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UNSEEN

by

BETHANY GRABERT

Under the Direction of Christina A. West, MFA

ABSTRACT

Unseen is a collection of figurative sculptures that explore the multitude of physical reactions and emotional repercussions of a body living in pain. I draw my inspiration from my own chronic disease, endometriosis, and from all the people who are stigmatized for living with invisible chronic pain conditions. My work shows the invisible interior experience of extreme pain that can isolate a person from the world and leave them feeling disconnected from their own body. I am representing the everyday moments that result from the body undergoing pain or stress by exaggerating and distorting the body's exterior, using it to communicate the interior feelings of agony, exhaustion, depression, anger, weight, fragility and disconnection caused by an invisible disease. These assemblages render visible the typically unseen physical and emotional toll taken by chronic pain and trauma.

INDEX WORDS: Endometriosis, Pain in art, Figurative sculpture, Assemblage

UNSEEN

by

BETHANY GRABERT

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Fine Arts

in the College of the Arts

Georgia State University

2022

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2022

UNSEEN

by

BETHANY GRABERT

Committee Chair: Christina A. West

Committee: Jill Frank

Susan Richmond

Electronic Version Approved:

Office of Academic Assistance

College of the Arts

Georgia State University

May 2022

DEDICATION

For all the people suffering from and living with an invisible chronic illness.

For my mother, thank you for always loving me so unconditionally and encouraging me to be my strongest and best self.

For my siblings, Sally, Abby, and Peter, for always keeping life light and making me laugh.

For Erica, for being there for me when I was learning how to live in pain. You made my life so exponentially less lonely.

For Nathan, for aggressively telling me I could do anything and helping me believe in myself. I will always miss you and strive to be the person I was in your eyes.

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For my graduate school friends, y'all have held me together for the last few years and I will always have a special place for you in my heart.

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1 INTRODUCTION

I have been living with a painful chronic disease for nine years. My work draws inspiration from my experience living with endometriosis and from others like me who are stigmatized for living with invisible chronic pain conditions. My research explores the invisible interior experience that can isolate a person from the world and leave them feeling disconnected from their own physical body. My work shows the multitude of physical reactions and emotions that result when a body lives in pain. These figurative sculptures reference everyday moments I spend in environments that play a significant role in my life. Each space has a specific function and relationship with the bodies that occupy them. The duality of my own experiences, in my home and outside of it, is another concern I explore in this body of work. My home is a place I associate with comfort: when I am home, I can stop performing the role of a physically well person. Outside my home, in social settings, I must put on a façade of wellness to avoid being seen as weak and to prevent being stigmatized and ostracized. In the presence of doctors, I will exaggerate so that my pain will not be viewed as period cramps, so that I can get the appropriate treatment I need. As a person living with a chronic pain condition, I must pick and choose the facets of myself I present in public if I want to be taken seriously.

2 PAIN AND THE BODY

Visual art can effectively communicate emotion because artists can typically assume that audiences living in similar contexts will view their work with commonly held, widely shared ideas and notions of the artist's subject matter. Maurice Merleau-Ponty, a French philosopher, believed that because we are all part of the world around us, our inner perceptions are based on what we have absorbed from our exterior environments.¹ Therefore, it is not unreasonable to think that people, living in a similar environment as an artist, might intuitively comprehend that artist's work. Communicating my physical pain in my artwork, however, has proven to be quite difficult, perhaps because pain is such an intimate, insular feeling. We only have our personal experiences of pain to draw upon, and these are highly individual and situational. Our viewpoints can only be built upon the knowledge we possess.

Because feelings are so subjective, it is inevitable that we develop tools to measure and quantify our experiences so that we can better understand and express the human condition. Medical professionals use the numeric pain rating scale (NPRS) to understand and document the pain a patient is feeling. Zero is no pain and ten is the worst pain imaginable. Using NPRS, every patient can assign a number to their pain level. By tracking pain levels over time, doctors and patients can compare their current pain to something they have previously experienced. But is reducing pain to a single number really a good idea? According to medical professor Dr. Stephen McMahon, "There are lots of problems that come with trying to measure pain [...] I think the obsession with numbers is an oversimplification. Pain is not unidimensional. It does not just

¹ Elizabeth Grosz, "Lived Bodies," in *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington: Indiana University Press, 1994), 86.

come with scale [...] it comes with other baggage. How threatening it is, how emotionally disturbing, how it affects your ability to concentrate.”²

Despite the continued use of NPRS, many professionals like McMahon feel that this method of quantifying patients’ pain are inadequate. The complexity of how pain affects the body cannot be simplified into a number. If pain is relative to each individual’s illness or injury, then why is NPRS deemed reliable for pain management in the healthcare system? If you are experiencing a degree of pain that is different than the person sitting next to you in the emergency room, but you both tell the nurse your pain is “6,” there is no way for a doctor to know whose “6” is more accurate. Part of the reason pain is so hard to understand from the outside is because it contains so many nuances and is affected by so many influences. Pain is not just one thing. It is accompanied by feelings and emotions that are particular to each individual’s circumstances and previous experiences.

The internal chronic pain I endure cannot be understood by most people because they have never actually experienced my particular pain. This lack of empathy affects every aspect of my life. For example, when working during a flare-up, my supervisors often treated me as expendable because they saw me moving more slowly than my coworkers and believed I was simply being lazy. Through their eyes, my body language appeared as laziness; in truth, my lethargy was the result of my body fighting against pain. Because internal pain is invisible to the people around us, it’s difficult for people to acknowledge its existence and take it seriously.

² Izzie Siemann, “How McGill Invented Pain: 1970s Pain Scale Still Used Today.” *The McGill Tribune*, January 24, 2017, <https://www.mcgilltribune.com/sci-tech/how-mcgill-invented-pain-1970s-pain-scale-still-used-today-012417/>.

Systematic stigmatization exists within the realm of reproductive health care for people who are born with a uterus. Despite a lack of research on the stigma associated with endometriosis, many people living with the condition have spoken about the dismissiveness, invalidation and the ostracization they experience in family, social, and of course, medical settings. In the article “Stigma and Endometriosis,” study participants reported health care “providers laughing at their pain symptoms and, at times, explaining in a condescending manner what participants were supposedly experiencing (e.g., gas or bloating) without further diagnostic investigation.” Furthermore, “participants stated that endometriosis is perceived by the general public as less serious than other chronic medical conditions. They also said that the portrayal of women in the media reinforces a false notion that women should ‘not let their period prevent [them] from doing anything.’”³

Even the severity of Endometriosis is classified depending on its effect on fertility and function of the reproductive system. Little attention is paid to the surrounding vital organs such as the lungs or bladder, or the patient’s quality of life. These blind spots lead to incongruities in care: a patient whose organs are failing outside of the pelvic region and whose health is severely deteriorating can be classified as having a less severe case than someone whose health is relatively good, but is infertile.⁴ The patriarchal values inherent in this system are laid bare: the bodies of people who have a uterus are perceived as important only as reproductive vessels.

Receiving medical attention through the healthcare system felt so dehumanizing to me that eventually I simply stopped going to the doctor. The only resolution I was offered by my

³ Omar T. Sims, Jhumka Gupta, Stacey A. Missmer, and Irene O. Aninye 2021. *Stigma and Endometriosis: A Brief Overview and Recommendations to Improve Psychosocial Well-Being and Diagnostic Delay*,” *International Journal of Environmental Research and Public Health* 18, no. 15 (2021), 8210.

⁴ Ibid.

doctor was the suggestion to get pregnant as a way to treat my disease. Later, I was informed by a specialist that many doctors share this dubious advice because pregnancy changes your hormones. Therefore, they believe, endometriosis, a disease based on an imbalance in hormones, could potentially get better from a drastic hormonal change similar to what happens during pregnancy. What these doctors ignore, is that trying to fix a preexisting problem by gambling on such a drastic solution can add to endometriosis symptoms instead of alleviating them. Pregnancy-related hormonal changes can redress imbalances, but they can also do the opposite and make the disease worse. This so-called “only” solution reiterates the patriarchal values held by many in the medical profession: the uterus is only viewed as a vessel for reproduction, not as an organ in the body of a person who deserves to live a functional life.

When I was having chronic pain, I felt two distinct types of disconnection. The first type was a disconnect between myself and my body. I felt like my body was betraying me, failing me whenever I couldn't control its functions. The second type of disconnect occurred because I was having this agonizing experience and most people around me couldn't relate to what I was feeling. I began to lose touch with family and friends; even support from the people I loved felt empty. They couldn't help me because they couldn't feel my pain—literally. I acted “normal” to blend back into the world, but this normalcy was a performance. Choosing to appear well was an act of relation: by constructing a persona that allowed me to rejoin the community, I took back some small measure of control over my situation. Despite the façade, the truth was that having no control over a sick body feels like living in a body that does not belong to you.

Not being taken seriously by so many people around you, especially the essential people like family and medical professionals, can lead to patterns of changed behavior to cope and can lead to self-isolation.⁵ The pain experienced by the self is an intimate, lonely experience.

3 SPACES

Merleau-Ponty believes that the body is not separated from its environment or from other objects; always interacting and influencing each other. He believes that the self can never be fully isolated from the world around it and that it is part of everything, therefore inner perception is based on what has influenced the individual from the exterior world. Living with a chronic illness affects the spaces I reside in and the people I am around, just as much as they affect my experience of being sick.

Rachel Zoffness, who specializes in non-pharmacological ways to treat pain, supports this idea. She has researched the effects on the health of her patients based on the spaces they reside in and believes in cognitive behavioral therapy to treat chronic pain. She believes that pain causes your brain to tell you to isolate yourself and stay home, but that you should treat pain in the opposite way.⁶ So based on her theory, the social aspect and environment of a patient's life affect their physical wellness. Through my firsthand experiences, I can confirm that it was almost instinctual to stay home and isolate myself. Based on her research, the spaces, and people I surrounded myself by could either increase or decrease my chronic pain. Therefore, Zoffness's

⁵ Omar T. Sims, Jhumka Gupta, Stacey A. Missmer, and Irene O. Aninye 2021. *Stigma*

⁶ Alie Ward, "Ologies, Dolorology (pain) with Rachel Zoffness", Podcast, 2021,

<https://www.alieward.com/ologies/dolorology>

research of pain neuroscience confirms Merleau-Ponty's theory that the body and its environment are always interacting and influencing each other.

The intensely emotional experience of spending an extended period alone in my apartment during the COVID quarantine caused me to observe my domestic space in a more intimate way. I became aware of the details of these spaces and how I fit into them. I was reminded of my childhood and the time I spent freely roaming around with no obligations and no demands on my time. Lying on the kitchen floor and scrutinizing that one spot under the dining room table for an hour was a common activity when I was a child. The COVID lockdown was the most recent time since childhood that I have been able to sit completely still for hours on end and immerse myself fully in my surroundings. Slowing down gives us time to form a unique perspective of our environments and the things that occupy them.

The only other times I have been able to experience these moments of stillness as an adult were when I became sick and was forced into stillness by my body succumbing to pain and exhaustion. When my illness was the most debilitating, I felt disconnected from the rest of the world, like I was observing everything from a far-removed, insular place. My island of existence was all I could experience, so all the objects and spaces around me took on new meanings. Merleau-Ponty's explanation of the phantom limb and agnosia conditions is a good example of this phenomenon: an item which is concretely before us, Merleau-Ponty explains, does not have as much metaphorical weight as the expectations placed on ⁷ it. Before I became sick, a bathtub was a site I associated with leisure activity, to decompress and relax in after a long day. Now the bathtub is a last resort for finding comfort as I submerged myself in the hot water, waiting for my pain medication to take effect.

⁷ Elizabeth Grosz, "Lived Bodies," in *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington: Indiana University Press, 1994), 89.

I find inspiration in the layered relationships between my body and the furniture and objects in the domestic environment. After spending time in the bathtub soaking to alleviate some of my pain, or lying exhausted in my bed unable to move, I feel compelled to reflect on the time I have spent in these spaces. The bathtub, for example, has curves that follow the human form, cradling the body almost like a womb cradles a fetus. Being sick and losing control of basic bodily functions are also reminiscent of infancy and the helpless state in which we spend the early years of our lives. A baby's existence is simply about survival, which completely depends upon the mother. Similarly, the body in pain narrows one's existence to the barest of priorities: focusing on health in order to survive.

The bathroom is a unique domestic space in the home where outside expectations and influences can sometimes be left behind. When cohabitating, it can sometimes be one of the only spaces in a house where an individual can find solitude. It repeatedly has been a space for me to escape from domestic disputes and abuse, embracing the safety behind the only locked door in the house. Not only is the bathroom a place for re-setting and cleansing oneself but soaking in the bath for hours has also been a primary source of relief from my symptoms associated with endometriosis.

I'm not the first artist to notice the bathroom's dual nature. Contemporary artist Shona McAndrew makes life-size figurative sculptures performing normal domestic tasks like brushing their teeth. Her work inspired me to start creating figures doing the things I have done in my home over and over again while living in pain. Most of McAndrew's figures are nude or partially dressed, similar to how most people would appear when comfortable at home. The environment in which McAndrew places the figure completely changes the viewer's understanding of the nude (or partially nude) person. (fig. 1)



Figure 1 Shona McAndrew, Caroline, 2017-2018, paper mache, steel, acrylic, wood, fabric

McAndrew desexualizes the female form by showing viewers a nude woman, but in an unusual context: sitting on the toilet. She looks bored and tired as she brushes her teeth and completes her morning bowel movement. This scene is not designed to titillate the male gaze; the mundaneness of the woman's pose restores her humanity. By showing a female body in this context, McAndrew takes it off the pedestal and places it in a realistic setting. McAndrew's act of desexualizing the female nude by showing women's bodies doing unglamorous things in unglamorous places showed me how I might express the raw, humanness of living with a

stigmatized chronic condition. (fig. 2)



Figure 2 Bethany Grabert, Bathing, 2021, porcelain, resin.

The kitchen is another space I find fascinating. This room is where our bodies perform labor more than any other room in the home. We stand at the sink, counter, or stove for extended periods of time as we prepare meals, wash dishes, make coffee, and hang out with loved ones over a meal. Because of these social functions, the kitchen is often referred to as a communal space, whereas the bathroom and the bedroom are private spaces. Even though we spend a lot of time in our kitchens, they are often spaces designed solely with cooking and eating functions in mind, without regard for relaxation and comfort. We are on our feet cooking and normally the only place to sit in a kitchen is on hard wood or plastic chairs at the dinner table or on counter stools—i.e., not furniture meant for leisurely or extended periods of sitting. This furniture is not

typically lined with cushions the way the living room furniture is. With extended use your butt will become sore, and you will feel less of the comfort than the kitchen provided at the beginning of a family meal. The time limit on comfort and focus on function makes the kitchen the most laborious space in the home.

Because of its laborious nature, the kitchen can be a daunting environment for someone who regularly struggles to function physically. In the past, I relied upon a stool that I could sit on while cooking because the pain exhausted me and made it difficult to stand up for too long. When my physical health began to fail me, I felt betrayed by my body; unable to control it even when I was well enough to function. I often felt weak and unstable on my own two feet. *Lost Control* is based on the emotion that is experienced when there is a disconnect between the physical body and the self. This one of the many complexes that came along with being sick was losing trust in my body. With this piece, I created a surreal environment by manipulating the size of the furniture and natural body of a human form. I have altered the stool's appearance so that it is teetering, too tall, and no longer safe as my cooking stool once was. This distortion mimics how being unstable on my own two feet felt. I unnaturally lengthened the figure's limbs to achieve a reaching gesture that expresses the desperate search for stability. (fig. 3)



Figure 3 Bethany Grabert, Lost Control, 2022, stool, aqua resin, steel.

The bedroom is a space where we typically shed our clothes from our daily activities and put something on that is more comfortable. Primarily, it is a space where our bodies and minds rest. If we are not sleeping, we often lie in bed to read a book, watch a tv show or have sex with a partner. Both the bedroom and the living room are spaces for recreation and pleasure. Unlike the living room, the bedroom is a private setting for pleasure, but still less private than a bathroom. Like the bathroom, it is also a space where we construct our identity. We decide what clothes to wear that day, and how to portray ourselves visually to the general public.

When living with chronic pain, lying in bed on a heating pad can become a staple of daily life. The bed, which once felt soft and comfortable, now feels hard and makes the body sore from extended use. I utilize concrete to help me convey this feeling in *Tramadol*. (fig. 4)



Figure 4 Bethany Grabert, Tramadol, 2022, silicone, concrete.

Ancient medical texts often speak about women who appear dead for seven days from symptoms associated with what was suspected to have been endometriosis. Even Vesalius, a 16th century anatomist and physician, supposedly mistook a woman for dead and proceeded to dissect her until she cried in pain at his first incision.

When in the home, it feels safer to be ill than it does in a social setting. I can lay in my bed without worrying about my coworker or boss thinking I am too lazy or dramatic when I am having a flare up. Outside of the home it often feels as though a degree of performance is required to allow functioning to be a smooth experience. Managing other people's emotions

about your symptoms becomes second nature for people with chronic illnesses. The performance of being well makes it easier to blend into societal situations. It allows me to avoid issues I would have in the workplace, or among friends. It can save my job by performing well if my boss thinks I am expendable because of my illness or too much of a risk to invest in because my health issues may affect my performance.

A doctor's office is a stark contrast to the comfort one typically associates with home-like settings. For me, even a routine check-up can evoke anxiety and mistrust—the result of numerous past visits with too many tests and few answers. The smell of sterile cleaners and the exam room lighting can be harsh. The exam tables are frequently cold and hard and the paper that covers the exam table sticks to my skin and makes a loud crinkly sound whenever I move. These bodily discomforts increase my already-high stress level.

What Do I Have to Do to Make You Believe is based on the struggle people born with a uterus confront when they seek medical care for chronic pain conditions. In my experience with endometriosis, even with a diagnosis, the treatments are often ineffective, leaving patients with little relief and too few answers. This frustrating reality often makes doctor appointments exhausting, an experience I express in this piece by creating a figural form out of silicone. The silicone's flexibility allows the form to slump partially on the ground, where the viewer is forced to look down upon it, from what could be the doctor's vantage point. Activating the viewer's gaze in this way mirrors how I feel in a doctor's office when I am treated as though I am unworthy of obtaining good health by medical professionals. (fig. 5)



Figure 5 Bethany Grabert, What Do I Have to Do to Make You Believe? 2022, silicone, exam table cushion, exam table paper, nylon strap.

My doctor's office-bred feelings of frustration, anger and exhaustion are rooted in history. During the 1800s many renowned doctors and forward thinkers believed that the pain experienced by people born with a uterus was derived from purely psychological causes. Many theories have come and gone about the mystery of the pain experienced by these people. Unfortunately, some of the most harmful ones have trickled down through the centuries to our modern age. This ill-founded belief in psychological causes is one of the biggest perpetrators of stigma, creating barriers for people to be taken seriously, preventing them from getting proper medical treatment. The French psychiatrist Jean-Martin Charcot was one of many who perpetuated harmful and unscientific beliefs, that hinders the progress of the research on

reproductive health today. After observing women in an insane asylum who suffered from “hysteria,” he blatantly ignored the research that proved the causes were of a gynecological nature, claiming that their symptoms originated from a psychological disorder. In a 19th century painting, he is seen parading a patient in front of a lecture hall, getting her to perform her illness to an audience of doctors.⁸ (fig. 6)



Figure 6 Andre Brouillet, A Clinical Lesson at the Salpetriere, 1887. Oil on canvas.

Although endometriosis has been a known problem for 4000 years, the medical world still regards it as mysterious and adheres to some of the same treatments that have been used for thousands of years. Over the centuries it is apparent that cultural influences have outweighed scientific research on the study of uterine and pelvic pain. The Article, “Endometriosis: ancient

⁸ Camran Nezhat, Farr Nezhat, and Cean Nezhat, “Endometriosis: Ancient Disease, Ancient Treatments,” *Fertility and Sterility* 98, no. 6 Supplement (December 2012): 35- 36, <https://doi.org/10.1016/j.fertnstert.2012.08.001>.

disease, ancient treatments,” speaks about “reports from as recently as 1995 finding that, on average, over 50% of women with chronic pelvic pain were found to have no “organic” basis—this meant that essentially half of all women who sought medical care for pelvic pain remained medical castaways, with some still considered hysterical or mentally unstable.” This dangerous stigma embedded in our current healthcare system is still an active barrier for people to receive the treatments they need.⁹

The way we interact with ourselves, the people around us or lack thereof, and the objects we utilize are very specific to how we view our place in the world. Not only the spaces I have resided in, but the people and objects around me have affected my experience of being chronically ill. Being chronically ill has also affected the way I view my relationships with these things and the people closest to me.

4 TECHNIQUE

My work complicates our thinking about what an object or body means by combining materials with the human form in unusual ways. I rearrange, repeat and manipulate indexical objects, such as the life-cast body parts of my models and myself; to open up new avenues of inquiry. By presenting human figures that deviate from the body’s natural form, my work disrupts viewers’ preconceived ideas about the body, creating space for re-interpretation. This method has proven effective at sharing my invisible struggle with chronic pain in a way that the general public can relate to and comprehend. My goal is not to solely share my experiences, however. I also want viewers to reflect on their reactions to my work and to consider how the information I’m relaying relates to their own lived experiences.

⁹ Camran Nezhat, “Endometriosis: Ancient Disease, Ancient Treatments.” endometriosis specialists . Accessed January 9, 2022. <https://endometriosispecialists.com/wp-content/uploads/endometriosis-ancient-disease-ancient-treatments.pdf>. Page 56

Stillness—whether lying in bed or sitting on a chair—is a key coping strategy when I am feeling unwell, but the pain I experience can also result in uncontrollable movements—the opposite of stillness. Bodies at rest translate easily to sculptural objects because they display no motion, therefore they are typically useful for portraying a moment frozen in time. I wanted my life-cast body parts to convey movement, to morph into cinematic forms that would impart an experience or feeling. To accomplish this metamorphosis, I relied on repetition to give stationary objects life.

In *Lost Control*, the figure sits high above the ground, perched upon an unnaturally tall stool, sitting on the edge of its right butt cheek. I reinforce the figure's precarity by placing the reaching arm and leg outward, lending to a sense of urgency. By placing a line of repeated toes that reach for, but do not touch, the ground I am expressing that stability is desired but just out of reach. The figure's torso twists and extends the right arm as if seeking something to steady itself. This arm ends in a cascade-like form comprised of fingers that attempt to make contact with the gallery wall. (fig. 7)



Figure 7 Bethany Grabert, Lost Control, Detail, 2022, stool, aqua resin, steel.

The legs and right breast repeat on the figure's right side, heightening the sense that we are looking at a prolonged-exposure photograph of a body twisting to reach out and grab onto something before falling off a stool. (fig. 8)



Figure 8 Bethany Grabert, Lost Control, Detail, 2022, stool, aqua resin, steel.

Lost Control utilizes life-casts made from the body parts of three different people. By creating molds not only of myself, but also of other people, and combining them into a single piece, I'm acknowledging that the issues I discuss and the problems I confront are not solely mine. So many people suffer from under researched pain conditions, living with disabilities that could have been avoided if society would take them more seriously. It is a community struggle, and that weight should not be put on the shoulders of any one individual.

Life-casting someone's body is a very intimate process. There is direct contact with the model's skin and the mold maker is remarkably close in vicinity with the other person. From my experience I have found that to make this situation work, it requires good communication and frequent check-ins to ensure that models feel comfortable and safe. Some of my models suffer

from chronic pain issues similar to those I experience. Our shared background allows us to have honest and frank conversations in a comfortable space of commonality.

I would not be able to have these types of conversations in most other settings. Through these dialogs, I have found comfort in solidarity and in knowing other people who also regularly struggle with my same frustrations. Beyond this simple sharing of experiences, on several occasions, a model has shared information with me about a new treatment or recent medical breakthroughs. For all these reasons, conversations with my models have been enriching and fruitful, both artistically and personally.

In *Unseen*, I also used the method of repetition to create a metamorphosing form which for me visually represents what the mind is consumed by. The hyper realistic life casts are cut apart and reattached in an unnatural way to bring the viewer out of reality into a surreal realm that allows perception to open new ideas about what the body can experience. The repetition of bellies in *Weighted* represents the mental loops I went through when I was confined within a debilitatingly sick body. I often fixated on my stomach and the way it felt: the bloating, the pain and the contractions. (fig. 9)



Figure 9 Bethany Grabert, *Weighted*, 2022, cinder blocks, nylon straps, aqua resin, my pubic hair.

In *Unseen* there are several instances of hands touching the body. In some works, hands cradle the rest of the sculpture, and other pieces have more hands that are touching the body than can be anatomically correct. By exaggerating the number of hands on the body I emphasize how important touch is. Touching our bodies is an instinctive human reaction to pain. For example, if we hit our knee or stub a toe, we automatically grab the sore spot and rub it to comfort ourselves. This kind of touch eases the pain emotionally, but also helps us physically because both kinds of brain receptors affect how we experience pain. According to gate control theory, the touch messages sent to the brain when we rub our hurt knee reach the brain before the coded pain sensory messages, so touching ourselves when in pain does help.¹⁰ This theme, of pain, touch, and hands, runs throughout the works in *Unseen*.

¹⁰ Alie Ward, "Ologies, Dolorology (pain) with Rachel Zoffness," Podcast, 2021, <https://www.alieward.com/ologies/dolorology>.

Touch, but specifically the evidence of my touch in clay, is also a core strategy in representing pain. In all my pieces, I aim to create surfaces that visually express on the body's exterior the hidden sensations and feelings we experience on the interior. I cast parts of my own body, then press porcelain clay into the molds, intentionally leaving the mark of my hand next to my skin's texture and detail. (fig. 10)



Figure 10 Bethany Grabert, Smile, 2022, Porcelain.

The anger I felt towards the world around me, doctors and my own body was the most difficult emotion for me to express visually. With *Agony*, I used the body as a recording device for the performance of my rage. I broke apart, busted through, and added gesturally sculpted clay to figural fragments pulled from these casts of my own body. The marks left from pressing my fingers into the clay not only represent my anger but also how I feel when my insides are hurting; by manipulating the clay, I created a visual simulation of the pulling and stretching sensations

going on inside my body. I repeatedly manipulated each positive pulled from a mold and made a new mold, creating a form that metamorphosed through my process. I wanted the memory of my experience to be recorded in the methods I used. (fig. 11)



Figure 11 Bethany Grabert, Agony, 2022, Aqua Resin.

I often refrain from finishing or closing the edges of body fragments; I prefer to open these forms and expose their interiors, so that viewers can see the process or the structure of the armature. I paint the interiors in bright contrasting colors to differentiate interior from exterior. Aqua resin helps me achieve very hard structures that have enough strength to allow me to leave the casts thin. The forms are fragile and shell-like, a result that visually references how being sick feels. Unfinished seams and traces of the building process also echo the sick body's disconnection from self and society. These imperfections depict my interior world—my pain, experiences, and emotions— as I feel and not as I appear in public.

Finally, I use silicone and concrete in several pieces to achieve specific textures and visual “weights.” Silicone works well for communicating the body in pain because it is naturally flexible: it opposes holding its form when it is cast thin and has no interior support. Using silicone, allowing it to slump as gravity dictates, expresses the defeated, deflated posture of an exhausted body and a hopeless spirit. Concrete also holds expressive qualities, but these have more to do with solidity and permanence. I used concrete for pieces in which I wanted to evoke a feeling of entrapment and discomfort.

5 CONCLUSION

Out of a desire to move beyond the flawed numeric pain rating scale, I have sought ways to communicate the multitude of feelings caused by pain. In *Unseen*, I developed techniques to translate pain and related emotions into a visual language that makes my experiences understandable to viewers. Through surrealism, material choices, technique, references to spaces and objects, repetition and color I aim to achieve an environment where chronic pain can be better understood in all the depth and layers that come along with it. Each assemblage of body fragments holds a specific aspect of what it means to live with pain. I manipulated the exterior form of the body to express the interior feelings and to create a new context on what a body can experience. I aim to create a space of relatability that can provoke questions and conversations about the communal struggle of people living with stigmatized chronic pain condition.

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