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# Internal Landscapes.

Pain and trauma injury through the lens of subjective experience.

An exegesis submitted in partial fulfillment of the requirements for the degree of

Master of Fine Arts

at Massey University, Wellington,

New Zealand.

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2013

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## Abstract

My body resonates pain. Lying here, it's like static on a radio infuriatingly monotonous and irritating in its regularity. Stabbing, burning, aching, it's a constant vibration of stimulation. So wearying trying to stay on top of it. I'm waiting for the drugs to bring some relief so I can get on with the day. (This extract is taken from my diary before my third spinal surgery.)

This thesis project was motivated by my subjective experience of constant pain over nearly a decade. Repeated spinal surgeries culminated in the implantation of rods and screws after a trauma accident. Through the process of research about pain I have recognised that its lack of an external referent makes it difficult to comprehend pain without visual trauma. The difficulty is that the pain experience is internal and not truly capable of being shared. Pain is multidimensional and includes many factors such as physical, mental, social and cultural environments that vary with individual circumstance. I haven't presented my experience as a narrative but it does assist contextualising the works. I consider a multi disciplined approach to this project may help resonate this experience more articulately. I suggest that my subjective experience of pain manifests in an abstract form within my body. I seek to extrapolate traces of my interior experience by exploring a metaphorical and abstracted vocabulary of sound, sculpture and photography. I have referenced various theorists such as Elaine Scarry, Arne Vetlesen and Amelia Jones. Similarly researching Artists from Modern and Contemporary fields such as Josef Sudek, Bob Flanagan, Hannah Wilke and Mona Hatoum. These theorists and artists are working or have worked with themes of pain, trauma and subjectivity. Further to this I have presented research papers at the Massey University Post Graduate Symposium 2012, Oculus - Canterbury University Post Graduate Symposium 2012, Art Association of Australia and New Zealand Annual Conference 2011 and the Zonta Organisation, Mana Chapter 2011. There is no definitive language that can accurately transcribe my subjective experience but I argue parts might be conveyed through a contemporary art project and those parts may ultimately be understood.

## Acknowledgements

I would like to thank the invaluable support from the staff at Massey School of Fine Arts. In particular my supervisors Martin Patrick and Richard Reddaway for your interest and critical questions. Thanks also to Maddie Leach, David Cross and Mike Heyes for teaching me so many technical aspects. To my 'Rock', my husband Steve Banks, thanks for all your love, encouragement and total belief in me. To my son Dylan, thanks for the hugs of support when things got stressful. This thesis is dedicated to my mother, Wilma Margaret Frisken 1937 - 2009, a Massey Graduate. Who always encouraged me to take on a challenge and enjoy the process of lifelong learning.

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### Introduction.

My body resonates pain. Lying here, it's like static on a radio infuriatingly monotonous and irritating in its regularity. Stabbing, burning, aching, it's a constant vibration of stimulation. So wearying trying to stay on top of it. I'm waiting for the drugs to bring some relief so I can get on with the day.

This extract is taken from my diary before my third spinal surgery for a posterior fusion with rods and screws. A laminectomy and an anterior spinal fusion had failed to relieve the constant nerve pain caused by an accident—a very simple accident that unfortunately resulted in my suffering with a painful disability for nearly a decade.

On January 1, 2004, I was stepping onto a chair to get into our launch as we were preparing to go away to the Marlborough Sounds for a holiday. I had, moments before, been on the boat tucking the children into their bunks. I went up onto the jetty to check that we had all we needed, and was getting back on board. It was dark and I was holding a torch in one hand; there had been some light drizzle and the cockpit floor glistened. As I transferred my weight from the deck onto a plastic chair that I used to get on board, I felt it slide from beneath me. I grabbed hold of a handle above my head, but it was too late. That moment of falling was so fast—the chair slid and toppled into the open hatch in the cockpit floor. My body twisted and was flung into space landing heavily on my back with the plastic chair leg under my right hip. My husband and son arrived to help me. They gently eased the chair leg out from under me and as my hip settled back to the floor, pain tore through my pelvis and back. I lay still, testing if I could wiggle my toes and feel my legs. My husband and son helped me up. I appeared to have no broken bones. I had never had a trauma injury before, so I figured that if I could stand and nothing was broken, that things would come right. We had pain medication and ice on the boat, I reasoned there would be little benefit going to the accident and emergency clinic (A&E). The children were too young to be left on their own and a visit to the A&E would mean we would have to get them out of bed and into the car.

They had been looking forward to departing in the early morning for the four hour journey across Cook Strait. I had no idea I was now at the beginning of a long and arduous journey through disability and pain that would last nearly a decade.

As a result of this accident, I have become increasingly interested in the relationship I have with my body. My numerous surgeries, imaging procedures, specialist visits and repeated reviews of the pain experience have led to an ever-expanding pile of documentation related to my recovery plan. My body has been medicalised, so to speak, through pain management and rehabilitation. This repetitive process of observation, surgical management and patient narrative has changed my relationship with my ostensibly discrete and contained body; it has become a publicly accessible object of analysis and discussion.

My repeated spinal surgeries culminated in the removal of two disks, the insertion of plastic cages, bone hormones, three metal rods and six screws to fuse the spinal structure. A foreign body is lodged inside me, occupying my body, taking a position of permanence. I no longer have a natural body, but one mediated by the presence of screws, rods and plastic cages (pic 1). This has meant that I have questioned how this different body—my body, is located. It has not solely been about a breakdown in mechanical functioning. Instead it has fostered a disordered way of being in the world which I am investigating through this thesis.

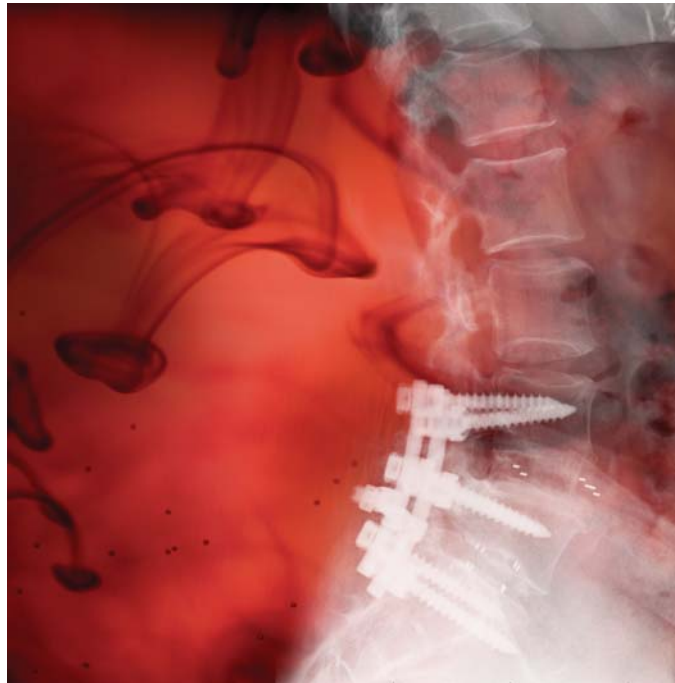
Elaine Scarry discusses that physical pain unlike any other state of consciousness - has no referential content. It is not 'of' or 'for' anything. It is precisely because it takes no object that it more than any other phenomenon, resists objectification in language.<sup>1</sup> She suggests 'that pain enters our midst as something that cannot be denied and something that cannot be confirmed.' Moreover, she asserts: 'that to have pain is to have certainty; to hear about pain is to have doubt.'<sup>2</sup> The problematic status of pain as a subjective experience meant the process of articulating my constant pain to medical practitioners, Accident Compensation Corporation staff, friends and family was fraught with misinterpretations and a lack of understanding on many levels.

While my initial thoughts concerned the sensation of pain and its language, it soon became apparent that other considerations were relevant to the context of my research. Initially I was unable to walk unaided and wasn't able to drive. I became dependent and struggled with depression and social isolation. I had four children, my own son aged eleven and three step sons, one aged thirteen and twins aged eight. I was no longer able to play rough and tumble games or go snow skiing. I was worn out from the pain and spent most of my day lying down. I was unable to work in my advertising photography business due to lack of sleep, high levels of medication and constant pain in my spine, hip and legs. Pain dominated my life. It interfered with my sleep, mobility, social activity and cognition. I became a shell of the person I once was.

Two spinal surgeries improved my functionality but failed to reduce the pain. I could walk without a stick and I had hand controls installed to allow me to drive my car. It was suggested that I would never be 'fixed' and that I would spend the remainder of my life managing pain. I underwent many hours with pain psychologists to come to terms with my now-altered world. I missed being creative and mentally active, and sought to reactivate my brain, investigate ideas and make art objects. I had limitations, but I wondered if the act of making would also be an act of healing. Perhaps I would find my self-worth again and reconfigure a new me, not defined by my achievements, instead nurturing hope for the future. Thus began my journey with Massey University. Four years and three more surgeries later, I am writing this exegesis as a component of my MFA submission.

There is no definitive language that can accurately translate my internal world, but I would argue parts might be conveyed and ultimately understood. It is this understanding of the parts that interests me and motivates my proposed course of research. The literal expression of pain is not what I seek to convey, but rather the subjective experience of the body/mind that has been injured and transformed. I didn't want to present my personal story as a narrative, but it contextualises how the artworks have manifested. The pain experience is not a singular 'thing' that can be measured but rather has multiple dimensions. I consider a multi disciplined approach to this project may help resonate this experience more articulately.

I suggest that my subjective experience of constant pain manifests in an abstract form within my body. I seek to extrapolate traces of my interior experience by exploring a metaphorical and abstracted vocabulary of sound, sculpture and photography. This thesis will examine how a contemporary art project might convey the ideas of injury and transformation through the lens of subjective experience.



pic 1. Maria Sainsbury - Xray montage.

### Philosophy of Pain.

I wanted to understand what pain was and why it was such a difficult experience to share. In questioning my own subjective experience I began researching the philosophy of pain. The work of contemporary philosophers Elaine Scarry and Arne Vetlesen have helped us to recognise that our internal states of consciousness consistently relate to objects in the external world. Scarry asserts 'Physical pain—unlike any other state of consciousness—has no referential content. It is not 'of' or 'for' anything. It is precisely because it takes no object that it, more than any other phenomenon, resists objectification in language.'<sup>3</sup> Similarly Vetlesen suggests it is significant that we have difficulty in our attempts to find words for pain, and use phrases like 'it is as if' or 'it feels now as if' without ever precisely being able to pinpoint what pain is similar to.<sup>4</sup> We have an urge to make something that can be communicated and shared. The difficulty is that the pain experience is internal and not truly capable of being shared.

My pain has not been physically obvious, so it is difficult to imagine or interpret my experience as an outsider. Scarry notes that when confronted with two different circumstances, the one that is more visible will receive more attention. The fact that pain is so nearly impossible to express and so invisible means that another circumstance occupying the same environment is likely to attract attention over it.<sup>5</sup> It is difficult to understand pain when it is not associated with a visible medical trauma such as stitches, scars, plaster casts and visible aids. Injuries to the brain, interior body, nerves and discs of the spine can be present without any external evidence. This difficulty, in perceiving the reality of its presence and the expression pain in language, provided fuel for my art research.

The otherness of pain is not an experience that can be encapsulated within a singular word or phrase. Pain is an emergent experience that is malleable and subject to many influences, among them mood, cognition, context and expectations. Studies have shown that sufferers are unable to fully express their pain

in a singular word. Instead they use groups of words or actions to create that imagined experience. Scarry asserts that there are two types of metaphors used and they are problematic in the sense that the first signifies an external agent of pain such as a weapon. The second signifies the bodily damage or wound that is pictured accompanying that pain. She suggests physical pain often exists without agency (weapon), or damage (wound), but we use these things as referents to convey the experience of pain. At other times, a weapon or wound may be present (and suggest the feeling of distress) but the subject may not be in pain, even though the weapon and wound are visible. The point Scarry maintains is that an actual agent, for example a knife stuck in the ribs, and an imagined agent, as represented by the statement 'it feels as if a knife is stuck in my ribs', both convey the elements of the felt pain experience to someone outside the sufferer's body. This happens because a) the knife does exist and b) the knife can be imagined at the external boundary of the body. 'It begins to externalise, objectify, and make shareable what is originally an interior and un-shareable experience.' Pain can be attached to the image of a weapon or a wound, but pain itself cannot be understood without such a referent. It is difficult to conceptualise infinite pain without thinking of the repeated actions of a weapon. <sup>6</sup>

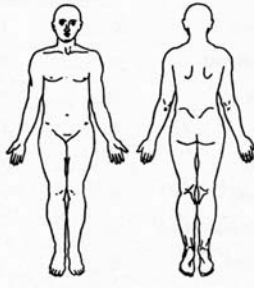
It is also the extremely private nature of this experience that creates such difficulty in the public realm of discourse and the most obvious requirement for understanding is within medicine. Scarry discusses the extent of medical research on the physical problem of pain and how it is simultaneously linked to the problem of expression in language, which is well illustrated by Ronald Melzack and Patrick Wall's '*Gateway Control Theory of Pain*.' This theory is widely regarded as the most compelling and accurate theoretical model of the physiology of pain.

Melzack and W.S.Torgenson created a diagnostic tool called the *McGill Pain Questionnaire* (pic 2) to assist patients in articulating the individual character of their pain with greater precision than previously possible. In part it was responsive to the lack of certain terminology in conventional medical vocabulary,

**McGill Pain Questionnaire**

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

PRI: S \_\_\_\_\_ A \_\_\_\_\_ E \_\_\_\_\_ M \_\_\_\_\_ PRI(T) \_\_\_\_\_ PPI \_\_\_\_\_  
 (1-10) (11-15) (16) (17-20) (1-20)

1 FLICKERING	11 TIRING	BRIEF MOMENTARY TRANSIENT	RHYTHMIC PERIODIC INTERMITTENT	CONTINUOUS STEADY CONSTANT
2 JUMPING	12 SICKENING			
3 PRICKING	13 FEARFUL	 <p>E = EXTERNAL I = INTERNAL</p>		
4 SHARP	14 PUNISHING			
5 PINCHING	15 WRETCHED			
6 TUGGING	16 ANNOYING			
7 HOT	17 SPREADING			
8 TINGLING	18 TIGHT			
9 DULL	19 COOL			
10 TENDER	20 NAGGING			

COMMENTS:

McGill Pain Questionnaire. The descriptors fall into four major groups: sensory, 1 to 10; affective, 11-15; evaluative, 16; and miscellaneous, 17-20. The rank value for each descriptor is based on its position in the word set. The sum of the rank values is the pain rating index (PRI). The present pain intensity (PPI) is based on a scale of 0 to 5. Copyright 1975 Ronald Melzack. Reprinted by permission from Dr. Ronald Melzack.

pic 2. McGill Pain Questionnaire.

which described only one aspect of pain, its intensity from severe to moderate. Describing the pain in this dimension was equivalent to describing the complex realm of vision as light flux.<sup>7</sup>

Pain is not simply one singular sensation, but may be broken down into multiple categories. Melzack and W.S.Torgenson used 78 words and apportioned them to 15 different types defining a characteristic of pain sensation. For example, 'Sensory' ranges from tender to splitting. 'Temporal' includes words like flickering and pulsing. 'Spatial' uses words like jumping and flashing. 'Punctate pressure' denotes stabbing or pricking. 'Incisive pressure' refers to sharpness and cutting. 'Constrictive pressure' is pinching and cramping. 'Traction pressure' is pulling and tugging, etc. Words that when used singularly have a specific meaning, however when they are placed in conjunction with others, they provide an external picture of interior events.<sup>8</sup>

Pain does not exist in isolation. Vetleson describes it as having an overpowering force, that when present in the body, forces the interior self to compress. This compression is back to a state of purely physical and biological levels. The sufferer is stripped of all the abilities, identity and dimensions of their human existence, which

results in a fundamentally physical existence.<sup>9</sup> He states

My physical pain cannot be taken away from me; since it has a bodily location. I cannot flee from it, even though it is well known - not least from literary representations - that people in extreme pain try to flee from their own bodies, out of their bodies to escape the pain.<sup>10</sup>

Furthermore, Vetleson suggests that pain is his loneliness and that it strengthens and clarifies the feeling he has of being alone in the world, alone with and in his body, separating him physically from everything else in the world.<sup>11</sup> My experience led me to the same conclusion—I too had become isolated and spent much time alone. The pain that I felt on standing and sitting meant that I had to retreat to bed to get some relief from its constancy. I did not feel that I was who I had been before my accident and I struggled to find a new sense of self. This self wasn't just about me, but was about how I fitted into society and my role as a mother, wife and daughter. Trying to think creatively and produce work was a struggle, and I experienced feelings of great loss for my past achievements.



## Subjectivity.

The word subjectivity means 'sense of self,' however subjectivity implies not just the individual's sense of self, but the ways that the sense of self is acted on and even made up by outside forces.<sup>12</sup> These forces, which include power relations and social environments, come to bear on individuals and vary with individual circumstance.

Views of subjectivity have been an integral part of the mental, physical and psychological processes of constant pain and surgery. Bob Flanagan and Hannah Wilke investigated subjective experiences that felt akin to parts of my own. Bob Flanagan wrote his own obituary for the *Bobumentry* film by Kirby Dick and it reads

Bob Flanagan, artist, masochist and one of the longest living sufferers of cystic fibrosis, lost his battle this week with the killer disease, a genetic disorder of the lungs and pancreas, that both plagued and empowered the provocative performer throughout his difficult but productive life. Born in New York City on December 26, 1952, Flanagan was in and out of hospitals most of his life. Doctors gave him little chance of survival past the age of six or seven years, but survive he did, well beyond anyone's expectations. The difficulties of being sick became the backbone of his work and his masochism. As a teenager in Orange County, California, Flanagan was the poster boy for the local chapter of the Cystic Fibrosis Foundation, only to turn the foundation on its ear years later when he became, as he often called himself, 'The poster boy from hell' with the

pic 3. Bob Flanagan - Super Masochist  
Cover, RE/search Publication 1993



pic 4. Bob Flanagan - Super Masochist  
RE/search Publication 1993

1993 *Re/Search publication* (pic 3). At his bedside was his longtime partner, artistic collaborator and dominatrix, Sheree Rose, who was the impetus for Flanagan's most interesting and controversial works, including the infamous *Fuck journal in 1986*, and the video and performance piece *Bob Flanagan's Sick, in 1989*, which earned Flanagan dubious fame as 'the guy who nailed his dick to a board.' (pic 4) <sup>13</sup>

His actual death occurred four months later on January 4, 1996. He attributed his longevity in part to his ability to 'fight pain with pain.' I interpret this to mean that he took control of his suffering with the ritualised act of sadomasochism. Kathy O'Dell asserts Amelia Jones states that "when Flanagan performed as a masochist he was 'attempting to externalise his internal pain,' which for him had the pleasurable effect of 'reducing the pain of his illness to the less obscure pain of the definitively physical.'" She argues that Flanagan's 'pain seemed to go hand in hand with pleasure.' <sup>14</sup>

Vetlesen proposes that physical pain, whether self-inflicted or inflicted by others, is not synonymous with 'pain' as such and suggests that pain from an illness is different. <sup>15</sup> Pain from illness or constant pain differs in the fact that the body is acting on itself, within itself. There is no external visible agent for the sensation of pain that can be associated with it. Although I understand the compulsion by Flanagan to enact controlled wounding on the body as a response to his suffering, I question the types of self-inflicted sensations Flanagan experienced, which suggest that they are more about control and manipulation than purely 'pain.' Linda Kaufman asserts that sadomasochism is not about pain per se, but is instead about control and a heightening of the senses. <sup>16</sup>

Flanagan said the rush he got from sadomasochism was similar to a runner's high—when the brain releases endorphins to combat the acute pain from effort. The pain from an external agent—say a clothes peg or needle—is different, in that it can be controlled and manipulated. The sensation from such pain can be dissipated as the mind adjusts to the threat. He describes the sensation of alligator clips being put on his dick and balls. 'I can put a couple on myself. It hurts like hell but most of the time I can hold on until the pain subsides and I get a kind of rush.' <sup>17</sup>

Vetlesen asserts there are feelings and states that we are obliged to live with and he suggests we are not able to go in and out of them at will. This is of particular relevance for those who suffer pain in illness. When we experience physical pain, our awareness of it will vary depending on the nature of the pain. He suggests that pain can come and go, granting the body respite in which to regain strength, or pain can hold one in its grip, constantly tightening and never relaxing. Furthermore pain is what makes the body of particular concern for the individual—the fact that our body becomes a concentration of pain forces us to have a new relationship with our body.<sup>18</sup>

I found that Flanagan's practice challenged me on many levels. It led me to question the pain experience and its control over the body. I did not feel compelled to reenact my experience of pain through performance on either myself or another person. Yet the subjective experience of pain is still a valid context for my work. I have determined that the literal expression of pain is not what I wish to convey, instead the abstract experience of a body that has been injured and wounded.

In 1993 Hannah Wilke died of lymphoma. Her last project *Intra-Venus* was photographed by her partner Donald Goddard. The project consists of a series of life-sized colour photographs of Wilke undergoing cancer treatment. She exhibits characteristically 'feminine' poses (pic 5) but the body we see is not beautiful or model-like as in her earlier work, but instead bandaged, haggard, and swollen. Amelia Jones describes Wilke as obsessively performing her femininity through the rhetoric of the pose. She suggests the *Intra-Venus* series confronts the viewer about his or her expectations of the female body in representation. She describes the images of Wilke as 'staring into the camera, her face sagging with exhaustion under a white shower cap (pic 6), breast and arms marred with huge wads of gauze and tape; or finally marking the debasement of the body and the loss of self-consciousness in extreme illness. She lies naked with her head and her remaining wisp of hair under the bathtub faucet with her legs spread towards camera (pics 7).'<sup>19</sup>

pic 5. Hannah Wilke - Intra-Venus Series #4 26 July & 19 February



pic 7. Hannah Wilke - Intra Venus Series #3 17 August & 15 February



pic 6. Hannah Wilke - Intra Venus Series #1 15 June & 30 January



Wilke's practice allowed me to consider how to position the relationship I had with my body in my project. While the context for my work has been my experience of pain and repeated surgeries, the notion of documenting that process did not appeal to me. I sought to work in a more ambiguous way. The pieces I have created are of personal significance and have become part of my healing process. However, I wanted them to also be read in alternative ways, opening up the works to the viewer and allowing space for questioning and personal interpretation. This desire has evolved into an increasingly abstract and metaphorical approach to my project.

### Wounding.

Contemporary philosophers and theorists suggest our experience of the world we inhabit, our subjectivity, is unavoidably created from the perspective of the physical form we take. We are not only 'in the world' in our bodies as objects, but our subjectivity also influences the world we experience.

The surface of my skin shows little sign of what my body has been through other than faint crooked silver surgery scars. On my abdomen a scar runs vertically from my navel to my pubis, eighteen centimeters in length. It is a reminder of my second spinal surgery, an anterior fusion in 2007. That scar also intersects a lateral one, eighteen centimeters long, just above the pubis, which is from an emergency caesarian in 1992. Further to the right there are four dash-like scars, one in my navel and three others located at the right side below my ribs; they are raised and hard and mark the site of a laparoscopic cholecystectomy in 1990. On my back another large scar runs down the centre of my spine, from my waist down to where it terminates at the top of my vertical gluteal crease. It was first opened in 2005, reopened in 2009 and reopened again and extended in 2010. It too is eighteen centimeters long. It is pale and puckered. What was once a straight surgical cut is now crooked and uneven, with raised areas and dips below the skin surface. Where it has been reopened there is a build up of tissue that protrudes—a hard ridge that feels mountainous to the fingers but is insignificant to the eye.

My most recent surgery in March 2012, a laparoscopic repair of an extensive labral tear within my hip, left two faint purple marks. One is pitted downwards, while the other is flush with the skin surface. The scars serve as a map of the intrusions into my body and the prolonged process of recovery and rehabilitation from disability.

I sought to investigate the subjective experience of pain through the notions of wounding and damage. I was interested in the adjectives in the McGill questionnaire used to describe pain and I formulated my response through the action and damage upon a surface. Initially I tested my approach using various materials, such as paper, clay, and plastic. I found that the plastic responded in the most reflexive way, I applied force to the heated surface, gouging and scouring a wound. This process and the action of wounding brought to mind Richard Serra's *Verb List* 1967-68, in which the artist wrote a list of eighty-seven verbs. He referred to these as 'actions to relate to oneself, material, place and process'.<sup>20</sup> From this list he continued to enact a series of actions. To make the work *Casting* (1969), Serra flung molten lead against the angle



pic 8. Richard Serra - Casting 1969.  
Lead, .1 x 7.62 x 4.57m

between the floor and wall. When set he then pulled the hardened shape into the centre of the room and repeated the action, building a succession of lead strips (pic 8). Rosalind Krauss argues 'that the process of creating form is for the sculptor a visual meditation on the logic of organic growth.'<sup>21</sup> The properties inherent to a specific material could be used to compose the work, suggesting that what was being tapped into, was the nature of the readymade instead of some aspect of culture. This work became known as process art, using methods such as melting to refine or stacking to build. However, Serra's work was not purely about the melting and moulding, but was also about removal and placement using the device of repetition.<sup>22</sup> Serra claimed that he wanted to 'establish a series of conditions to work in an unanticipated manner and provoke the unexpected.'<sup>23</sup>

I wanted to involve myself intuitively in the process and allow the unforeseen to manifest as a natural aesthetic within the work. The process brought to mind a quote by Eva Hesse, stating 'I would like the work to be non work this means that it would find its way beyond my preconceptions'. There is something

primordial in such basic, repetitive and habitual movements that work a material and make something out of it. <sup>24</sup> Hesse's approach to making was intuitive; quite often she did not know what the final object would resemble—simply that it would come into being.

I didn't meticulously plan what my outcome would be but I did have parameters to direct my making. I began with a white plastic sheet, 1 mm thick and 765 mm by 1320 mm. I wasn't able to manipulate the plastic purely by force; this required an additional agent—heat. When heated I pulled the plastic apart; it stretched and distorted, ripping along the edges, folding in and out on itself as the rupture continued up the surface. When it cooled it became rigid and self-supporting. The tear or wound I created suggested violence and action against the subject—in my case a metaphor for the body. The physical act of making them was quite demanding on my body. Muscles spasm and cramp in my arms and back with the effort. Heat was an integral part of my recovery and it seemed ironic that I was using heat to shape and mould the body of the work.

I initially worked with white plastic and at this stage, they were intended to represent wounds unrelated to a specific event. I had been sent to another specialist to investigate the continuing cause of pain in my hip and leg. He diagnosed an extensive labral tear in the right hip. In producing these works I had unwittingly referenced the appearance of this condition. The tear was on the outer hip joint in an area called the Labrum, which is a membrane covering the cartilage. This area has a limited supply of blood vessels and appears white in colour. This tear meant I would need to undergo further surgery, as it could not heal by itself and if left it would lead to my being disabled with arthritis. Ironically, this final surgery has resulted in my release from pain; it now comes and goes depending on activity. Relief from its constancy has been profound and affected my life greatly.

The surface of the plastic was glossy and reflective and I intentionally sought to emphasise this aspect of the material. I decided to try another colour to see if it would reflect more clearly. I considered red and a pink colour, but preferred black, so as not to emulate the wound or skin. The black plastic was thicker



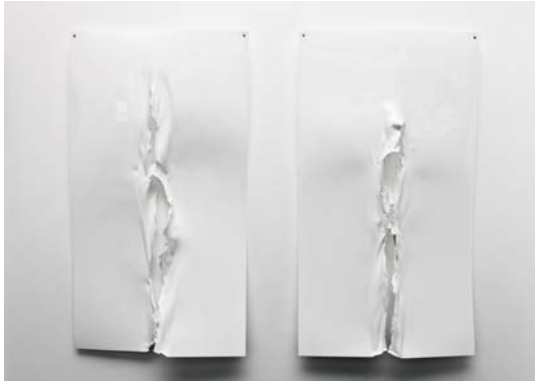
pic 9. Eva Hesse - *Contingent* 1969.  
Fibreglass, polyester resin, latex, cheese-  
cloth.

and harder to manipulate by hand. A wooden tool was required to drag upwards through the heated plastic. The wounds weren't as spontaneous as with the tearing, but were physically controlled. The black plastic appears to have a more visceral quality, which I suggest may be due to its tone, depth and reflective qualities. It appears to be more violent and graphic than the white, thereby intensifying the enactment of wounding.

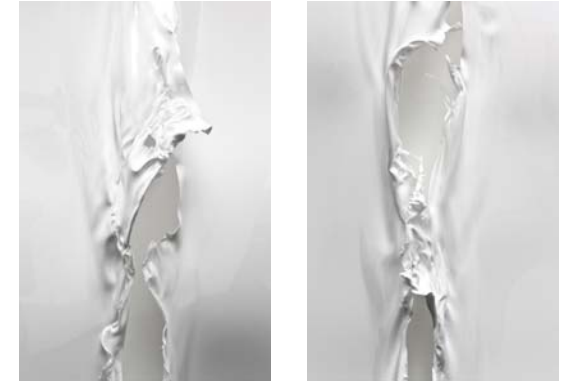
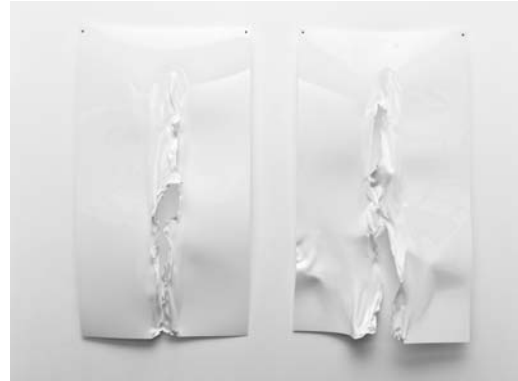
Previously I had exhibited the white plastic sheets on the floor to reflect my time spent horizontal recovering from surgery. When considering how to present the four white tear works, I recalled Eva Hesse's work *Contingent* (1969). This work of eight panels made from cheesecloth, fibreglass and latex hangs suspended from the ceiling (pic 9). Denise Birkhofer discusses the piece as challenging the notions of the body and the void in terms of space.<sup>25</sup> In contrast Rosalind Krauss proposes that there is a reference to surface and the physical features of painting<sup>26</sup>. The suspension in space emphasised the effect of gravity on the body and I considered verticality to be of key consideration

within the works. Anne Wagner considered that the resistance to gravity allowed Hesse to speak of *Contingent* as a painting rather than sculpture.<sup>27</sup> It was this notion that led to me reconsidering the position of the forms, and ultimately moving away from their being sculptural objects on the floor and elevating them on the wall. This format references our verticality as humans. The works become a picture or portrait but they are not a 'painting' in a traditional sense. Emma Chambers asserts that modern mimetic portraiture has often been judged by the extent to which the artist has managed to convey the essence of the sitter's personality through a creative visualisation of inner emotional states, instead of representing external appearance alone.<sup>28</sup> Therefore I didn't consider this notion of portraiture to be a representational view of my external self, instead it was reflective of my inner emotional state.





pic 10. Maria Sainsbury, *Untitled - four panels*, .1 cm x 76.5 cm x 132 cm



pic 11. Maria Sainsbury, *Details*.

I tested the white series *Untitled - four panels* (2012), representing four spinal surgeries, two hanging on each wall opposite the other (pic 10). They hung from long screws covered with sections of aluminum tubing. The plastic pieces sat away from the wall by approximately five centimeters. The lightness of the plastic and suspension meant that as one walked closely past the plastic it lifted away from the wall and settled back. Due to the proximity of the panels to the wall surface, the ambient light created shadows defining the spatial dimension (pic 11).

Lucio Fontana investigated this relationship to space in his *Concetto Spaziale series* 1967 (pic12), which evolved over a period of ten years from the late fifties. He made holes in monochrome painted canvases by tearing or cutting. In an interview with Carla Lonzi in 1969 he imparts that:

nowadays in space measurement no longer exists...the sense of time and measurement has gone...and that means that you are nothing, that man is reduced to nothing...When man begins to understand...that he is nothing, absolutely nothing, that he is pure spirit, his material ambitions will fade away...My art is based on this purity, on this philosophy of nothing-but it is a creative, rather than a destructive nothing...The cuts or rather the hole, the

first hole did not signify the destruction of the canvas - the abstract gesture of which I have been accused so often...it introduced a dimension beyond the painting itself; this was the freedom to produce art by whatever means and in whatever form.<sup>29</sup>

Fontana described his work as a spatial concept and not painting. At the time art discourse revolved around 'planes', the surface plane and the depth plane. Michael Auping asserts Fontana's cuts 'emphatically declared a new space in a somewhat dramatic, some would argue violent, fashion.' He suggests Fontana 'cuts through the skin of the painting into the heart of a real and hidden space behind it.'<sup>30</sup> Sarah Whitfield proposes 'the works relate to simple sculp-

tural gestures of the cut and hole, which are rich in associations. Many of these associations are violent, and many relate to wounds: to stab wounds, gunshot wounds, the gaping wounds left by explosives, the deep pocket of the gash.'<sup>31</sup> However, the emphasis in Fontana's work is always on the sculptural qualities of the lesion or cavity and the space around the picture plane.



pic 12. Lucio Fontana - Concerto Spaziale, 1967.  
Oil on canvas. 65 cm x 54 cm.

My sculptural works while associated with this spacial concept also seek an aesthetic beauty, their sleek surfaces acting in direct contrast with the violence of damage and wounding. I would suggest that plastic as a medium bears a relationship to the plasticity of the body and its ability to be shaped and moulded through surgery. My selection of plastic as a medium was also intended to reference industrial production and packaging. Shapes are moulded from plastic and provide a protective support for the interior. I equated this outer casing of protection with the bodily membrane or skin that encompasses and contains the body. However, in the works the 'skin' has wounds torn through the surface and the openings rupture both inwards and outwards.

The black plastic works (pic 13) were tested as a singular piece with a group of objects in the gallery. The other objects included a forest photograph on mirror Acrylic Composite Material or ACM and five spike pieces on the floor. (These works are discussed in the following pages.) The second test of the black pieces was as part of a group of works in a mid-sized room. There was a single photograph printed on a large piece of ACM (1200 mm x 1800 mm) propped against the wall and a sound work based on my pain journal that comes from speakers laced on the floor at the far end of the room. The photograph is directly opposite the wall with the three plastic panels, which are hung from box sections of aluminum (75 mm x 50 mm x 5 mm). They were attached by an aluminum bar (50 mm x 5 mm) held with three dome head stainless screws. The bar and box sections have been polished and matte finished by hand. The photograph can be seen reflected in areas of the black plastic pieces. The hanging system appears precise and mechanical due to its material qualities. I suggest the plastic works carry a certain level of authority and force in them aesthetically and I associate these qualities with my experience of pain. Pain has the power to infiltrate your life, it declares its presence and demands to be the centre of your attention. Even though I fought to deny its intrusion, I become powerless against its overwhelming force. (See further examples of works in appendix one)



pic 13. Maria Sainsbury, Tear I, .2 cm x 76.5 cm x 132 cm

### Threatening.

Pain had meant my world was compressed and existed at arm's length. To keep my mind and hands distracted I sought to locate an object within the sensory pain experience. The aluminum works emerged directly out of a subjective experience. In 2011 I had a particularly difficult day at university; my back and hip were extremely sore and I was unable to access the lift in the arts building. The alternative access of 46 stairs had proved excruciatingly painful to climb. I avoided them if I wanted to keep pain on a manageable level. On this day, with the access route to the lift locked, I phoned the disability coordinator for security to open the door. It was cold and raining outside and I stood in the entryway of the adjacent building. I waited and waited, my pain increased from standing still and having no chair to sit on. After 30 mins of waiting I couldn't hold back the tears of frustration and pain. By the time the doors were opened and I had arrived in the studio space I was very sore and miserable. I was due to have a supervisor meeting but the pain meant I wasn't able to be upright so I remained lying on the couch. I showed her works that were made while lying in a reclined position made of plasticine and wood. This reclined position was the only way I could get respite from the intense pain in my back, hip and legs. I remained in this position for long periods during the day. I kept my mind busy by reading and my hands occupied by making forms or knitting wire pieces.

I worked the plasticine and wood spikes into spiky forms that gave a physical presence to the shape of pain I was experiencing at that moment—sharp and piercing with a sense of heaviness. The eight spikes protruded from the centre by up to eight centimeters. I wanted to cast this in metal and I sourced a local foundry to make them. The first cast was problematic because the sand from the cast stuck to the plasticine. When cast in aluminum the prototype felt a good size and weight. However the arms leading out to the spiked ends were too thin and spindly. On the next series of maquettes I used a combination of plaster and paper fibers. The mixture was shaped over a base of a polystyrene ball and a total of eight wooden points. The shape had to be built up with layers of mixture and dried between each application. It took approximately 6-8 layers to build up enough volume. I let them dry for several days before filing

them ensuring it was smooth and regular from the centre to the tips. A month earlier I had undergone surgery and an orthopedic surgeon had filed and shaped the bone in my hip to reattach a large area of torn cartilage. The irony of the situation was not lost on me. Following the shaping of the maquettes they were sand cast and poured in aluminum at Neales foundry in Porirua. Each work was filed and textured then the spikes hand polished polishing (pic 14).

The placement of the spikes within the gallery needed to be considered (pic 15). I tested them on the floor, first as a tight grouping in the centre of the floor, equidistant from the walls. They sat quite inert in the centre of the room. I wanted them to have a presence as an implied threat and I decided to move them to the entryway. This made it necessary for the viewer to negotiate their way through the entrance without bumping into them—they are wary of them, as they move through the space. They have the potential to inflict puncture wounds on their ankles if knocked, as the spikes are extremely sharp. I suggest their placement on the floor gives the pieces a bodily reference. They can fit in the palm of the hand with the sharpened spikes protruding between the fin-



pic 14. Maria Sainsbury, Spike, 25 cm x 25cm x 25cm.



pic 15. Maria Sainsbury, Around Architecture Installation view (2012)



gers. The object could therefore be used as a tool for violence and wounding. On the one hand they reference early weapons of war or torture, but alternatively they can refer to natural biological structures under extreme magnification. (See further examples of works in appendix two)

When formulating my approach to my project I sought an aesthetic that didn't represent the body literally, but instead implied an abstracted approach to object-hood. This abstract idea brought to mind the practice of Mona Hatoum, which resonated in terms of its materiality, post-Minimalist aesthetic, and the control and finishing of her works. I responded to the implied threat of violence and pain, but also to its beauty and attention to detail.



pic 16. Mona Hatoum - Paravent, 2008.  
Black finished steel, 302 x 211 x 70 cm

H.G. Masters discusses Hatoum's artwork as incorporating the formal language of minimalism while spurning its rejection of clearly apparent subject matter. Hatoum explains that she likes the minimal aesthetic because of the economy of form and the emphasis on the material reality of the work. She also likes to work with the familiar objects that we come across in our everyday lives, as we already have a relationship with them. She then transforms those objects in such a way that they become strange and sometimes threatening, dangerous with a suggestion of hostility.<sup>32</sup>

Chiara Bertola argues that Hatoum 'tackles the domestic setting and the concept of home, bringing something foreign into it' by placing the familiar alongside the strange. Her sculptures of kitchen utensils 'on a gigantic scale, transform them into threatening and monstrous objects, if not instruments of torture' (pic 16). The stripping of an object from its function was used by the Surrealists and is evident in Hatoum's work. It implies a suspension of judgment of things as if they were being seen for the first time. This suspension of meaning allows objects the freedom to become something else, something alien.<sup>33</sup>

The work *Nature Morte Aux Grenades* 2006-7 (pic 17) also manipulates the relationship between life and death. Kirsty Bell suggests they have a seductive effect, which she describes as 'gorgeous lozenges of crystal in jewel like colors arranged on a steel surgical trolley...These are blown, hand-shaped versions of hand grenades formed after organic shapes: a pomegranate, a pineapple, a lemon, an egg' (pic 18). Here the threatening becomes appealing and the seduction of war is apparent.<sup>34</sup> These works have a sense of conflict, violence and threat that makes me consider the damage that would be inflicted by glass exploding and shards embedding in skin and flesh.

pic 17. Mona Hatoum - *Nature morte aux grenades* 2006-7. Crystal, mild steel, rubber, 95 cm x 208 cm x 70 cm



pic 18. Mona Hatoum - *Nature morte aux grenades* Detail 2006-7.

### Metaphors.

Amelia Jones asserts that Merleau Ponty proposed that the lived body 'is not discrete from the mind, as vessel, but is in fact, the 'expressive space' by which we experience the world.'<sup>35</sup> My experience of the world as disabled (but not severely) had certain implications. My world had changed and I wanted to understand why it had such an impact on me, not just physically but mentally and emotionally as well. I considered metaphor to be a concept that ran in conjunction with the subjective experience and could provide a connection to this inner world through the medium of photography.

Christopher Tilley asserts that metaphor is linked to emotion and subjectivity as opposed to a disinterested and objective understanding. It is an illustrative device in which a term from one frame of reference is used within a different level or referential frame. In a general sense metaphor involves comprehending some entity from the point of view or perspective of another.<sup>36</sup> He proposes the reader is made to do the work of establishing connections and constructing the particular logic involved. Michael Parsons argues that metaphors become a fundamental way by which we extrapolate meaning from our bodily experience.<sup>37</sup> He also proposes that metaphors map sensorimotor and perceptual experience onto emotional and cognitive experience, suggesting that metaphors contribute to our understanding both of ourselves and of the world. They are a principal way in which we develop meanings and they account for a fundamental connection between body and mind.

After my fourth spinal surgery the purchase of a quad bike, or mobility scooter as my family calls it, enabled me to access a forest site regularly. This site has facilitated the reengagement of my body within the natural landscape. Allowing me to explore areas previously off-limits because of my inability to walk over uneven ground for any distance. The site reflected my experience of being in limbo with a dysfunctional, noncompliant body. I felt caught in a situation that



seemed to have no conceivable end and from which there was no escape. I constantly endured the pain and waited for something to change and initiate the repair and regeneration of my body. I waited.

Upon entering this site, I was entranced by its twisting and contorting branches. The torpidly languishing state of decay became a metaphor for my body. I made associative and intuitive links between the trees and the network of blood vessels, connective tissues and nerve fibers within my body. The forest's struggle became a metaphor for the experience of waiting, hoping and longing to be released from the prison of my noncompliant body. I selected two to three key locations in the forest, which stretched over a fifty-meter section alongside a rarely used track. The forest site is set within a band of conifer trees that were planted to provide protection to the commercial forest, which runs down the coast for twenty-five kilometers. Beneath the canopy of trees grow Ake ake, which in Maori means 'forever and ever.' They have spread from the dunes into the forest but have not thrived. The dry rotting branches and leaning trunks are strewn across the ground and there seems no clear pathway through the entangled limbs of the trees. Strong westerly winds sweep across the beach over the sand dunes and dissipate through the branches of the trees, depositing a fine, dry dust.

When I am at the site I listen intently and become aware of ambient sounds: the roar of the distant surf, the rustling of branches and the squeaking of fantails that flutter behind me as I disturb the forest floor with my steps. As I stand still, I am acutely aware of my breath—each inhalation and exhalation seem very loud in the stillness. I become aware of my isolation and I feel vulnerable. The forest seems impenetrable, branches interweaving, barring my way. I am uncertain which direction to go in, as each way looks the same. I have a fear of being stranded and some months ago my quad wouldn't start. I was alone for several hours on the beach after a trip into the forest. As the winter darkness approached I lit a fire and collected firewood as the moon rose. I patiently waited, as I knew that eventually my husband would come to find me. It was during these moments of aloneness in the landscape that I was able to reflect

on my pain experience and how it had altered my relationship with the world in which I live. It is through the process of photography within the weathered landscape that I began to make sense of my pain experience and how it had challenged me.

My physical disability has meant that I have had to modify my approach to photography and I now have parameters that I need to work within. The digital camera with a 24-70mm macro zoom lens I use is too heavy to hold for long periods of time. Thus, I must position the camera on a tripod at eye level (I am unable to bend forward to look through the eyepiece). Because of the tripod, I am able to use an extensive depth of field by setting the camera to f 22 for long exposures of between five to twenty-seconds. I prefer the low light of the late afternoon, an hour or so before sunset, with a hazy or overcast sky. This means the light from the West penetrates at an acute angle under the tree canopy. This low angle produces a chiaroscuro effect with a strong contrast of light and shadow. This separates the background from the foreground as the light falls away into the distance. This low angled lighting also diffuses the colour within the images and they become almost monochromatic. The photographic treatment allows the forest to appear dark and foreboding, the branches collapsed with weightiness. I wanted to emphasise the dichotomy between pleasure and pain, beauty and ugliness—for without one we cannot know the other. While the site is broken, damaged and in pain, there is also a sublime beauty in its chaos. My body had been damaged and wounded but it is still the way in which I experience the joys of living.

When first positioning the forest photograph in the gallery I wanted to transform it from being a pictorial experience into a state of object-hood. The first work I positioned on the floor in the gallery propped against the wall. I suggest that the photograph's position and its placement leaning against the wall and grounded on the floor, contributes to its transformation from a pictorial photograph into an object. Its object-hood is further extended by its size 1200 mm x 900 mm and being printed on mirrored ACM; this surface partly reflects the viewer and intentionally distorts the reading of the work.



pic 19. Josef Sudek - Mionsí forest - A Walk in Mionsí 1967,  
17 cm x 23 cm.



pic 20. Josef Sudek - Mionsí forest - A Walk in Mionsí 1966-70,  
13 cm x 18 cm.

In reflecting upon what the forest represented for me, I considered the work of Josef Sudek in the Mionsí Forest. He had been a soldier in the First World War and lost his right arm. Sudek repeatedly photographed the Mionsí Forest and these works remained unpublished until his retrospective in 1976. Petr Helbich and Antonín Dufek discuss Sudek's affinity with the forest environment and how he responded to the sensual experience.

Helbich describes the works as being an apparent chaos of objects, line, curves and decay with the gush of new life, countless transitions of light and shadow, and above all a vast silence. The photographic series Sudek made was called the *Vanished Statues* and after his last visit in 1970 they did indeed vanish, as they were mixed with the topsoil and changed into an expanse of paddock. He suggests the dead torsos of trees (pic19) were representative of Sudek's inner world and that he expressed this through the analogy of the forest and its sublime beauty.<sup>38</sup> Dufek asserts that Sudek didn't photograph the dead trees for their picturesque forms (pic 20), but instead for his fascination with them. He felt they rose like tombstones, totem poles, or menhirs in important places. He quotes Sudek, who said 'when it dies and sheds its leaves or needles, it becomes a statue and it suggests something to you.' Dufek describes Sudek's work in the ancient forest as being an interior in which we cease to be separated from the world, a place of returning to the beginning of time and of man, a crucible in which life and death mix in eternal renewal.<sup>39</sup>

This sense of life, death and eternal renewal is present within the forest site (pic 21). I considered this aspect to be an element of my experience of pain. The person I was before injury ceased to exist after I had experienced injury. Not only had I lost my business and career, I also lost my standing in the community in which I worked and socialised. This had an enormous effect upon my ability to engage in multiple aspects of my life. My world had become very narrow and focused on curing my pain. It became a struggle over the years to regain confidence and forge a new pathway in life. Articulating my experience through my art project has enabled me to heal some of the physical, mental and emotional wounds from the pain experience. (See further examples of works in appendix three)



pic 21. Maria Sainsbury, Untitled, Digital Photograph.

### Introspection.

I was particularly interested in the *Pain Journal* by Bob Flanagan (pic 22), which he wrote in the last eighteen months of his life. In it he remarks on his suffering with illness and reflects on his sadomasochistic acts. He muses 'I found myself mulling over why I don't like pain anymore. I have this performance to do and I'm shying away from doing or having SM stuff done to me, because pain and the thought of pain mostly irritates and annoys me rather than turns me on.'<sup>40</sup> Flanagan begins to understand the pain of the body acting upon itself in illness. He is unable to control it or call a stop to it and thus he faces the inevitability of its constancy and relentless pursuit as he declines towards death.

From 12 June 2011 until 25 August 2012 I kept an almost daily account of my pain to gauge my progression through recovery. My journal maps my state of mind and body through the course of pain medication, depression, specialist appointments and surgery. On reviewing my journal I decided to construct an audio piece that could be situated with the other works. I wanted to expand on previous sound works, which were of the action of stabbing, a medical examination by way of a CT scanner and the list of words from the McGill pain questionnaire. However I didn't want to execute this particular work as a narrative of events; instead I wanted to use selected abstract sentence fragments from my journal.

The first recording was made in the stairwell of the art school, where I read phrases from my diary. I selected this environment because there was a background hum of machinery and the stairwell had a regular reverberation. It gave a depth to the words and a tonality that contained and constrained the audio.



pic 22. Bob Flanagan  
The Pain Journal (2000)

This idea of a container I referenced to the mind, being a container for our thoughts. I had previously found this location difficult to negotiate with pain, so it has significance within the work. The abstract fragments of sentences float within an audio space in the gallery. For example, the phrase 'I'm detached' is not connected to an object to give the phrase meaning. The audience needs to disseminate 'what' it means, if anything, within the context of the other works. (See further examples of works in appendix four)

I'm detached.

I'm lost in my aloneness.

Constant chatter on a transmitting device, my brain is wired.

Seven minutes have passed.

I had to go up the stairs yesterday, all forty-six of them.

Floating in and out of a haze, losing my thoughts and finding them again.

I wait.

The constancy is the problem more so than the intensity.

I'm alone.

I'm forced inwards and downwards.

There is no respite, no break.

How do I feel about yet another intrusion into my body?

In my head random thoughts amalgamate and sentences float before me.

It's crushing me, defeating me.



The audio work is stretched and pitched lower, which I suggest references the solemn state of depression. It is played through speakers located on the ground in the gallery space. To the right is a photograph of a forest site leaning against a wall. On the left are three plastic hanging wall sculptures of tears. A quality of affect is present within the audio space and provides a discomforting unease. This unease I felt was too theatrical in the context of the works and limited the reading of the installation. I decided to make the second recording of the sound of a pencil scratching when written on paper. This is layered with the speaking of the sentence fragments from the journal at a slower pace than in the previous work. I created a speaker box and initially the sound emanated from one speaker at head height. (This was tested with the wound, spike and photographic works in the gallery space. See further examples of works in appendix five) I wanted to create a spacial dimension within the work and decided to separate the audio into two channels. The first channel of the scratching emanates from a speaker close to head height. The second channel of the spoken word emanates from a speaker positioned about hip height in the speaker box this requires the viewer to bend over to hear the sound completely.

This project was initially motivated by my subjective experience of pain and my relationship with my surgically altered body. Through the process of research I have ascertained that pain's lack of external referent makes it difficult to comprehend without visual trauma being present. The difficulty is that the pain experience is internal and not truly capable of being shared. I have endeavoured to articulate aspects of my pain experience through an analogous and metaphorical approach to this project. I have selected several materials and mediums because pain is multidimensional and has many different elements. I haven't presented my experience as a narrative but it does contextualise the works. I have referenced various theorists and artists from Historical, Modern and Contemporary fields. These theorists and artists are working or worked with similar themes of pain, trauma and subjectivity. Further to this I have presented research papers at the Massey University Post Graduate Symposium 2012, Oculus - Canterbury University Post Graduate Symposium 2012, Art Association of Australia and New Zealand Annual Conference 2011 and the Zonta Organisation, Mana Chapter 2011. There is no definitive language that can accurately transcribe my subjective experience but I argue parts might be conveyed and ultimately understood.

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- <sup>1</sup> (Scarry, 1985, p. 5)
- <sup>2</sup> (Scarry, 1985, p. 13)
- <sup>3</sup> (Scarry, 1985, p. 5)
- <sup>4</sup> (Vetlesen, 2009, p. 17)
- <sup>5</sup> (Scarry, 1985, p. 12)
- <sup>6</sup> (Scarry, 1985, p. 15)
- <sup>7</sup> (Scarry, 1985, p. 7)
- <sup>8</sup> (Scarry, 1985, p. 8)
- <sup>9</sup> (Vetlesen, 2009, p. 14)
- <sup>10</sup> (Vetlesen, 2009, p. 16)
- <sup>11</sup> (Vetlesen, 2009, p. 14)
- <sup>12</sup> (Aporetic, Subjectivity What Is It, [www.theaporetic.com/?page\\_id=2184](http://www.theaporetic.com/?page_id=2184))
- <sup>13</sup> (Flanagan, 2000, pp. 104-105)
- <sup>14</sup> (O'Dell, 1998, p. 77)
- <sup>15</sup> (Vetlesen, 2009, p. 13)
- <sup>16</sup> (Kauffman, 1998, p. 33)
- <sup>17</sup> (Flanagan, 2000, p. 43)
- <sup>18</sup> (Vetlesen, 2009, p. 17)
- <sup>19</sup> (Jones, 1998, pp. 186-190)
- <sup>20</sup> (Serra, 2000, p. 7)



<sup>21</sup> (Krauss, 1981, p. 253)

<sup>22</sup> (Krauss, 1981, p. 272)

<sup>23</sup> (Serra, 2005, p. 49)

<sup>24</sup> (E. Hesse, -, 2002) Born in Germany in 1936, she was sent at the age of two with her older sister to the Netherlands. Once the family reunited they settled in New York in 1939. In 1944 her parents divorced and her father remarried in 1945, her mother committed suicide in 1946. These events contributed to her need for therapy for her entire life. Hesse died in 1970 at the age of 34 after a ten year career as a sculptor, one year after being diagnosed with a brain tumor.

<sup>25</sup> (Birkhofer, 2010, pp. 3-10)

<sup>26</sup> (E. Hesse, 2002, p. 30)

<sup>27</sup> (E. Hesse, -, 2002, p. 182)

<sup>28</sup> (Chambers, 2009, p. 579)

<sup>29</sup> (*Declaring space : Mark rothko, barnett newman, lucio fontana, yves klein*, 2007, p. 41)

<sup>30</sup> (*Declaring space : Mark rothko, barnett newman, lucio fontana, yves klein*, 2007, pp. 152-153)

<sup>31</sup> (Fontana, 1999, p. 36)

<sup>32</sup> (Masters, 2008, p. 117)

<sup>33</sup> (Hatoum, 2009, pp. 21-23)

<sup>34</sup> (Hatoum, 2008, p. 69)

<sup>35</sup> (Jones, 1998, p. 39)

<sup>36</sup> (Tilley, 1999, p. 4)

<sup>37</sup> (Parsons, 2010, p. 229)

<sup>38</sup> (J. Sudek, 2009, p. 11)

<sup>39</sup> (J. Sudek, 2009, p. 10)

<sup>40</sup> (Flanagan, 2000, p. 34)

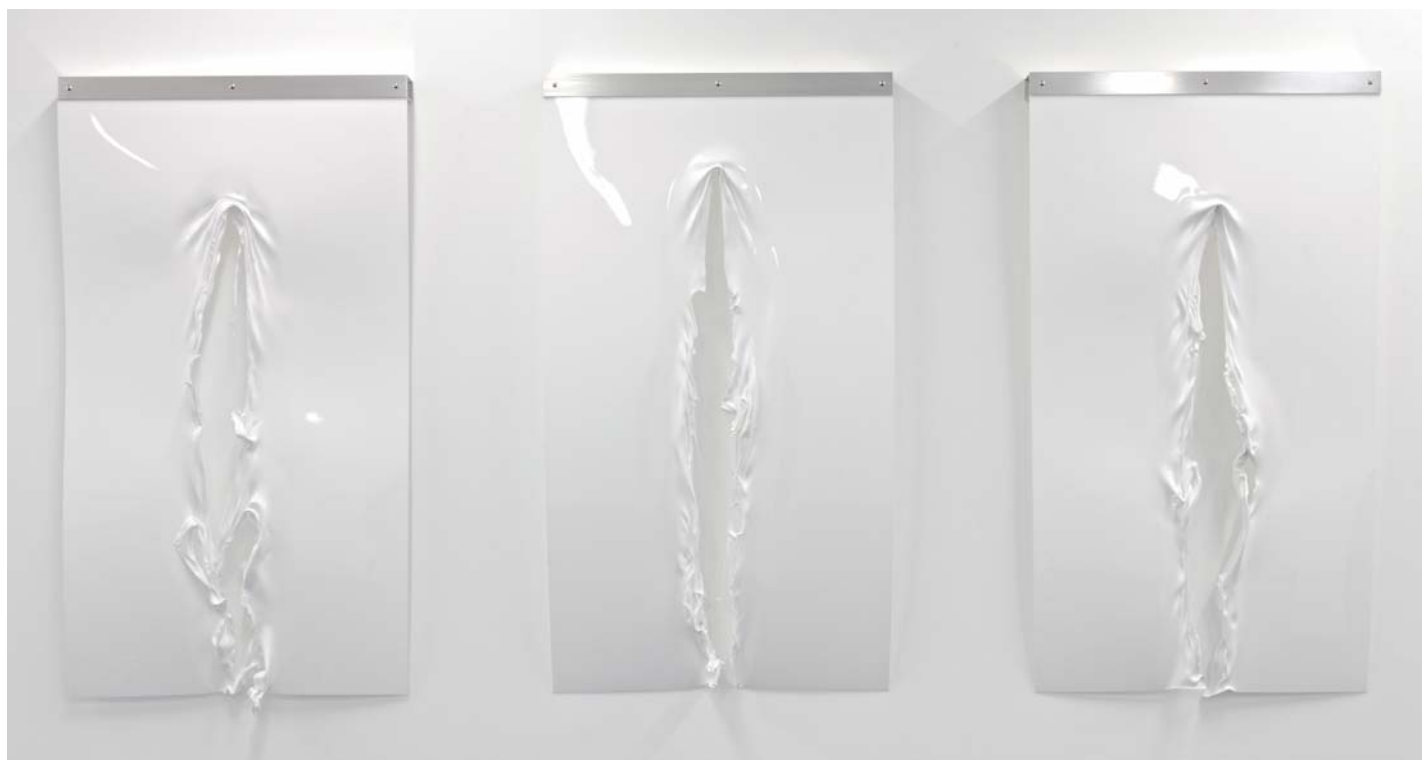
Appendix One - Wounding.



Maria Sainsbury, Tear I, II, III- Black Plastic, 2 mm x 76.5 cm x 132 cm.



Maria Sainsbury, Detail Tear III



Maria Sainsbury, Tear IV, V, VI-White Plastic, 2 mm x 76.5 cm x 132 cm.



Maria Sainsbury, Detail Tear IV

Appendix Two - Threatening.



Maria Sainsbury, Spikes, Detail.



Maria Sainsbury, Spikes, Cast Aluminium (2012) 25 cm x 25 cm x 25 cm.



Appendix Three - Metaphors.



Maria Sainsbury, Untitled I Digital Photograph.





Maria Sainsbury, Untitled II Digital Photograph.





Maria Sainsbury, Untitled III Digital Photograph.





Maria Sainsbury, Untitled IV Digital Photograph.





Maria Sainsbury, Untitled V Digital Photograph.





Maria Sainsbury, Untitled VI Digital Photograph.

#### Appendix Four - Installation.

Maria Sainsbury (2012) Test installation of works in gallery space, 1CO8.



Untitled II - Mirrored ACM RHO Digital Photograph, Spikes - Cast Aluminium, Tear IV, V, VI - White Plastic.

Maria Sainsbury (2012) Test installation of works in gallery space, 1CO8.



Untitled VI - Mirrored ACM RHO Digital Photograph, Spikes - Cast Aluminium, Tear IV, V, VI - White Plastic.

Maria Sainsbury (2012) installation of works in gallery space, 1CO8.



Untitled II - Mirrored ACM RHO Digital Photograph, Speaker tower MDF.



Tear I - Black plastic, speaker tower MDF, Untitled VI - Mirrored ACM RHO Digital Photograph.

Appendix Five - Final Installation.

Maria Sainsbury (2013) installation of works in Engine Room Gallery, Massey University.



Untitled I, II, V, VI - Mirrored ACM RHO Digital Photographs 165 cm x 110 cm, Speaker tower MDF. 40 cm x 40 cm x 180 cm



Maria Sainsbury (2013) installation of works in Engine Room Gallery, Massey University.



Untitled V - Mirrored ACM RHO Digital Photograph 165 cm x 110 cm.

Maria Sainsbury (2013) installation of works in Engine Room Gallery, Massey University.



Untitled I - Mirrored ACM RHO Digital Photograph 165 cm x 110 cm.



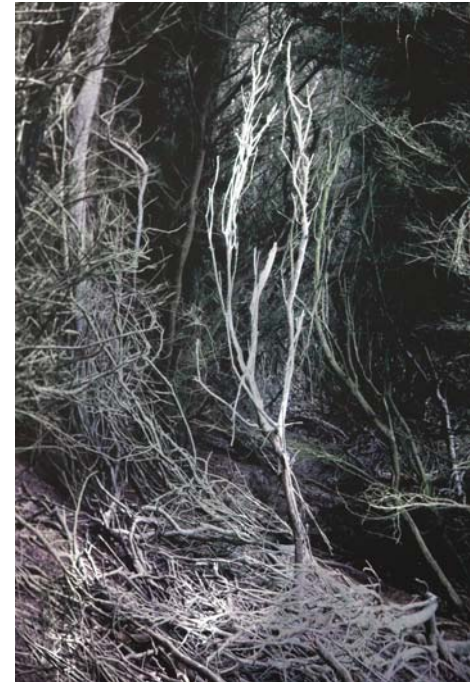
Untitled II - Mirrored ACM RHO Digital Photograph 165 cm x 110 cm.



Maria Sainsbury (2013) installation of works in Engine Room Gallery, Massey University.



Untitled VI - Mirrored ACM RHO Digital Photograph 165 cm x 110 cm.



Untitled VI - Detail with reflected light.

Appendix six - Introspection.

Soundwork: CD located inside the back cover, the contents are.

Track: 1 Maria Sainsbury (2012) Fragments in Stairwell.

Track 2: Maria Sainsbury (2012) Writing Fragments.

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