain. These choices were made in the hopes that our society will begin to challenge their aversion to those suffering from chronic pain and to pain in general.

The Inexpressibility of Pain

Among the few who are comfortable with discussing pain, it can be difficult for language to fully relate how pain feels, leaving doctors and patients at a disadvantage. Elaine Scarry covers this topic extensively in *The Body in Pain: The Making and Unmaking of the World*, stating, “Whatever pain achieves, it achieves in part through its unsharability, and it ensures this unsharability through its resistance to language” (4). Scarry also quotes Virginia Woolf on this matter:

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

Morris agrees with this inability of language, writing, “There is no completely pure or innocent account of pain untouched by the constraints of writing—including scientific writing” (3).

Scarry suggests that this failure of language is not specific to any one dialect or culture, but inherent to what pain is, going so far as to say, “Physical pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language” (4-5).

Even before we learn to speak, we have an understanding and means of expressing pain. Pain is, in fact, the first and oldest reaction against attack that organisms evolved to experience (Braš 297). It is therefore no surprise that our words fall short of fully communicating something as primal as suffering. This shortcoming is an integral reason that visual language, rather than verbal or written language, is significantly more effective at conveying the suffering of chronic pain.

The reason that written and verbal language is such a poor tool for conveying our experiences with pain is largely due to its “objectlessness” (Scarry 162). Scarry writes that “physical pain is exceptional in the whole fabric of psychic, somatic, and perceptual states for being the only one that has no object” (161). She gives examples of love, fear, and ambivalence which one always feels in relation to an object (5). For example, we love someone or something but cannot merely love, but pain demonstrates a “complete absence of referential content” (162). Scarry gives this as the main reason that pain so definitively “resists objectification in language” (5).

The objectlessness of pain is something that every chronic pain sufferer has grappled with but has most likely been unable to articulate. In *Living with Fibromyalgia: Confronting Chronic Pain*, abstract paintings represent symptoms of fibromyalgia in a visceral way that literal interpretations through written or spoken word cannot. Previous bodies of my work included images of faces contorted and fists clenched in pain but were overall unsuccessful in creating a dialogue with my audience because they were limited to communicating a vague sense of generic suffering rather than clearly communicating the specific sensations of chronic pain. The encaustic paintings in this body of work use abstracted mark making and textures to convey the experience of fibromyalgia because of this understanding of pain as beyond language.

Visual Expressions of Pain

Although pain is beyond verbal language, there is a good amount of theory that supports visual representation being a more effective way of communicating suffering. *Listening to Pain: Finding Words, Compassion, and Relief* by Dr. David Biro places the invention of pathological anatomy by French doctors as an important step in our learning how to best represent pain:

The work of the French physicians underscores the importance of perception, especially vision, to the acquisition of knowledge. Once we can *see* something, we can talk about and try to understand it. As Foucault says, the making visible leads to a making *dicible* (sayable) and *discible* (learnable). This is why we speak interchangeably of knowledge and illumination or insight (169).

Biro also mentions the physician Jonathan Miller who wrote: “Our mind...prefers a picture of some sort to having to live through the chaos of sensations that would otherwise seem absurd” (172).

Biro relates this to what he experienced when the chemotherapy and radiation he was being treated with before a transplant gave him ulcers throughout his digestive tract (173). Imagining a forest fire within his body allowed him to better think about and talk about his pain which, in turn, led to him receiving previously unconsidered treatment options. Artist Deborah Padfield also harnessed the power of this ability of visual art by creating photographic collages and images that represented the chronic pain of herself and others at a British pain clinic (177). Beyond validating their symptoms, Padfield’s work allowed the patients to finally have a clear depiction of their suffering, which proved helpful for the doctors at the clinic in treating them. A paper published in the *Croatian Medical Journal* also linked pain with art, saying that art can “produce the effect that no other means of communication can achieve” (Braš 296). The authors

also went further by suggesting that art should be used to raise public awareness of chronic pain, calling it “one of the best forms of educating medical professionals and others involved in treatment and decision-making on pain.” These examples show that art is one of the best ways for our species to communicate the realities of chronic pain. Visual language removes a certain level of subjectivity from descriptions of symptoms because of its lack of linguistic connotations and its ability to create more objective representations of suffering. *Living with Fibromyalgia: Confronting Chronic Pain* capitalizes on the link between science and art to display the specific circumstances of pain conditions to my audience.

CHAPTER III

VISUAL INFLUENCES

The abstract paintings in *Living with Fibromyalgia: Confronting Chronic Pain* are created with encaustic paint and meant to serve as a visual representation of the pain of fibromyalgia. My own experiences with the condition are a useful starting point for each work. This includes referencing how I visualize the pathways my pain takes as it travels throughout my body as well as utilizing my medical records, especially images of my internal organs from an upper endoscopy, to inform color choices. Due to the aforementioned objectlessness of pain, I have found it helpful to reference many different types of visual influences in order to better create paintings that clearly communicate such an enigmatic condition.

Technical Encaustic Influences

Encaustic paint is an extremely tactile medium, meaning that the amount of textures one can create on a painting's surface are almost infinite. This body of work aims to create a haptic response in my audience by way of highly textured surfaces on paintings that almost beg to be touched. When examining these textures, my viewer gains a visual anchor to help them understand exactly how this type of chronic pain feels by imagining how it would feel to touch the work. I primarily look to contemporary artists working with encaustic paint to achieve my desired textural results because the technology and equipment now available to artists allow us to create effects that were previously impossible. Although their subject matter is drastically different from my own, my technical application of the encaustic paint is heavily influenced by artists Paula Roland and Robin Luciano Beaty.

Paula Roland is a contemporary artist whose encaustic paintings feature a sort of “physicality” due to her process (“Paula Roland”). She simply describes the way she works by

stating, “I layer, mark, and gouge the surface of my wax painting to reveal its mystery,” interpreting her finished pieces as a record of both destruction and creation. Her bodies of work, *Newlandia I* and *Newlandia II* are of particular inspiration to the paintings in *Living with Fibromyalgia: Confronting Chronic Pain* because of the depth of layers and intricacies of carved details throughout. Roland’s artist statement describes these encaustic paintings as being the result of “a laborious process of building up and wearing down hundreds of layers of pigmented wax, resembling geology and nature's own processes.” Roland’s painting *Free Fall* from her *Newlandia II* series has an incredibly powerful impact upon the viewer because of the detail she has managed to maintain in the pathways created by mark making. Some areas are more worn than others, but the way that Roland has manipulated the wax creates an extremely unique texture that is equally mysterious and tangible.

Encaustic artist Robin Luciano Beaty’s body of work known as *Above & Beyond* also serves as an inspiration for my paintings. Like Roland, Luciano Beaty incorporates texture into her works, but Luciano Beaty balances multiple layers of encaustic with many differing mixed media elements (“Robin Luciano Beaty”). *Above & Beyond No. 325* is particularly strong in marrying a variety of textures into a cohesive painting. The work has incorporated what appear to be exposed fibers and collaged papers as well as carvings into the surface. This creates a varied, undulating texture that has increased visual interest over encaustic paintings that completely bury objects under wax in order to create a flat surface.

Above and Beyond is also influential because of Luciano Beaty’s decision to create large grids of many paintings in this body of work (“Robin Luciano Beaty”). She obviously focuses on each painting as an individual but simultaneously takes into consideration the fact that the final product will be aggrandized by the presentation of so many paintings in such tight

proximity. *Pain Pathways*, the installation of paintings in *Living with Fibromyalgia: Confronting Chronic Pain* uses a similar tactic to overwhelm the viewer so that they are forcibly confronted with the overpowering nature of living with any chronic pain condition.

My paintings are also only achieved through the use of multiple layers of encaustic and oil paint. The work takes advantage of encaustic paint's ability to be transparent even when it is applied in relatively thick layers, which is uncharacteristic of most painting mediums but clearly considered by both Roland and Luciano Beaty. I often carve into the surface of the painting to expose previous layers and create a sense of depth within the works. Roland and Luciano Beaty also create intricate and visually interesting surface textures that, when viewed in person, are begging to be touched by the audience members. Instead, as with most artworks that elicit a haptic response in a viewer, the sense of sight is invoked in place of touch. This is possible through the use of one's imagination of how it would feel to touch the object and forms a link through sight to the work that is stronger than that which is created by a painting with limited relief. Strong use of relief and texture through the purposeful application of encaustic paint engages the viewer in a way that flat imagery or surfaces cannot.

Surface Application Influences

Although *Living with Fibromyalgia: Confronting Chronic Pain* consists of paintings primarily completed with encaustic paint, the work is also inspired by artists who have worked in other painting mediums throughout their careers. The paintings on wooden boards are first primed with oil paints and often incorporate other layers of oils as built up texture. Artists who strongly embrace the impasto qualities of oil paint have helped inform my use of both oil and encaustic paint. In particular, my encaustic paintings are most inspired by the application of paint seen in the works of Chaïm Soutine and Anselm Kiefer.

Chaim Soutine was a twentieth-century French painter who was generally considered to be “one of the most eminent representatives of the School of Paris” (“Chaim Soutine”). He worked with conventional subject matter of still lifes, portraiture, and landscapes, but usually distorted his imagery, portraying his human subjects as “...melancholic, stereotyped to the point of caricature, their bodies subjected to spectacular distortions and wearing clothes of brightly contrasting colours [sic].” Soutine is considered to have been a popular painter during his lifetime and beyond, with a 2006 New York Times article describing his work as “[renewing] traditional genres through his excruciatingly sensuous, desperately urgent immersion in the process of painting...Things in Soutine are not just depicted; they seem to be transformed into paint and then subjected to a kind of Frankensteinian animation” (Johnson).

Soutine worked in series over his career, choosing to focus on a single subject matter at a time (“Chaim Soutine”). The paintings in *Living with Fibromyalgia: Confronting Chronic Pain* are most directly correlated to his series of still lifes of decayed animal carcasses that he modeled after Rembrandt, where his purposeful use of thick paint is most obvious. Soutine’s 1924 painting *Hare with Forks* shows the utensils carefully placed upon a rabbit carcass which has been lain upon a clean white tablecloth (Rosenberg). In a New York Times article, art critic Karen Rosenberg goes so far as to say, “His canvases practically serve themselves, enhancing the primal immediacy of butchered animals with aggressively tactile and visceral applications of paint.” The article also supposes that Soutine’s treatment of food subject matters reflected his complicated relationship with food as he died middle-aged from a perforated ulcer. This helps to explain Soutine’s “sensuous commingling of paint, image and feeling” (Johnson). Soutine’s application of paint allows his works to show carcasses which “remain gruesomely dead, and yet they take on the kind of half-life that decaying corpses do.” The paintings in *Living with*

Fibromyalgia: Confronting Chronic Pain take inspiration from this gruesome quality of Soutine's work which was only achieved through his use of thick paint and created interesting surface textures that perfectly complemented his subject matter of decomposing animal corpses.

Anselm Kiefer is a contemporary painter, sculptor, and photographer who has been using impasto techniques supplemented by the inclusion of mixed media in his paintings for decades (Alteveer). Born in Germany in 1945, many of Kiefer's works often relate to Nazism and the efforts by German culture to combat that history. Jonathan Jones of *The Guardian* referred to Kiefer's approach to art by saying, "He will not let the ashes of history's victims blow away, but thrusts them in your face as a handful of truth." *Living with Fibromyalgia: Confronting Chronic Pain* similarly addresses the uncomfortable topic of pain, seeking to confront the general public with the realities of chronic pain rather than allowing the plight of sufferers to remain silent.

Although Kiefer works in many media, *Living with Fibromyalgia: Confronting Chronic Pain* most references his paintings' "encrusted surfaces and thick layers of impasto [which] are physical evocations of the sediments of time and meaning they convey." Kiefer incorporates many types of nontraditional media into his works to attain his signature surfaces, including lead, broken glass, dried plants, charcoal, ash, paper, straw, and glitter (Alteveer; Jones). Kiefer's use of mixed media into his paintings' surfaces has been compared to the work of Jackson Pollock, but Kiefer seems to attribute great meaning to his inclusion of specific media, whereas Pollock allowed objects to remain in his paintings as a testament to the idea that his works represent a single moment (Jones). An example of Kiefer's belief in the significance of his chosen media is his massive painting *Ash Flower*, which Kiefer worked on from 1983-1997. The inclusion of ashes as well as clay and a dried sunflower into this work clearly relates to the overwhelming deaths that characterized twentieth-century German history. Meanwhile, Kiefer's 1996 diptych

Bohemia by the Sea embraces surface texture even more, with a thick impasto surface on the landscape (“Bohemia by the Sea”). Kiefer still acquiesces to his need for symbolism in this painting, including dozens of poppies which have traditionally been associated with dreams, sleep, death, and military veterans. Still, Kiefer’s use of texture in both of these works is the most startling and affecting aspect of the paintings, drawing in the audience to their subject matter.

The textures that Soutine and Kiefer achieve in their paintings are what allows for the audience to have a strong connection and relate to the works upon viewing them, better allowing the emotions involved in their creation to be apparent. I similarly aim to create this type of rapport with my audience as I believe that it is inherently necessary in order for me to convey my experiences of daily life with fibromyalgia. This is particularly important because the burden of living with a chronic pain condition is so difficult for the healthy to understand, even if they have personally witnessed a loved one struggle.

Artistic Representations of Suffering

Although *Living with Fibromyalgia: Confronting Chronic Pain* aims to confront the audience with the realities of an unpleasant subject, the paintings stop short of being overly disgusting or gory. As a relatively squeamish individual, I am fully aware of how quickly the sight of blood and carnage can shut down a viewer’s interest and ability to absorb the content being conveyed. Therefore, the paintings in *Living with Fibromyalgia: Confronting Chronic Pain* take a different approach. They use color palettes that relate to internal organs and bodily fluids, but they remain abstract and ambiguous enough to only suggest suffering. They are also inspired by David B. Morris’s summarization of Elaine Scarry’s *The Body in Pain: The Making and Unmaking of the World* as the belief that “pain [is] the unseen basis for every act of cultural

creation” (Morris 6). Due to this, I find it important to reference artists that channeled the struggles of their lives into their paintings. Francisco de Goya and Alberto Burri worked in entirely different time periods, media, and techniques, but they are both highly inspirational to this body of work because of their abilities to demonstrate human suffering without being overly explicit.

Francisco de Goya was a Spanish artist whose career lasted from the late eighteenth century to the early nineteenth century (Voorhies). Some of Goya’s best-known works were created in response to the atrocities that occurred during Napoleon’s invasion of Spain in 1808. These paintings and etchings were created after Napoleon fell in 1814 as Goya aimed to prove his allegiance to the reinstated Bourbon monarchy. Goya painted *The Third of May 1808* in 1814, depicting a firing squad from Napoleon’s army preparing to execute a number of Spanish citizens who had protested the invasion (“The 3rd of May”). There is significant drama and tension within the scene and the bodies of the victims of the previous round of shootings lay lifeless on the ground. Yet, despite the blood on the murder victims and ground, there is a lack of focus on the wounds of the dead. Goya’s painterly style and composition instead focused on the energy and emotion of the scene, with the focal point being a citizen of Madrid dressed in white with his arms spread out in surrender. By stopping short of being overly detailed with his depictions of the bloodied dead, Goya was able to place focus on the entire event occurring in the scene without alienating any of his viewers.

Later, from 1810-1820, Goya created his famous series of prints from etchings showing the atrocities that occurred during Spain’s struggle against Napoleonic France known as the *Ravages or Disasters of War* (Voorhies, Goya 8). These prints were only published after Goya’s death and are generally considered to depict subjects that Goya personally witnessed or heard

about from eyewitnesses (Goya 2). The scenes shown are equally violent and impactful, but the medium Goya chose mitigates their offensiveness, allowing the audience to study them and understand their message further than a detailed depiction of gore would have allowed. Even *Plate 39: Grande hazaña! Con muertos! (A heroic feat! With dead men!)*, which shows mutilated corpses, refrains from crossing the line into obscenity because of Goya's illustrative approach. *Living with Fibromyalgia: Confronting Chronic Pain* uses abstraction with its use of scientific imagery, but Goya's method of working was still integral to its creation and avoidance of certain visual motifs.

Alberto Burri was an Italian painter whose experience with war also served as a cornerstone of his work (Smith). Generally, Burri is considered to be a painter, but he worked by "painting without paint," only minimally using paint media. Instead, he often worked by patching and sewing pieces of fabric, burning and manipulating commercial plastics, welding iron and steel, and even chiseling away at insulating board. Burri was an Italian medic during World War II, and only began creating artworks after he was captured by Allied troops, sent to a prisoner of war camp in Texas, and forbidden to practice medicine. This resulted in Burri's first and rarely viewed *War Drawings*, in which the artist "consciously [represented] memory-driven scenes of suffering and horror" (Braun 34). They are somewhat similar in tone to Goya's *Disasters of War*, showing figures missing limbs and crying out in pain without being overly descriptive. This group of drawings directly spoke to the "psychological damage and physical lacerations" of war that Burri spent the rest of his career denying had significance to his work (Braun 33).

Despite these objections, Burri's history as a medic is clear within his paintings, especially in his *Sacchi* (sacks) and *Combustioni plastiche* (plastic combustions) series (Braun

156, 210). Burri's *Sacchi* were constructed out of burlap that the artist salvaged from a local mill and transformed by "stitching, tearing, patching, and gluing" (Braun 157). These works clearly show Burri's medical suturing skills and therefore are highly reminiscent of pieces of skin being held together by stitches. His *Combustioni plastiche* are equally evocative of the body despite their beginnings as clear, black, or bright red sheets of commercial plastic (Braun 210). Burri "used incandescent lamps, blowtorches, and oxyacetylene torches to paint and sculpt with heat, fire, and smoke," distending the plastic sheeting to create ripples and air pockets in some areas while ripping and burning the plastic away in others (Braun 211). The blatant abstraction allows the final works to be interpretable to the viewer, but many "evoke flayed skin, vulvas, or internal body tissue" (Braun 212). The paintings in *Living with Fibromyalgia: Confronting Chronic Pain* are comparable to Burri's works in their use of abstraction and nonobjectivity that still feels inherently visceral and corporeal.

Both Goya and Burri were able to channel experiences with war into pieces that clearly suggest human suffering. Although the intentions and artistic approaches of these artists are almost polar opposites, they both had an impact upon the message of *Living with Fibromyalgia: Confronting Chronic Pain* and the way that this work communicates with my audience. My paintings use abstracted imagery of neurological pathways and nerve endings, resulting in works that more closely relate to the art of Burri than to that of Goya. However, referencing their shared talent to avoid ostracizing the viewer when dealing with an uncomfortable topic allowed me to create a body of work that will help my audience confront the difficult idea of the constant pain of fibromyalgia, thereby better understanding their own mortality.

CHAPTER IV

EXHIBITION ANALYSIS

Living with Fibromyalgia: Confronting Chronic Pain is an exhibition consisting of six individual encaustic paintings and a wall-bound installation of paintings. The six paintings that are traditionally executed were completed on wooden panel structures while the installation, entitled *Pain Pathways*, was constructed using annealed steel that I hand-cut and fabricated into specific shapes before covering with paint. The key focus of the exhibition is the installation, consisting of 163 pieces of steel arranged in an abstract pattern that references the neural pathways of pain signals (figure 1).



Fig. 1. *Pain Pathways*. 2018. Encaustic on fabricated annealed steel, 64 x 231.5in.

All of the works in *Living with Fibromyalgia: Confronting Chronic Pain* are primarily encaustic paintings. Encaustic paint's ability to be both two- and three-dimensional lies in its composition of wax and resin. It can be manipulated to be both a flat application of pigment and create impressive textures beyond what is possible to accomplish even with palette knife or impasto techniques. This allowed for the creation of large areas of atmospheric color on some of the paintings, representing the internal body, fatigue, and the movement of neural impulses responsible for pain. Meanwhile, the sculptural capabilities allowed for the creation of tactile, woundlike surfaces that represent the stabbing, gouging, shooting, throbbing, and aching types of

pain those with fibromyalgia experience on a regular basis. These textures are most apparent in the panel-based works, such as *Searing I* (figure 2). These surfaces relay a type of haptic response in the viewer, provoking in them a sensorial connection with the painting's texture and therefore helping them to better understand these kinds of pain.



Fig. 2. *Searing I*. 2016. Encaustic and oil on wood panel, 24 x 16in.

Colors used throughout *Living with Fibromyalgia: Confronting Chronic Pain* represent both internal bodily structures as well as the experiences of pain itself. Dark reds, browns, and even some red-oranges have been drawn from anatomical sources. Many of these colors are directly inspired from images of an upper endoscopy procedure, performed in May of 2015. These pictures show my stomach, esophagus, voice box, and duodenum in color and were used as a starting point for creating the palette seen in the paintings, especially *Searing I* (figure 2).

Other palettes used throughout *Living with Fibromyalgia: Confronting Chronic Pain*, including bright reds and yellows, are meant to express the chaotic experience of pain while yellow-greens represent a feeling of sickness or a general sense of being unwell. Color is also manipulated by using the transparency of the encaustic. Oil paint was applied to each of the wooden panels first and the opacity of the encaustic was consciously chosen for each piece in order to allow the oil color to show through in certain areas of each composition and be altered by the tinge of the encaustic in others. Encaustic paint allows for transparency which is unlike that of any other painting medium and helps to convey a sense of looking under the surface to the physical causes of pain while still placing equal importance upon its outward manifestations which are shown in the upper layers, as seen in *Depleted I* and *II* (figures 3 and 4).



Fig. 3. *Depleted I*. 2016. Encaustic and oil on wood panel, 24 x 24in.



Fig. 4. *Depleted II*. 2016. Encaustic and oil on wood panel, 24 x 24in.

References to microscopic neurological structures in the central nervous system are present throughout multiple pieces of *Living with Fibromyalgia: Confronting Chronic Pain* as a way to tie in the current research behind the believed pathophysiology of fibromyalgia. This includes abstracted imagery of nerve fibers, which are shown to be diminished in sufferers, and of the neural pathways of the electric impulses that communicate within the central nervous system. This imagery can be seen both in the installation, *Pain Pathways*, as well as in panel-based works such as *Gouging I, II, and III* (figures 1, 5, 6, and 7). This serves as a reference to the deep roots of pain in those who live with fibromyalgia and is therefore usually incorporated onto my panels' surfaces as a geometric oil painting that is somewhat obscured by the following layers of encaustic paint.



Fig. 5. *Gouging I*. 2017. Encaustic and oil on wood panel, 24 x 24in.



Fig. 6. *Gouging II*. 2018. Encaustic and oil on wood panel, 24 x 24in.

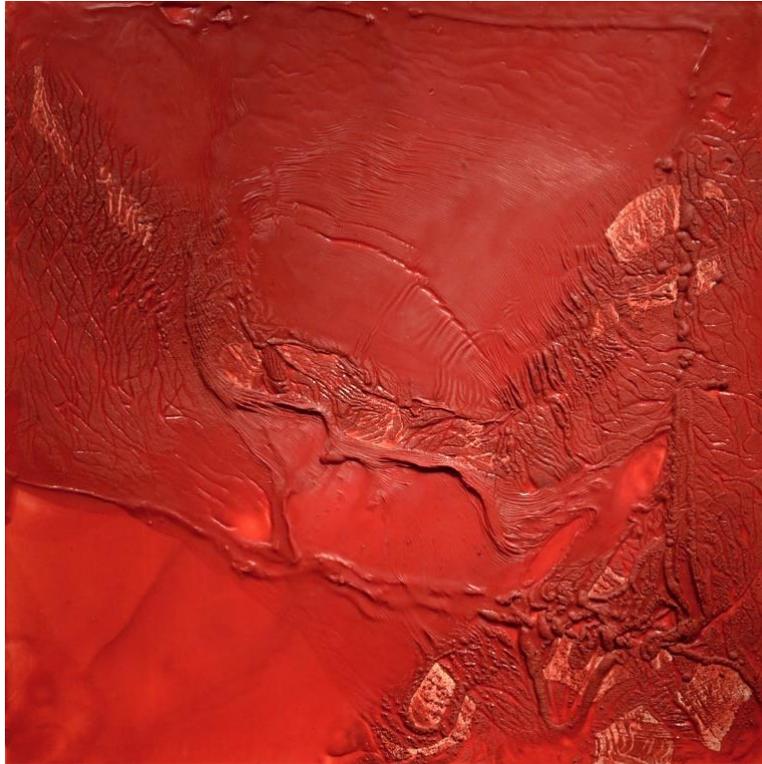


Fig. 7. *Gouging III*. 2018. Encaustic and oil on wood panel, 24 x 24in.

A large component of the body of work in *Living with Fibromyalgia: Confronting Chronic Pain* is the installation, *Pain Pathways*, which consists of 163 pieces of steel with encaustic applied to the surface (figure 1). This installation is arranged so that the negative spaces in between the pieces of steel form the image of a neurological pathway. Parallel lines throughout the ghost image represent the routes electric signals travel within the central nervous system while circular intersections serve as the locations of anatomical structures such as synapses, which are present within the brain and spine. The choice to have negative spaces represent these anatomical structures rather than the positive steel shapes is a reference to the invisible nature of fibromyalgia.

The large scale of the installation is also important to the relationship the work has with the audience. By creating an installation much larger than the viewer, they are able to see an interpretation of how overwhelming and impeding this condition can be upon one's daily life and

activities. The scale also necessitates the viewer step back to see the entire negative image but will simultaneously draw them closer to see the texture of the encaustic on each piece. This serves as a metaphor for the way that outsiders can understand the science behind a condition but must be in close contact with it to begin understanding how it truly feels. The scale also counteracts the idea of pain as a relatively insignificant symptom and confronts the audience with their own ignorance of living with chronic pain. The work forces the viewer to thoroughly contemplate the role of pain in the human experience, thereby acknowledging mortality.

CHAPTER V

CONCLUSION

Living with Fibromyalgia: Confronting Chronic Pain speaks to the misconceptions and avoidance our society commonly adheres to in relation to pain, showing that pain cannot be ignored and is an essential part of life. It also educates the audience on fibromyalgia in the hopes of benefitting chronic pain sufferers and the general public alike. David B. Morris asserts that “people in pain today owe no small amount of their torment to the lack of cultural understanding” and it is my hope that *Living with Fibromyalgia: Confronting Chronic Pain* will begin a dialogue about pain and mortality among those who experience the paintings (7).

This project has also been beneficial to my handling of my health, as it has forced me to confront symptoms that are part of my daily life but completely foreign to most of my community of peers. In *Listening to Pain*, David Biro describes the inclusion of Frida Kahlo’s maladies to her work by simply saying, “Anyone who looks at Kahlo’s art has a better understanding of her suffering” (176). I hope that my paintings are able to produce this same level of contemplation and understanding in my audience. My goal for *Living with Fibromyalgia: Confronting Chronic Pain* is that it will truly allow my viewers to better understand their own lives through the lens of mine.

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