Art and the Lived Experience of Pain

Abstract

Mental health has become a key concern within social discourse in recent years, and with it, the discussion about the lived experience of pain. In dealing with this experience there has been a shift away from merely relying on medical care, towards more holistic approaches involving community support, public awareness, and social change. However, little if any attention has been paid in this context to the contribution of aesthetic experience engendered by art that expresses and publicly shares with others the lived experience of pain. With reference to *Phantom Limb*, an art exhibition curated by Euan Grey and held at the Victoria Galleries and Museum Liverpool in 2016, I argue that aesthetic experience plays a crucial role in making sense of pain and suffering, thus breaking new ground in the appreciation of the significance of art for public mental health and holistic approaches towards patients.

1. Introduction

Mental health has become a key concern within social discourse in recent years, and with it, the discussion about the lived experience of pain. In dealing with this experience there has been a shift away from merely relying on medical care towards more holistic approaches involving community support, public awareness, and social change. Here I make a case for one underappreciated resource for public mental health and holistic approaches to care, namely the aesthetic experience engendered by art that expresses and publicly shares with others the lived experience of pain.

While art has been increasingly recognised as an effective means of expression and communication of lived experience in the context of art therapy, its value is associated almost exclusively with its benefits as a form of treatment for the patient. Art produced in this context is rarely, if at all, valued for its artistic or aesthetic merits and their impact on the patient or the audiences that may encounter it. Aesthetic experience, I will claim, plays a crucial role in allowing us to make sense of the lived experience of pain or suffering embodied in art, precisely because aesthetic experience – at least on one understanding of the concept, which I will be defending – brings the

totality of the lived experience of pain to the fore while creating the reflective space necessary for this to be effectively communicated to others.

I make my case on the basis of a close engagement with *Phantom Limb*, an exhibition curated by Euan Grey and held at Victoria Galleries and Museum Liverpool, as part of the Liverpool Biennial 2016 Fringe, July-October 2016. The exhibition comprised works by eight artists delivered in different media – including photographs, drawings, comics, sculpture, film, sound – that centre around pain in all its manifestations: as physical or mental illness and suffering, as loss of one's limps or sense of body and self, as mental anguish at the prospect of one's own death, or as mourning for the death of those close to us. But the exhibition also addresses the ways in which we deal with pain; the ways, so to speak, in which we domesticate pain in our life: treatment, recovery, memory. I will be discussing three of the works presented in this exhibition: Hannah Wilke's *Intra-Venus Series, No. 6* (1992), Nancy Andrews' *On a Phantom Limb* (2009), and Tabitha Moses' *The Go Between* (2016, specifically commissioned for this exhibition) in order to demonstrate how such works afford the gallery audiences with an experience very different to our ordinary ways of experiencing and learning about the word, namely the aesthetic experience. My argument is that the aesthetic experience plays a crucial yet overlooked role in making sense of pain and suffering, thus breaking new ground in the appreciation of the significance of art for public mental health and holistic approachs towards patients.

2. Pain

Pain is undoubtedly a very complex phenomenon, a fact reflected on the philosophical and medical debates concerning its nature and definition. Central to this complexity is that the experience of pain has clearly two aspects. On the one hand,

given the analogy between pain and perception, one may claim that pain is a form of perceptual awareness, a sensory-discriminative capacity with its appropriate representational content, or more broadly, intentional object. In this sense, the claim 'I have a pain in my hand', like the claim 'I have an apple in my hand', reports an objective state of affairs. This state can be plausibly construed as some disturbance or damage localised in a specific part of my body, as registered through the activity of appropriate neurons, and represented in my perceptual experience as having a certain quality and intensity. On the other hand, there is a phenomenal quality of pain, a negative affective or evaluative (and eventually behavioural) component in the overall experience ('it hurts') that goes beyond the representational content of the perceptual experience and resembles more an act of introspection than an act of perception, since it does not seem to be about anything outside the experience itself.[1]

The various positions articulated in the philosophical debate on the nature of pain can be considered as responses to this duality, trying to combine these two aspects in various ways or to prioritise one over the other. However, this is not an easy task to the extent that the perceptive and the phenomenal aspects of pain can also exist independently and are thus not necessarily connected. There are well-known conditions in which the appropriate representational content is there, but the painfulness of pain is missing (pain asymbolia or various forms of analgesia), as well as conditions in which the painfulness of pain is there, but in the absence of the bodily damage that could be represented by the appropriate perceptual experience (phantom limb syndrome). Uniquely, pain is a form of perception for which no hallucination or delusion is possible, and this is reflected in the definition offered by the *International Association*

[1] For an initial orientation and further references see Corns (2017, pp. 19-69), Hardcastle (1999), Corns (2020), Schleifer (2014) and Jung (2016).

for the Study of Pain, according to which pain is defined in an objectivist manner as 'unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage', but under the subjectivist qualification that, '[p]ain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons. […] A person's report of an experience as pain should be respected'.[2]

For the purposes of the present discussion, I shall adopt a broad and subjectivist understanding of pain, where the emphasis is on the 'painfulness' of pain and not on its specific perceptual or causal aspect. While by no means intended as an assessment of the debate presented above, I believe that this approach is particularly helpful for elucidating the lived experience of pain and our ways of dealing with it. The importance of drawing clear distinctions between different aspects or components of the experience of pain, as well as, say, between physical and psychological pain, or between pain and other forms of physical or mental unpleasantness or suffering is evident. However, any significant lived experience of pain does not merely contain distinct episodes of physical pain (of the kind, say, that we may experience after a minor accident or before a visit to the dentist), but is shaped by all kinds of physical, mental or even social conditions. To understand, for example, how a terminally ill person may try to deal – through art or otherwise – with an experience of persistent pain, while in fearsome anticipation of the future and mourning recollection of the past, in a situation of physical incapacitation and social isolation, we need an expansive definition of pain, in which 'the boundaries of the word "pain" are characteristically blurred by connotations of suffering and trauma' (Fernandez, 2010, p. xiii).[3]

[2] The definition can be found on the IASP website, https://www.iasp-pain.org/resources/terminology/?navItemNumber=576#Pain.

[3] From a theoretical point of view, there are two separate groups of issues here. The

The various aspects of the subjective nature of the experience of pain have been frequently noted in the philosophical reflection on pain. At the core of this subjective understanding of pain lies the claim, expressed here in Hannah Arendt's words, that 'only pain is completely independent of any [external] object, that only one who is in pain really senses nothing but himself' (Arendt, 1958, pp. 309-10).[4] A first implication of the lack of an external intentional object in the experience of pain is the radical isolation of the subject of pain. If the pain is intense enough, its experience absorbs the subject as the body is thrown back upon itself. When one withdraws into oneself, the normal function of the one's senses is disrupted and so the subject loses touch with the reality of the external world. At the same time, one establishes an intentional relation with oneself in a state of negative and dissociative affection, sensing oneself in opposition to oneself.[5] A second implication is that this experience is radically private, since there is no obvious way to objectify it in order to express and communicate it

first continues the debate on the nature of pain in order to examine the validity of distinctions between different putative kinds of pain (e.g., physical vs. psychic or psychogenic pain) or between pain and other unpleasant sensations or affective mental states (see Biro 2014; Sullivan, 2017). The second concerns more broadly the relation between a philosophically or scientifically constructed concept of pain and the corresponding common-sense or folk-psychological notions. Rejecting our ordinary understanding of pain (with all its fuzziness, metaphorical associations, ambiguity, or even incoherence) in favour of a philosophically sophisticated scientific theory of pain does not contribute directly to dealing with or making sense of our lived experience of pain. For a strong defence of the claim that we must abandon our ordinary talk about pain, and the definition of IASP, see Hardcastle (1999, pp. 145–162); for a defence of the mental-social aspects of pain experience captured in our ordinary ways of talking about it see Derbyshire (2016).

[4] This claim provides the starting point of Elaine Scarry's well-known work *The Body in Pain*: '[P]hysical pain is exceptional in the whole fabric of psychic, somatic, and perceptual states for being the only one that has no object. Though the capacity to experience physical pain is as primal a fact about the human being as is the capacity to hear, to touch, to desire, to fear, to hunger, it differs from these events, and from every other bodily and psychic event, by not having an object in the external world.' (Scarry, 1985, p. 161).

[5] 'Nothing, by the same token, rejects one more radically from the world than exclusive concentration upon the body's life, a concentration forced upon man in slavery or in the extremity of unbearable pain' (Arendt, 1958, p. 113).

publicly through linguistic or material signs: 'the experience of great bodily pain, is at the same time the most private and least communicable of all. […] it [is] perhaps the only experience which we are unable to transform into a shape fit for public appearance' (Arendt, 1958, pp. 50-51; see also Scarry, 1985, p. 162). In fact, one could go even further and claim that, in its radical lack of an intentional object that could guide the process of signifying, 'physical pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned' (Scarry, 1985, p. 4).

I have already noted above the unusual status of pain as a form of perception for which no hallucination or delusion is possible. This paradox can be now intensified by noticing that, given the objectless nature of the experience of pain, 'for the person in pain, so incontestably and unnegotiably present is it that "having pain" may come to be thought of as the most vibrant example of what it is to "have certainty," while for the other person it is so elusive that "hearing about pain" may exist as the primary model of what it is "to have doubt"' (Scarry, 1985, p. 4).[6] Bridging the gap between private certainty and public doubt cannot be easily accomplished, but is imperative in both directions: the person in pain cannot make sense of their experience without making it public in some way, while the person who is not experiencing this pain cannot remain deaf to the disclosure of a fundamental aspect of human existence. It is thus necessary to come up with ways to 'reverse the de-objectifying work of pain by forcing pain itself into avenues of objectification' (Scarry, 1985, p. 6). In what follows, the task is precisely to examine how works of art of a certain kind can help us achieve this aim.

[6] Cp. 'Pain is the only inner sense found by introspection which can rival in independence from experienced objects the self-evident certainty of logical and arithmetical reasoning' (Arendt, 1958, p. 310).

3. Art

Creating works of art is one of the most prominent ways to transform experiences, thoughts, or feelings 'into a shape fit for public appearance' (Arendt, 1958, p. 51). The nature of pain entails, of course, that, in a variety of ways, pain is not a particularly appropriate subject for aesthetic or artistic representation, especially if we identify the objective of our engagement with art as a kind of pleasure or delight. Nevertheless, there are many fictional representations of pain in art and literature, shaped by purely artistic exigencies and creative aims against the background of diverse lived experiences of pain that each one of us (and, presumably, the relevant artists) inevitably accumulates through life.[7] Sophocles' *Philoctetes* and the statue of Laocoon and his sons, are classical examples where the depiction of the experience of pain is the primary aim of the work.[8] However, artistically informed explorations of pain need not be purely fictional. There are also documentary or quasi-documentary representations of human pain or suffering, ranging the entire spectrum from journalism to 'high' art, usually associated with political or social agendas against injustice, oppression, or exploitation.[9] What brings these two different ways of dealing with pain through art

[7] For a broad survey of the Western tradition of works of art dealing with pain, see Spivey (2001). For the visual arts, see Di Bella and Elkins (2013) and Biernoff (2021). For a brief overview of the relevant literature, see also Mintz (2013).

[8] In this respect, Lessing's discussion of the Laocoon group and Sophocles' *Philoctetes* is still instructive. Lessing accepts that the artistic depiction of pain is legitimate within the 'wider boundaries of art'. However, he argues for strategies of artistic presentation that would objectify more effectively (even if indirectly) the experience of pain, associate it with other more easily communicable aspects of experience, and keep it within bounds that would sustain the audience's engagement with it, which are different in the visual and literary arts (Lessing, 1985, pp. 61-75).

[9] Works of this kind provide the focus for Sontag (2003); for the issues they raise, see also Grønstad and Gustafsson (2012). One could include here documentary representations of pain in various kinds of medical literature; see Rees (2014) and Bourke (2019).

together is their 'third-person' perspective: typically, neither the artist nor the audience claim a 'first-person' experience of the pain or suffering depicted: the pain is that of 'others'. The 'first-person' experience of pain is however crucial in the way art is used to deal with pain in health care practice, as evidenced in various forms of art therapy.[10] What typically happens in art therapy is that under the guidance of the therapist patients are involved in artmaking and in reflecting on both the process and the artistic objects they produce, in order to deal with their own pain or suffering. The artistic or aesthetic project is thus fully subordinated to the therapeutic aim and the purpose of art is to transform directly in some desired way the immediate lived experience of pain, to heal those who participate in the therapeutic practice.

However, there is a third possibility, which is what I am interested in pursuing here, namely works of art, which may or may not have been produced in the context of therapeutic practice, but are published or presented in a gallery space, i.e., they become candidates for public aesthetic or artistic appreciation. Such works, rather than being fictional representations of pain, act as (autobiographical) records of a specific lived experience of pain or suffering that their creators had, either in dealing with their own pain or with the pain of individuals close to them.[11] This direct access to lived experience largely determines the response of the audience. It also generates the main

[10] For a useful overview of diverse approaches to art therapy, see Gussak and Rosal (206, pp. 7–131). For a discussion of the effectiveness of art therapy in dealing with chronic pain, see Hamel (2021, pp. 41–5).

[11] The earliest example of such works is perhaps the *Sacred Tales* of Ailios Aristeides, written c.175 CE, which 'recount the *minutiae* of their author's pained existence throughout his extended illness and recovery' (King, 2018, p. 130). An intense modern example are the notes written by Alphonse Daudet between 1887 and 1897 recording his lived experience of the sufferings caused by neurosyphilis, published posthumously (Daudet, 2002). Daudet intended to write a novel based on these notes, but this project was never realised. Ofri (2010) discusses several contemporary poets who recorded personal experiences of pain and illness in their works; Harris (2003) highlights the proximity of literary expression and therapeutic practice in this context.

question: what is the significance and the distinctive contribution of these works and their aesthetic appreciation to dealing with the lived experience of pain?

Much of the art included in *Phantom Limb* is precisely about articulating what pain was for those that experienced it, what it was to be in pain *for them*, and in that sense, it seems to go beyond an understanding of aesthetic experience as a form of universal pleasure generated by a beautiful representation. This is, then, a case where art goes against the reticence associated with experiences of pain in many social contexts and attempts directly to make public that pain which is so private that 'it cannot assume any appearance at all' (Arendt, 1958, p. 51). So, what is it that we are presented with?

Hannah Wilke's Intra-Vernus Series, No. 6 (1992)

Hannah Wilke's performalist nude bust-length self-portrait (taken by her husband Donald Goddard), *Intra-Venus Series, No. 6* (1992), is an imposing 'larger than life' 120.7 x 181.6 cm chromogenic print, documenting the artist's battle with lymphoma, which led to her death in 1993. The artist is looking directly at the viewer; her thinning hair, presumably from chemotherapy, is gathered in threads draping gently over her piercing red watery eyes. This image is part of an extensive series of photographic and watercolour self-portraits, which were not intended to be a private documentation of her illness, but rather were 'conceived for public display, to be shared with others' (Crippa and Rogers, 2018, p. 68). As the title suggests, in its allusion to the goddess of love and beauty and its reference to a detached enumeration associated with formalist works (both points may be ironic, but could be also taken quite seriously), the portrait as part of the larger project makes a strong claim to engage with this illness, the ways in which the illness manifests itself externally in the appearance of the patient/artist as an objectification of internally felt pain, as a work of art. This affirmation of art, Wilke's

resolve to respond to her condition with the creation of a work of art, becomes more evident in the context of her overall work. The portrait continues the engagement of the artist with her own body and self-image, a theme that unifies Wilke's artistic production along recognizably artistic aims within the context of performance and feminist art, i.e., using 'her body as material to be used for underlining personal and cultural statements' (Tierney, 1996, p. 49), or 'in order to propose, chastise, play with or make fun of particular ways of being and engaging with reality' (Crippa and Rogers, 2018, p. 67). Indeed, the 'seamlessness' with which this image fits into Wilke's body of work (Perchuk, 1994, p. 94; cp. Wacks, 1999, p. 106), as well as the fact that the powerful impact of *Intra-Venus Series* necessitated a retroactive assessment of the whole 'of Wilke's art and legacy' (Jones, 2003, §2; §18) clearly indicate the artistic achievement of these portrayals of pain and illness.

Considered as a portrait of a person suffering, the work is in a sense quite traditional. Although it clearly presents the condition and effects of suffering in a very stark or realistic way, it captures a moment of relative repose in which the subject can compose herself, presumably in between states of intense and debilitating pain. As a result, we are captivated by this image in ways that point to different, or even opposite, directions, and sustain all kinds of ambiguity. This is clearly a person ravaged by illness and pain, but also surprisingly beautiful despite the circumstances; this is a person suffering a terrible misfortune, but also managing to retain her dignity, and even project a sense of defiance or disdain for her condition that appears to be characterised by equal amounts of resignation, resilience, and anger. This ambiguity is related to the interplay between the 'internal' and the 'external', or the 'real' and the 'apparent', established by the work. According to Amelia Jones, this and other works by Wilke,

> stubbornly resists the notion that representations reveal some latent knowledge about who and what the subject actually is. The subject is known only through her appearance – via the image or in the "flesh" – and yet this appearance is infinitely variable. The portrait's subject calls out to us, but each of us receives it in our own particular way (Jones, 2003, §6).

From one point of view, this could mean that the work – perhaps necessarily given its aesthetic constitution as a (visual) semblance – cannot capture and communicate what pain 'really is' for the person in pain, but it can merely present to us the 'appearance' of pain, what *it looks like* to be in a state of pain as opposed to what *it is to be* in a state of pain. From another perspective, this point may be taken to mean that there is nothing to be known or to be valued behind this appearance, that the accomplishment of the artist is to project an appearance of the subject that will eliminate the need for or appeal to some latent knowledge about what this subject 'really is' or how she 'really feels'.

And, of course, in this context, it is of crucial importance that we are dealing with a self-portrait. The portrait is staring directly at the viewer, at each one of us, capturing our attention. In this connection, the defiance of Wilke's gaze may not be directed solely against her condition, but also against any viewer who may consider illness and pain – and a mature female body ravaged by them – as matters that should be kept private. However, as with every self-portrait, the image presented here could be considered also as a reflective image, the object that the artist herself as subject sees when looking in a mirror. This reflective interplay that places the female body depicted in the work under the gaze of the artist can be appreciated as an important aspect of the kind of feminist artistic project sustained by Wilke throughout her entire oeuvre. In this particular case however, the reflective duplication, the artist looking at her suffering self, becomes particularly poignant. Given the negative affection with which the self

takes itself as the internal object in pain, Wilke's highest achievement may be the self-love that informs the gaze of the artist to which the portrayed person responds. This self-love is an important factor in putting the viewers in the same position as the artist. They are invited to look at the work as if looking at themselves in a mirror, entertaining the possibility that this pain could also be theirs. This is clearly not an image that we would strive to identify with, and yet it is not an image that we can dismiss either: averting our eyes from it, would involve rejecting one's own self, if found in the same situation, that of suffering and being in pain.

Thus, Wilke's self-portrait functions as a public placeholder for our private experiences of pain by effecting a shift in the interpretation of 'being in pain'. At a first level, the work objectifies, makes it appear in public, *the state* of being in pain by selecting and presenting appropriate visible attributes of the experience of pain. At a second level, however, it reveals the existential predicament of the subject, the *being*, not only the artist, but any being who finds oneself in pain and looks at oneself as if in a mirror: 'is this me?'.[12] The oscillation between our attraction to the work and our aversion from it correspond to the artist's oscillation between recognizing and not recognizing herself in the artistic projection of herself and parallels the biological and psychological function of pain which could be equally protective and destructive. If intense pain alienates us from ourselves and from others, then perhaps what Hannah Wilke saw when she looked at her self-portrait looking back at her, and what we see when we look at its mixture of resilience and resignation is how precarious the project of holding ourselves and everything else together really is.

[12] For the distinction between being in pain=being in a state of pain, where 'being' is taken as a verb and being in pain=an entity in pain; 'being' is taken as a noun, see Jung (2016, 27-8).

Nancy Andrew's On a Phantom Limb (2009)

Nowhere is this fragmentation and strained relationship with oneself and others more evident than in Nancy Andrews's film *On a Phantom Limb* (2009), from which the exhibition derives its title. Andrews was diagnosed with Marfan Syndrome, a genetic disorder affecting her heart and aorta. She underwent surgery for replacing a part of the aorta in her 20s, followed by multiple surgeries for a dissected aorta about a decade later. Although the surgery, as she writes, restored her to 'normal functioning', she suffered Intensive Care Unit delirium and Post Traumatic Stress Disorder, conditions that point to the blurred boundary between physical and mental pain.[13]

This 35-minute film – written and directed by Andrews, with music by John Cooper – incorporates footage from Andrews' surgery as well drawings she created during her illness and recovery to present the story of a surgically created creature returning to life after having experienced death and purgatory. For Andrews, art as an activity served in a broadly therapeutic context as 'a way to understand her experience and connect to others', be it sufferers of similar conditions who may hereby find solidarity, or medical professionals and the public, who may become more aware of such conditions. But her art as an object, situated now in an art gallery, has more far-reaching aspirations. In her own words, it is an invitation extended to the viewer 'to enter the in-between, fluid, unstable, fluctuating space [that she inhabited]. […] Reality, I think, is less stable that we like to believe'. This world, the world of the artwork, is marked by antithetical narratives: 'reconstruction of the body vs. deconstruction of the self; mutilation vs. repair; delirium vs. heightened awareness of existential truths'.

[13] Relevant information and quoted passages in this and the next few paragraphs come from Andrews's blog: https://artandscienceofdelirium.wordpress.com/2012/09/15/an-invitation/, accessed 3/06/2023.

Andrews's work can be thus considered as an artistic reflection both on the diverse ways in which the identity of the self, one's capacity to recognise oneself or one's own body, is seriously compromised in conditions of severe pain, and on the therapeutic practices that may assist someone to restore one's own relation with oneself. As I suggested earlier, this destruction of the self under intense pain starts paradoxically with a maximal affirmation of subjectivity: 'pain individualizes the self to that extent where nothing else exists but the victim's bare self, ipseity' (George, 2016, p. 59). However, this immediate and self-contained awareness of the self is experienced as a form of thorough self-alienation – in pain nothing matters but me, but at the same time I am set against myself – while, at the same time, the emergence of the 'bare self' is made possible by the destruction of all the complex bodily and psychological structures and relations that sustain and give meaning to ordinary subjective experience (e.g., the spatio-temporal structure of the experience of myself and the world, the affective connections to other human beings).

A first example of such pain-induced disruptions of subjectivity explored in Andrews's work is precisely the phantom limb experience. 'Phantom limb' denotes a usually painful perception of a missing, amputated limb as being still present, fully attached to the body and thus still existent as part of the human being.[14] While absent in a third-person perspective, the limb is still present in a first-person perspective. In this situation, there is a tension between the physical reality that underlies and supports the existence of the self and the way in which the 'I' is conscious of this reality, of its body and its various parts. The experience undermines one's capacity to recognise

[14] For a useful and concise survey of the issue of phantom limb pain, see Richardson (2010). Merleau-Ponty's discussion of phantom limb, in the context of an elucidation of the way one's experience of one's living body is localised, makes forcefully the point that understanding this experience requires the combination of a physiological and psychological approach (Merleau-Ponty, 2005, pp. 87-92).

adequately oneself in a double sense. On the one hand, it amounts to a false impression of one's own bodily integrity; on the other, it rests on a state of negative affection: the part of the body that is absent becomes present through pain.

In Andrews's case, parts of the amputated aorta were replaced, as is also rather common with many amputees who are provided with various sorts of prosthetics. The drawings thus depict herself as a mechanical, surgically re-constructed being, part-woman and part-bird. The paradox of Theseus' ship comes to mind here: if all the parts of an object, a ship, are replaced, is the object fundamentally the same, identical to itself? However, in the case of phantom limb experiences associated with these prosthetics, the main issue is not the identity of a material object ('Is my body the same after all its parts have been replaced?'), but rather the re-imaging or re-experiencing of the whole self – of which the body is, so to speak, a part – under a new mixture of familiarity and strangeness experienced primarily through pain. In Andrews's work, in contrast to Wilke's *Intra-Venus Series*, pain is not associated with the prospect of imminent death. Andrews's project is to continue living with/after pain, or, in other words, to move beyond an artistic depiction of the state of pain in order to recover or construct, in terms of her lived experience, a new sense of herself that would allow her to understand her experience and to re-establish a working relation with other human beings or the world at large.

In the art I have discussed so far, artistic activity as a form of work on the lived experience can be associated clearly with the therapeutic or cathartic effects that it has on their artists. This is, of course, a widely recognized instrumental value of art within the context of medical humanities, especially in art therapy.[15] Accordingly, the

[15] For a collection of essays exploring the therapeutic potential of various forms of art, see Bates *et al.* (2014).

artworks produced through this kind of creative activity can be seen as records of the ways in which individuals deal with their own pain. In other words, if we consider these works as exemplary repositories of some kind of knowledge, what they can teach us primarily is how to deal with our own experience of pain by artistically representing it. But what about the ways of dealing with the pain of other people, especially since, when we view works like the ones created by Wilke or Andrews as gallery visitors, we are *de facto* observers of (records of) the pain of other people? Approached by the exhibition curators, Tabitha Moses responded to this question through her work *The Go Between* (2016).

Tabitha Moses' The Go Between (2016)

The work is an installation piece continuously evolving. Gallery visitors are encouraged to share their experiences of pain by writing on cards provided by the artist and posting them on a noticeboard. In this way, gallery audiences are invited to assume an active role by telling their story, and thus fostering a community. But what makes this process different to, say, sharing an account of their lived experience on an online forum, is that the artist then responds to the stories by creating votive offerings. Moses uses different materials and techniques to produce these offerings, which she pins to a stuffed fabric body that lies on a plinth at the centre of the room. In this sense, the artist responds to the audience's experience, while each member of the audience responds to the votive offerings that respond to other members of the audience; the task of the artist is precisely to create the space in which these responses are possible. Herself deeply moved by this process, the artist wonders if 'like leaving a votive object in a chapel, the person might take comfort in taking action, getting it off their chest, telling the

universe. Is that a form of healing in itself?'[16] Judging from the overwhelming response of gallery visitors to her call, this seems to be the case.

Catharsis in the context of art is a homeopathic process that works 'by administering, repeating, imitating, and symbolizing' the relevant reality in a way that affects 'the entire human being' (Meinhold 2016, p. 96). The re-experience and re-enactment of painful experiences leads to the emotional discharge of the participants, which, for Aristotle, refers particularly to pity, 'a powerful emotion associated with undeserved suffering […] akin to the shared or public lamentation which is part of life in small and closely knit communities' and fear: 'we fear for them [the characters] the things they fear for themselves' (Lucas, 1980, p. 273–4).

But beyond its immediate personal effects in terms of emotional discharge, this act of secular intercession, as it were, transforms the gallery space into a communal place for meditation and reflection, and art becomes the channel or the mediator, connecting but at the same time separating participants. The dimensions of the central figure in Moses's installation, the white cloth – reminiscent of a shroud – which dresses it, and the placement of the votive offerings of 'affected parts' of the sufferers on corresponding parts of it, point to the creation, or rather co-creation of a public domain, a shared world, in the form of a body that, by being no one's in particular, is everyone's. Hannah Arendt defines the 'public' as,

> the world itself, in so far as it is common to all of us and distinguished from our privately owned place in it […]. This world is related, rather, to the human artifact, the fabrication of human hands […]. To live together in the world means essentially that a world of things is between those who have it in common, as a table is located between those who sit around it (Arendt, 1958, p.

[16] See https://thevotivesproject.org/2016/09/25/go-between/, accessed 22 June 2023.

52).

In its formal simplicity and performative complexity, in installing a representation of the human body in pain as the central artifact at the core of the public world of the gallery, Moses's work captures concisely the essential aspects of art's contribution in dealing with the experience of pain.

4. Aesthetic Experience

In the previous section, I identified several ways in which the particular artworks discussed contribute to our dealing with the lived experience of pain. This contribution, whether from the point of view of the individual, the artist/sufferer, or the audience who engages with the work, is both cognitive and practical, descriptive and transformative. These works capture and elucidate aspects of our experience of pain, but also articulate active responses to this experience. They try to make sense of the experience of pain by exploring the self-transformations initiated and suffered because of pain. But the leading question of my discussion remains and requires a more systematic elucidation: what is the specificity and significance of art and aesthetic appreciation in this context?

The issue can be broken down in a series of related questions: First, amplifying on a question raised by Ian Williams (Williams, 2011, p. 361), 'is art made as therapy still art?', we may ask: does it make sense to show such works in a public space, consider them as art, and enjoy them aesthetically? Second, could the fact that a work of art is created on the basis of a specific lived experience contribute something special to its artistic or aesthetic value? And finally, assuming the broad cognitive and practical interest underlying our desire to make sense of our experience of pain and respond to it, how and what does art allow us to learn about pain or suffering that would be difficult

to learn in other ways?

In response to the first question, neither every artistic product of therapeutic activity or practice will necessarily be a publicly appreciable work of art, nor does the fact that a work was initially conceived or realised in therapeutic context prevents it from being art and become a candidate for public appreciation, especially if its creator already has relevant qualifications or experience as an artist. In this sense, it seems that the issue cannot be decided as a matter of principle but should be evaluated on a case-by-case basis. What is clear as a matter of principle is that the criteria of appreciation of the work are different in the two contexts, and one should be careful in applying them appropriately in order to avoid misapprehending the significance of the work, which could be either therapeutic or aesthetic, or both.

The response to the second question seems more complex. Generally, artistic activity is considered as a matter of the imaginative and reflective (re)creation of experience, while the work of art is granted a relative autonomy from the circumstances of its creation, such as the conditions or the immediate intension of the artist. So, in that sense, it could be argued that the aesthetic value of the work would be the same regardless of the particular circumstances of its creation. However, from the perspective of the artists, that these works are records of an intense and immediate lived experience, aiming directly to make sense of and respond to this experience, presumably sets them apart from works just conceived in an ordinary manner against the background of the overall experience or empathetic imagination of the artist. Moreover, it is undoubtedly the case that the audience's appreciation of and response to the works in the *Phantom Limb* exhibition was crucially shaped by their authenticity as vouched for by the actual, specific experience behind them – which, more generally, is also the case with much performance and feminist art. What is worthy of special admiration in the work of

Hannah Wilke, for example, may not be that she managed through her art to make sense of pain in a novel or insightful way (she may have done this, but other artists not necessarily having this experience may do so too), but rather that she managed to do so in her condition, hindered, so to speak, instead of being assisted by the immediacy of her experience. In this sense, the special appeal or significance of this kind of art may be that it stands as a testament to human ability to make sense of any lived experience and respond to it in an admirable way, however horrible and however horribly it affects us.

The final question touches upon a broader issue that has been discussed extensively in aesthetic literature, starting from Aristotle's *Poetics*, namely the so–called paradox of tragedy or paradox of negative emotions: we seek out and value works of art that depict distressing or horrifying situations which we would normally avoid in real life in order to spare ourselves from the negative emotions generated by the experience.[17] One way of dealing with this paradox is the position developed by the early Nietzsche under the influence of Schopenhauer. In the *Birth of Tragedy*, Nietzsche asserted that suffering is a fundamental and inevitable element of human existence and attributed to art the task to help us deal with it in the most effective way. The superiority of art in this respect is not, of course, practical in the ordinary sense: art is not in competition with medicine for providing more effective pain treatments. Rather, according to Nietzsche, the cognitive superiority of art is grounded on the refusal to evade the inevitability of suffering in human life – metaphysically grounded in the philosophy of Schopenhauer but also supported through empirical evidence – by articulating a prospect of a human life free of pain. Its practical superiority rests on its

[17] For a useful recent survey of the issue, with further references both to the historical and contemporary literature, see Levinson (2014).

capacity to present that insight in a way that does not affect negatively the will of human beings to live. Depending on how strong one takes Nietzsche's claims to be, art can either provide some kind of justification for suffering, i.e., show how it contributes to the value of human existence, or, more modestly, help us discover or construct the significance and meaning of our experience of suffering in a way that enhances the capacity of the subject to pursue their fundamental interests.[18]

It may be argued that the suffering of a patient undergoing chemotherapy or heart surgery in a present-day hospital is quite different, say, from the tragic pain of Prometheus or Philoctetes. In this sense, the *Phantom Limb* exhibition is a difficult case, if not for the substance of Nietzsche's views, at least for his excessive rhetoric. I propose an alternative yet so far underappreciated way of approaching this issue, that is, to consider that the specific contribution of these works lies in affording us the possibility of dealing with the reality of pain or suffering through aesthetic experience.

The notion of aesthetic experience can be traced back to the beginning of modern aesthetics, especially to Kant's work, but it also informs the work of many contemporary philosophers of aesthetics. The fundamental idea behind it is that our encounter with certain objects – whether natural or human-made – leads to a special kind of experience different from any other form of experience arising from our cognitive and practical engagement with the world. Further and beyond this generally

[18] Nietzsche's actual position was far more complex than this brief schematic overview allows and was developed significantly throughout his career. For a nuanced discussion, see the collection of essays in Came (2014). It may be helpful to associate Nietzsche's claim about the inevitability of suffering with his own lived experience of pain as reported in a letter written in 1888: 'Around 1876 my health grew worse. … There were extremely painful and obstinate headaches which exhausted all my strength. They increased over long years, to reach a climax at which pain was habitual, so that any given year contained for me two hundred days of pain.' (Nietzsche, 1996, p. 293). Nietzsche's intimacy with pain and the importance he attributed his experience of it, is well-attested in his published works; see esp. Nietzsche, 2001, pp. 6–7; 60–1; 177; 179; 181–2.

agreed understanding, everything that pertains to aesthetic experience – the way in which it can be captured and described, the way in which it informs our response to works of art, its function in explaining the task and value of art, its very existence as a distinct kind of experience – has been a matter of extensive debates in the philosophical literature.[19]

The particulars of these debates shall not concern us here, but two points of orientation will be helpful. First, the traditionally prevalent understanding of aesthetic experience is a rather narrow one, both regarding its content and its overall aim. The content is limited to the appreciation of variously defined formal properties of the object – the unity, complexity, or variety of a composition, or its expressive purposiveness, i.e., the optimal relation of its form to the content it signifies. The aim of aesthetic experience is taken to be solely reflective pleasure, made possible by the temporary exclusion of any personal, cognitive, ethical, or socio-political interests. Second, given this narrow understanding of aesthetic experience, it is not surprising that its relevance for illuminating our complex responses to contemporary works of art motivated by all kinds of agendas that both exceed the traditional pursuit of beauty and undermine a conception of art as an autonomous social activity, have been increasingly questioned from the early 1960s, which, in the 1990's, even led to the identification of aesthetic experience as 'the central blunder of modern aesthetics' and to a 'reasoned account of its demise' (Shusterman, 1997, p. 29).

On both these counts, invoking the notion of aesthetic experience in the context of the theme and the provenance of works like the ones presented at the *Phantom Limb*

[19] Kant (2000). For a broad and concise survey, see Matravers (2012); for a reconstruction of older debates and a defence of a revised notion of aesthetic experience, see Shusterman (1997); for a detailed discussion of more recent developments and further references, see Carroll (2002 and 2012).

exhibition would seem even less helpful than employing a 'heroic' Nietzschean framework, to the point of being inappropriate or disrespectful. Clearly these are not works particularly suited to a primarily formal appreciation, while their artistic motivations and objectives, as well as the response of the audience, evidently go against the appreciation of art for art's sake associated with an aesthetic understanding of art.

However, adopting a broader account of aesthetic experience, a tenet that is evident in the recent revival of theoretical interest in the notion of aesthetic experience, may provide a more promising point of reference for determining the specificity and significance of art in the context of dealing with pain. Perhaps the broadest of these accounts has been articulated by Alan Goldman in a series of publications.[20] According to Goldman, our response to a work of art must focus on 'the interaction of formal, expressive, and representational aspects of the works appreciated' (Goldman, 2013, pp. 329). Aesthetic experience, as the subjective counterpart of this interaction, includes 'cognitive, imaginative, and emotional engagement with artworks, along with perceptual grasp of their formal structures' (Goldman, 2013, pp. 326-7). Moreover, to the extent that the work develops moral or political themes in a way that is relevant to our overall appreciation of it, 'prompting engagement with a work on a moral level' and thus, for example, gaining moral insight or knowledge, can also 'be an integral and inseparable aspect of our full experience of or engagement with the work' (Goldman, 2013, pp. 331). In this broad sense, then, aesthetic experience cannot be radically distinguished or separated from the interests or capacities (theoretical, practical, and affective) that inform both our experience in general and our engagement with art in the context of our life. Rather, we should try to understand aesthetic experience in a fully inclusive way: the conditions of the reception of a work of art allow for 'the

[20] See Goldman (2013 and 2020).

simultaneous and harmonious interaction and engagement of all these mental capacities' (Goldman, 2013, p. 329). In other words, what the experience of the work of art affords us is a reflective mental space in which all our interests, despite their relative priorities and antinomical tensions that inform and fracture our ordinary life experience, are allowed full and free simultaneous expression. In the case of works like the ones discussed here, these will include our interest to know the worst and hope for the best; our desire to do the right thing, but safeguard our happiness; our curiosity for the life of others and our respect for their privacy; our urge to sympathy and our concern for our self-preservation; our 'unsocial sociability', to use a Kantian phrase, that motivates equally both our pursuit of self-interest or relief for being spared some suffering and our capacity for empathy or longing for community.

It is important to note however, that inhabiting this reflective space is not the result of one's choice, but points to a certain passivity that characterises aesthetic experience: 'one must be captured or "grabbed" by an artwork in order to have an aesthetic experience of it, and one cannot normally successfully will to be so fully engaged' (Goldman, 2013, p. 330). One may thus consider aesthetic experience as the experience of losing oneself in the unfamiliar territory of an artwork, while at the same time recovering a new and reflective sense of oneself through a 'fully active' engagement of 'all mental faculties operating in concert' (Goldman, 2013, p. 330) with the content of the artwork in terms of the interests expressed or captured in the work itself.

So, how can works of art like the ones included in *Phantom Limb* help their creators and their audience make sense of pain? The first step, which is made by the artist, is the effective realisation that one cannot make sense of one's pain through art as *one's own* pain. This claim can be understood in two senses. First, whether we say

that *her* pain is inherently private and hence cannot be publicly communicated, or that *her* pain, like any other specific experience, cannot be captured in its full particularity, the fact is that by creating the work, a public material sign highly motivated through an indefinite and opaque mixture of conventional generality and significant particularity, the artist effectively gives up *her* pain in its ineffability or particularity. At the same time, the artist gives up *her* pain as an immediate and legitimate object of her cognitive and practical interests, renounces, that is, the project of communicating her experience of pain in the way one may try to communicate it in the context of a medical interview or an ordinary testimonial record. We may think of this as the contribution, or even the sacrifice, of the artist: she gives up the specifics of *her* pain in order to build a common world around the semblance of her pain, which can invite multiple interpretations and meanings.

The accomplishment of the artist is to create a significant object motivated enough as to capture the attention of the spectator, making thus possible the aesthetic engagement with the work. The distinctive mark of this intense engagement, the absorption in the world created by the artwork, is precisely the inclusive and 'lingering' nature of aesthetic experience. When one reads, for instance, an article on pain in an academic journal, there is clearly a cognitive interest; there may also be corresponding practical interests (e.g., how to use this knowledge to alleviate the pain of patients), of a moral or self-interested nature (to help others or to become a famous doctor). However, the way in which the relevant motivations, intentions, or circumstances inform the experience precludes the exploration of innumerable other interests and issues that would be present during the appreciation of a work of art dealing with pain. For example, a doctor listening to a patient giving an account of their pain need not reflect on the simultaneous resilience and fragility of beauty in the defiant gaze of the

patient in the way suggested by Wilke's self-portraits. At the same time, in our normal engagement with reality on the basis of our interests, we do not typically 'linger' on our experiences, exploring carefully the various aspects of their contents, not only because, as in this case, they may be painful, but also because we need to refocus our attention on the ways we can deal cognitively or practically with the demands of this experience (e.g., the doctor listening to a patient's account of their pain may be, justifiably or even necessarily, already thinking of the relative merits of different medications). The affective component of the aesthetic experience is especially important in this respect. Depending on the circumstances of any actual encounter with an experience of pain – for example, whether it is my pain, or the pain of someone I love, or I feel indifferent about, or whether this is a pain pointing to the prospect of recovery or of death – one's affective response will be correspondingly determined, both in quality and quantity, by the immediate exigencies of the situation. The aesthetic experience makes possible the communication of these affective states to people who are not facing the same circumstances. And it is the inclusivity of the aesthetic experience that grounds the specific contribution of art in this context because it makes possible the kind of global orientation towards an experience that we usually seek when we try to make sense of the lived experience of pain.

Art of the kind I have been discussing succeeds in attracting us, absorbing us in a peculiar interplay between the private and the public, the personal and the universal, the familiar and the strange. It is this interplay that holds together the world opened up by the artwork, the world, to recall Arendt, which acts as the in-between that simultaneously unites and separates those that have it in common. In artistic creation, the artist renounces the privacy or ownership of her pain by creating a public semblance of it potentially owned by everybody, an accomplishment much more difficult, and thus

rightfully praised, if wrested directly from an actual lived experience of pain. In aesthetic experience, the receptive counterpart of artistic creation, the 'being' in pain, deeply rooted in the human condition, is experienced as if the being in question were each one of us, something made possible precisely because the pain is not ours in the ordinary sense. While in art therapy art is undoubtedly valued as an alternative treatment for patients, here we see the potential for art to play a more central role in the holistic approaches to public mental health needed to meet the increasingly more complex and urgent socio-political challenges we are now facing. And this is because, as I have been arguing, aesthetic experience uniquely allows the bringing to the fore of all the different aspects of one's lived experience at once and their effective communication to others. If one of the goals of new approaches to public mental health is indeed to treat mental health in a holistic way, to make sense of the lived experience and see the patient more as a person, then the aesthetic experience through art that expresses and communicates publicly the lived experience of pain may provide a new model for reaching this goal.[21]

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