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Lived Body in Pain: Interaffective Space for Mother-Child Relations in Art Practices

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Abstract: In this paper, I explore pain embodiment expressed in visceral body and manifesting as lived body. Adhering to research by Aristarkhova, Damasio, Fuchs, Leder, Mol, and Svenaeus I explain the phenomenology of embodiment of suffering and pain, and how it affects the maternal subject, who initially has been thought of as hospitably welcoming the child. Moving from phenomenological account of pain affect towards pain mechanisms explained in neurobiology, my main interest lies in exploring how pain expresses deferent levels of sensations and emotions, including the rise of traumatic reactions. In analyzing existential structures of suffering and pain, I tackle such concepts as visceral body, absent body, body present in pain, and extended body which, I believe, can be rendered visible and well interpreted in art practices. I analyse how in art practices maternal subjectivity, experiencing chronic pain, can move from being locked in the pain event to a transcending lived body, and finally can establish a new sensibility, i.e. extended embodiment in pain which empowers the new social environment with the child. As well as a new sensibility, this new dimension introduces interaffective space grasped as an extended body and visualized in art practices of clay and collaging. The research adheres a phenomenological method. I address examples of visual narratives of pain done during several workshops in 2021 by 8 mothers with 9 children.

Keywords: Pain Affect, Lived Body in Pain, Maternal Body, Hospitality, Affectivity

1. Introduction: The Effects of Pain

In contemporary medical discourse chronic pain is no longer seen as a symptom and in many cases, it is considered as an illness. Often progressing fast and occupying our body, mind, and life history, chronic pain gradually becomes a multidimensional phenomenon.[1] So far, it seems that there is no widely accepted theoretical model to explain the process of falling ill and feeling pain. Medical professionals tend to objectify pain, and to ignore the individual and all that which encompass the experience of being in chronic pain. Arthur Kleinman writes that "our science as much as our clinical practice is at fault in the repeated failure to understand pain and its source; we are unwilling to take the meaning of pain as seriously as we take its biology" [12]. In phenomenology, chronic pain can only be understood in its relation to the consciousness: the pain only exists and has meaning for a certain consciousness. Phenomenology unpacks the experience from the first-person perspective, highlighting problematic ethical situations, such as not being responsible and hospitable.

The variety of chronic pain experienced by mothers has always influenced their relationship with their children. Contemporary phenomenological researchers, notably Byron J. Good [11] and David B. Mooris [18] propose a challenging analysis of chronic pain to highlight affective space found in the self. Their main aim is to investigate *intersubjective* affective space provoked by experience of chronic pain by analysing the work of affect, sensation, and emotion [21]. My research interest is in exploring how traumatic experiences are born on the levels of affect and emotion. I explore the concept of the "extended body" and "present body" in pain through art practices of collaging and clay work which, I

1 Rheumatoid arthritis, postherpetic neuralgia, degenerative spine conditions, osteoarthritis, AIDS, migraine, diabetic neuropathy, and phantom pain are examples of chronic pain action as well as cancer, in which, for some authors, pain refers to a specific category - progressive chronic pain.

believe, help to shift the foci of intense experiences of chronic pain, and to re-establish intersubjective affectivity and sensibility of mother–child relation. I see art practices as being able to recreate an extended body, helping to dissociate the affects, sensation, and emotion of pain, which influences the experience of suffering.

The generative force of the pain affect engages the subject in an active response, which constructs their lifeworld and intersubjective relationships [23]. In sensory experience, we not only interpret the affect by connecting it to our individual past and present, but also try to extend its meaning to the future. In other words, how we reflect on the pain affect can influence our future. Evidently the temporality of the pain affect does not only relate to objects and the way subjectivity operates in the lifeworld but also comprises interactions with others and redefines the foundations for any intersubjective relation. Moreover, the temporality of pain affect encompasses an embodied self-sensing self, and the affects of pain link subjectivity with all other lived experiences. The longer pain lasts, the higher probability that the subject gets depressed, aloof, irritated, and increasingly worried about how their state reformulates the meaning-structures of their world and relations.

Contrary to pain, the feeling of pleasure is filled with clear content which is projected into the future. However, the affect of chronic pain, can be so strong that it paralyses active intentional force of consciousnesses, leaving meaning-structures empty [5]. Pain renders subjects passive and does not necessarily connect with meaning-structures on our horizon. In other words, my future horizon is fractured because pain is coming over me in continuous waves. Thus, the temporal dimension of pain arranged in this affective state is the pure present moment, not necessarily connected to the future moment to come.

This state of being paralysed in the now reminds us of the 4F chain used to describe pain in neurobiology and psychology. Peter Levine writes that the first F, Flight is an attempt to escape. The second F is Fight, the action when an animal or a person is prevented from escaping. Then come Freeze and Fold. The freeze is experienced as a rigid, scared state and as a shock, then the fold is a collapse into helplessness. Experiences are traumatizing when we are intensely frightened, physically restrained or feel trapped. First, affected by strong and continuous pain, the subject freezes and then collapses in overwhelming helplessness. Strong waves of chronic pain can make us feel “scared stiff.” Our bodies collapse. In this “default” reaction we might feel helpless resignation and lack of the energy to move forward. Loss of the will to live is characteristic of chronic pain and often indicates the core of trauma [15], strongly affecting mother–child relations. Chronic pain is not just one event, but a continuity of small traumas forming a very different intersubjective dimension of the mother–child relation.

The experience of chronic pain as an event destroys structures of meaning. It strikes subjectivity in the chain of the Freeze and the Fold and delineates ethical modalities of the maternity, leading gradually to annihilation of the self, deception, and suffering.

2. The Maternal Body in Pain

Let me first explain the concept of the maternal body as welcome and hospitality. Irina Aristarkhova introduces this concept in Hospitality of the Matrix [1], including meanings of generative and nourishing containment and analysing the maternal body in terms of welcoming space. One of the central questions is what it means to become and to be a mother. This investigation is a journey into cultural, philosophical, and social aspects of maternity. However, the core aspect is ethical: embodied hospitality welcomes the other human being and establishes an intersubjective and sensible space for mother–child relations. The maternal body forms connections through nutrition, caress, welcome, dwelling (when the child is dwelling inside it). It differs from the paternal body: the paternal body is a unity of two, while the maternal body is about being marked inside, carrying alienated essence incorporated in the self without rejecting it. The paternal body has a different spatial configuration; it is primordially external.

The maternal body is always present in the process of gestation, it is oriented towards unconditional responsibility for the child by giving space within it from the first days of pregnancy. In that sense, hospitality is rooted in the maternal body. The welcoming womb transgresses the boundaries of the body, which are extending or stretched. The work of gestation, of giving birth, and of breast-feeding produce new ethical dimensions of inner and outer intersubjective space creating new affective corporeal territory, the sense of being-at-home, and dwelling [1]. These existential modalities of the maternal body, welcome and hospitality, have qualities of a container, which means the body contains both the private and public, the space of the other (the child) and of the mother, what is mine and not-mine, the feeling of the self and of the other. Although hospitality can question the border of the self and non-self, it is a space of interiority. We always welcome into something: into our body, into our home, country, or land. Thus, the main ethical modality of maternal body is welcome.

In their essence, hospitality and welcome are intentional. Describing maternity in Otherwise Than Being or Beyond Essence, Levinas stresses that hospitality is about waiting, expecting, and preparing, which are to some extent passive [14]. This passivity can be interpreted as a pre-original wish to contain and to produce space for the other inside one’s own body but also to share space after the birth of the child. Producing space for the other means to provide, in Levinasian terms, one’s own flesh without claiming it back. A mother produces the space which hosts herself first, and then the child. In other words, she is not only the host but also expands the space for herself.

Thus, “hospitality is about receptivity and vulnerability associated with such receptivity. To surrender is to receive vulnerability associated with such receptivity. To surrender is

to receive all, to be responsible for all. It is a radical passivity" [1]. Being in passivity means to communicate with the child via experience of receiving and giving which is prior to any linguistic communication. In hospitality, receiving prioritizes the guest. Aristarkhova accentuates the space of intimacy hospitality creates, describing it as "a conscious and enjoyable vulnerability of feeling in a total refuge" [1]. When the mother is in chronic pain, the ethical space produced in hospitality is occupied by pain. The pain experience consumes the ethical container of the womb. Both subjects, the mother and the child, are involved in the shared affective space of pain. Do pain and suffering initiate an alien embodied experience in a familiar lifeworld?

Certainly, pain does set limits. In the Phenomenology of Pregnancy and The Ethics of Abortion Fredrik Svenaeus writes: it could be predicted to be considerably more painful and alienated in terms of illness suffering for the person in question. From phenomenological suffering could be viewed as a painfully attuned being-in-the-world separating a person from her goals and potentials in life. Such a mood (or combination of moods) involves painful experiences at different levels that are connected but are nevertheless distinguishable by being primarily about, first, the person's embodiment, secondly, her engagement in the world together with others, and, thirdly, her core life-narrative values. [24]

Maternal hospitality is to create our being-at-home but also it is being as-a-body and being-in-time. However, pain and suffering shake this being-at-home: pain involves the person's entire life, that is, the way she acts in the world, communicates with others, understands and looks upon her priorities and goals. Naturally pain brings suffering which can be intense and make the person feel alienated from life. Living with severe pain adversely affects quality of life. Being ill in the present but also inevitable falling ill in the future will eventually affect the horizon of the inter subjective life world.

How is the meaning of pain constructed in socio-medical practices? In The Body Multiple: Ontology in Medical Practice Annemarie Mol examines how bodies in pain receive their medical, historical, and cultural meanings. She accentuates that "doctors attribute meaning to what happens to bodies and lives, whereas patients talk primarily about their own" [18]. However, she also insists that the body's physical reality can be left out and "is yet again an unmarked category" [18]. The interpretation of pain gradually conquers the rough reality of the physical body and its physical expression of pain. In the endless play of different interpretations of pain, we move far away from the reality of the condition. Mol explains that the condition still recedes behind interpretations, as if something is always left unspoken. The danger is that the physical body in pain and the condition stay untouched [18].[2]

Neurobiological research on pain stands close to the phenomenological and psychological reading of pain, attempting to connect to the body's physical reality. Neurobiology explains the simplest mechanism of pain as the following chain: affect – sensation – emotion – suffering. At the level of emotion, our intentional consciousness creates interpretations. Following pain sensation this emotional engagement is often societal and cultural, it is imposed by norms and tradition. We could influence this chain in two ways: subjectivity emerges fully into pain experience, but conversely there is a dissociation between pain's affect, sensation, and emotion. I believe that it is possible to break this chain from affect to suffering, by aiming at emotions that follow pain rather than at pain sensation reduced to emotion.[3]Coming close to phenomenological reading of pain [9], Antonio Damasio explains that pain does not qualify for emotion, either. Pain is the consequence of a state of local dysfunction in a living tissue, the consequence of a stimulus – impending or actual tissue damage – which causes the sensation of pain but also causes regulatory responses such as reflexes and may induce emotions on its own. […] Subsequently, we can come to know that we have pain and that we are having an emotion associated with it, provided there is consciousness [4].

Chronic pain is long lasting, often it consists of intense stabs or waves in rapid succession (minutes or seconds between waves). The residue of trauma is located at the level of affect, which paralyzes conscious intention, and at the level of emotion, which later initiates traumatizing processes within the ethical becoming of maternal subjectivity. The Feeling of What Happens by Antonio Damasio is helpful here. "Would one or all of those neural patterns of injured tissue be the same thing as knowing that you have pain? The answer is, not really. Knowing that you have pain requires something else that occurs after the neural patterns" [4]. Phenomenologically speaking, this "something else" is intentional activity which later launches different existential modalities of subjectivity. However, Damasio's reading of pain and emotion remains within a biological (neurophysiological) framework. I see the phenomenological approach being more productive in explaining how embodied consciousness acts. In the next section I tackle this "something else," and how we can work with it in art practices.

3. Lived Body, Absent Body, and Pain Embodied

Being in pain reformulates a meaning of lived space, sensibility, and physical topography like sitting, standing,

2 In *The Social System* Parsons makes an interesting observation that the label "sick" came to be seen as a secularized form of the label "sinful." I assume the same concerns the label "pain." If doctors label people as "sick," often they are negatively treated. Besides its biomedical aspects, being ill and in pain is socially defined. In medical sociology, being sick equals taking on the role of a sick person. It becomes possible to present this role as a part of social reality. In other words, to be ill or in pain "is a domain of personal and social adjustment" (Parsons 1951, 413).

3 See Rainville, P., Carrier, B., Hofbauer, R. K., Bushnell, M. C., & Duncan, G. H. (1990) "Dissociation of sensory and affective dimensions of pain using hypnotic modulation." https://doi.org/10.1016/S0304-3959(99)00048-2

walking, driving, or running. All these activities become difficult and exhausting. The structure of lived time no longer holds open a range of possibilities that the subject is able to project onto the future horizon. The condition not only changes the meaning of time but also deconstructs the coherence of past, present, and future. The experience of chronic pain can shatter the intersubjective dimension, questioning our widely accepted moral norms. Often, doctors concentrate not on how the person feels but on transmitted data. Indeed, this approach can ensure a cure, but its instrumentality leads to dehumanization of the subject in pain and results in a traumatizing feeling of being helpless, where the selfhood is no longer considered. Phenomenology discusses a patient not as a composition of data but as a subject with complex experiences influencing the structures that give their world meaning. Phenomenology expands our understanding of what it means and how it feels to be in pain, and gives a voice to people with different pain experiences. It is important to acknowledge that the phenomenological present body is our primordial openness to the world and to others and the foundation of almost all our experiences.

In a more usual way, the experiences of being in pain are expressed in narratives. In When Rational Men Fall Sick: An Inquiry Into Some Assumptions Made by Medical Anthropologists Allan Young explains that pain and illness are not only cognitive but involve something more, that goes beyond verbal expressions and enriches the lived body, which might be characterized as embodied knowledge [26]. Thus, chronic pain is not only locked in the physical body, but transcends it.

Before discussing the inter subjective dimension of it in art, let me address the concepts of lived body and absent body developed by Drew Leder. The pain experience questions both the spatial activities outside the body but also the feelings inside one's own body. In The Absent Body, Leder writes that hunger, thirst, sexual craving are not simply "internal" twinges but modes whereby the environment stands forth. Such biological urges the perceived world, channelling attention and activity toward potential sources of gratification. The lived body is thus the first and foremost not a located thing but a path of access, a being-in-the-world. It is a power of transcending its own confines [13].

Our constant sensorimotor activity is oriented towards our environment and opens the world to our perception. The body stands out, manifests itself, participates in the world, and takes a determinate stance. From here arises a perceptual world of near and far distances, of close people and people who are just here and there. In the now, we are able to build up the meanings of the past and the future and to design our life projects. Leder explains that the lived body, as ecstatic in nature, is that which is away from itself. Yet this absence body is not equivalent to a simple void, a mere lack of being. The notion of being is after all present in the very word absence. The body could not be away, stand outside, unless it had a being and stance to begin with. It is thus never fully eradicated from the experiential world [13].

Even in pain our body experience is filled with variety of lived sensations including those of the viscera and proprioception (i.e., a sense of position, space, and orientation). Our visceral body becomes fully present only in pain, gaining depth of inner feeling, emotions and particular spatiality. A pain felt in one organ resonates in other parts of the body, outlining distant location. Thus, chronic pain gradually conquers inner space of the body, paralyzing activities directed toward the external world. Thus, the inner body can rapidly turn into an ambiguous space marked by pain.

Paul Ricoeur reflects on the "strange mixture of the local and the non-local" that is encountered in phenomena such as pain, hunger, thirst, and all vital needs [22, p. 412]. The visceral space of the body in pain includes both place and non-place, mine and not-mine. Chronic pain often cancels the experience of external space, shifting the self into inner space, or the non-site of space. The subject is not able to perceive their own pain as externalized. The world of the individual living with pain is affected and their experiences define their pain's origin and expression. This indivisible world of a person in pain includes a large horizon of meanings arising from the visceral body. Yet in health discourse this body continues to be compartmentalized. Art practice could reveal the inner space of the body in pain, i.e., the visceral body, because the affects of pain can be articulated by conscious acts. Through heightened focus on pain experience in art practices of collaging and clay, a mother with chronic pain can increase their awareness of visceral processes and define them in visual images.

The lived body in pain modifies modalities of "I can" and "I must." The regime "I can" is shaken and often transforms into "I must" bringing ethical questions on the scene. Ricoeur writes:

In effect, it is extraordinary that life functions in me without me, that the multiple hormone balances which science reveals constantly re-establish themselves within me without my help. This is extraordinary because at a certain level of my existence I no longer appear to myself as a task, as a project [22].

"I must" forces the body and it is not anymore organically entirely mine. Formulating pain in the art of collaging is to stay in the modality "I can" while transcending the modality "I must"; it is a process of regaining what is still mine even in situations when pain occupies my entire being.

In The Absent Body Drew Leder writes that phenomenological lived body forms the very core of the subject, creating its sensibility and concentrating specifically on different modes of the presence. All our bodily manifestations of being in the world are foundations for experience. In this sense feeling pain and being ill manifest as being fully present (even though this can be a very traumatic experience) and being aware of oneself. However, the experience of "being healthy" can be described as being absent. The absent body as healthy body is widely accepted in health instances and present in biomedical discourse but has been actively criticized by phenomenologists. The body in pain is not simply an object in the world, but an intending

entity in which the lifeworld and different environments are constantly emerging. If the body is alive, it is always related, and the person is constructed from these relations [20]. Pain might change the individual's understanding of time and space drastically: perception turns to the sensation of the moment with a focus on the site of pain and is unable to connect with the future. Whereas a healthy person actively explores the past through memories and creates possible future, a person with chronic pain wants to forget this pain in her past, and finds a future without pain impossible to imagine.

Evidently, the phenomenon of pain renders visible a gap between the absent body and sensibility of embodied experience, challenging ethical aspects of the social environment [10, 8]. The absent body thesis explicates the modus of the healthy body as taken for granted, while the ill body stands as being present in pain, feeling oneself fully, including the visceral body, and being aware of ruptures that bring pain. The body in pain is experienced as essentially alien, at the same time mine and not-mine.

Theoretical developments in the phenomenology of medicine provided a good reason for rejecting the absent body and prioritizing sensibility and affectivity of the lived body. The phenomenology of illness acknowledges the "being able" dimensions of the absent body and accentuate that people with pain and mobility issues have a present body which is often described and lived as "not being able" [10]. The experience of illness ruptures the absent body because when we are ill, we are remined firstly of the object aspect of our body, yet we do this cognitive reflection because we are fundamentally open and experiential.

Thomas Fuchs [8] writes that this openness is rooted in affectivity and sensibility which format ways the subject lives. The affect of pain shows a complex situation where the body, self, and world are brought together. Fuchs introduces a concept of affective space, which is essentially felt through the medium of the present body in pain that might express in various ways: passive, weak, shaking, trembling, agitated, etc. At the most foundational layer of affective experience, we find what may be called the feeling of being alive in pain, the present body as an alternative to the absent body, a pre-reflective, undirected bodily self-awareness that constitutes the unnoticed background of our emotions, sensations, perception, or actions.

Pain does not emerge only from mechanical injuries and physical processes, but negotiates with our social environment [3]. The phenomenon of pain tends to open up a certain type of life event. We experience the flow and recurrence of pain daily, and the pain actively participates in the (de)construction of the self and others. Only the individual gives significance to the "being-in-pain" experience, revealing the structures of meaning related to this "type of being" [3]. To give significance is to recognize, differentiate, and conceptualize the affects of pain. A pain event can never be neutral or impersonal, but always individual [19]. Thus, the person experiencing pain re-writes and re-establishes herself through the process of naming her pain in art practice. One way to access the transcending lived body is to approach pain in art. The practices of collaging and clay work create a shared affective space between mother and child, and, in this way, the maternal body in pain manifests as lived body, acquiring a new sensibility.

4. Art Practice: Transcending the Lived Body in Pain

The term "art therapy" was coined in 1942 by an artist called Adrian Hill, but the practice of art therapy was already largely employed in the context of moral treatment and psychoanalysis in the nineteenth and early twentieth centuries.[4] Current art therapy practices are heterogeneous in nature and have different philosophical and practical implications [6]. Analytical art therapy draws on theories from analytical psychology, sees symbolic images in dreams and paintings as evidence of underlying unnamed (neurotic) conflicts, and emphasizes the importance of verbal analysis of the artwork. However, some art therapists believe that verbal analysis is not needed and that may focus more on the actual production of artwork, including gestures and body movement. I believe that the creative process of constructing a visual narrative of pain cannot be always expressed in words. The picture speaks for itself through the way it is made; image and meaning might be identical. One pioneer of art therapy, Edward Adamson, writes:

Paintings can become a window through which we can see a person's submerged thoughts and feelings […] There is a superficial manifest level, where one accepts the literal meaning of the illustration, then there is the deeper level of symbolism, where the selection of the subject, the objects chosen to be represented, the colour choice, the placing on the paper – everything, in fact, where the choice has been exercised, has a much deeper significance [2].

Art therapy conveys essential body expressions, accentuating and detecting meanings of embodiment in pain.[5]

Pain experiences are generally more perceptual than declarative and, therefore, better expressed through non-verbal communication. Pressing clay and modelling shapes can help to identify the intensity of inner pain hidden in different parts of the visceral body. Specific arts approaches (drawing, painting, collaging, modelling, dancing and singing) may help to bridge the implicit and explicit memories of a pain event, helping the person explore, name, and accept these memories through creative expressions. In *Trauma and Expressive Arts Therapy*, Cathy A. Malchiodi explains that a person engaged hands-on activity such as collaging tends to communicate more about emotionally laden pain events.

4 Diane Waller (1991) presents a detailed institutional history of art therapy in Becoming a Profession.

5 In this paper I use the more general term "art practice" rather than "art therapy" since the witnesses demonstrate a visual narrative of pain rather than the fruit of art therapy sessions.

Artistic process relates to perception of internal body sensations (pulse, heartbeat, breathing, pain) but includes proprioception. Inner body sensations expressed in assembling a collage reveal internal moods or the general felt sense within the body. These internal feelings are difficult to grasp in storytelling but become more visible in visual language [16].

Drawing and painting on large sheets of paper is a kinaesthetic experience that may facilitate self-regulation, sensory integration, and a new sensibility. Symbols and metaphors may indicate distress about the user's chronic pain but show an attempt to make a meaning out of fears. This process of visualizing personal symbols and metaphors within expressive art therapy may be adaptive, transformative, and ultimately naturally reparative [25]. It releases mental and emotional tension, which in turn can relax or relieve mothers' anxiety created by chronic pain. Unconscious use of different materials is a means to positively enhance life.

Thus, art practice transforms the basic awareness of the body in pain: blind identification with pain turns into a new way of "being-towards-the-world," where the body restores its functions as a medium of our sensorimotor interactions with environment. What was inside is now out there [6]. Bodily demanding clay practice brings together basic bodily self-awareness in pain and the extended lived body, integrating the brain, body, and environment [7].

5. Conclusion

The goal of such art practices is to create awareness of affects and emotions arising from pain experience. Pressing clay and leaving finger marks reveal moments of being fully present. Here I would like to address two examples of artistic collaging made by mothers with children (see appendix). The first collage explores pain in combining soft textures with white, blues and yellow pastel zigzags. A concrete image of dancing woman from a newspaper is used. The visual narrative about the intensity of a headache has clear expression in the flash-like lines. The line fencing in the second collage shows pain as a division and impossibility to open to the outer world. The pain affect creates a homogeneous structured system of very divided elements which are not accessible to anyone except the one who is experiencing pain. The person in pain is closed and is almost denying everything which connects the inner visceral body in pain with lived body which extends into the social environment.

Expending pain from the body into different forms of clay or collage restores the connection of mind and body. Creating art images of pain with one's child can initiate a new form of intersubjective affective space which helps to establish new ways of talking about feelings of shame, guilt, anger, frustration, and despair. Visual expressions represent a process of delivering unarticulated meanings of pain into an image which explicitly opens up different mundane modalities of the lived body in pain.

Thus, art practice can develop in the following steps: the feeling of being alive (or the pre-reflective background of the body itself); movement of being towards-the-world (or of the situated, enactive subjectivity); the lived body in pain and its environment (relations to objects of the world and relation to the child in creating a collage). All these steps constitute a dynamic intersubjective system, where each constituent is reciprocal to the others. Even when in pain, what we perceive is not object or subjects as such, but functional, social, cultural, or ethical relations between the self and the world. In other words, art practice reveals a mutual interdependency of bodily dispositions of sense-making, which disclose affordances of the environment. Art practice makes visible the lived body in pain and accentuates the ethical dilemmas and emotional frustration hidden in daily pain experiences.

Choosing colours, images, textures and materials together with one's child and expressing diverse emotions establish a dynamic space of interaffectivity. Spontaneous painting with abstract images and symbols created by the mother experiencing pain and their child allows the lived body to transcend itself. Thus, the path of the affect of pain is reformulated, and in some cases, eased. Rich visuality, dynamics of surfaces, fractures, textiles, and diversity of materials all make collaging a unique technique that explains the affectivity of pain, pain as the present lived body, and pain as a life event grasped as visualized storytelling [17]. Art practice makes connections between the self, body, and the world, initiating an affective intersubjective dimension of pain. This lived body in pain becomes visible in its vulnerability, singularity, and exposure, revealing different modes of time (being present, denying future, living in memories) and topography of being in the world.

To conclude: art practices accentuate non-verbal meanings of suffering, emotion arising from pain, and extend the lived body in pain into a new affective space. The maternal, visceral, and lived body is a rich container of embodied pain. Art practice can create a context which helps the lived body in pain to transcend itself, i.e., to shake the rigid fixation on pain and to move it into new dimension. This new dimension of embodiment can be conceptualized as an extended body, which, like a vortex, can enable the body to live in its environment in new ways. Using textures, symbols, contours, and colours to express the affect and sensation of pain, and to visualize the frustrations of everyday living with pain, mothers can convey meanings of pain present in the visceral body and accentuate a new affectivity and sensibility. Mothers can create a visual narrative not only alone, but with their children. This new interaffective space allows the maternal body in pain to transcend itself; to voice differently ethical modalities such as shame, guilt, and despair; and to restore the maternal hospitality lost in chronic pain. Many ethical outcomes of such art practices deserve a more detailed analysis, which could be developed in future research.

Appendix

Art practice witnesses:

Figure 1. *Intense chronic pain.*

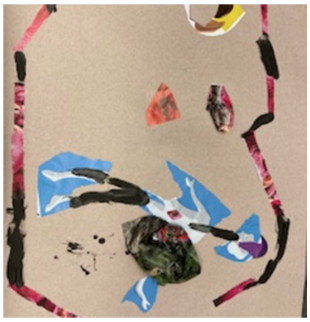

Figure 2. *Chronic pain, social environment, and family relations.*

References

[1] Aristarkhova, Irina. Hospitality of the Matrix Philosophy. Biomedicine, and Culture. Columbia University Press: New York, 2012, 232.

[2] Adamson, Edward. Art as Healing. London: Coventure, 1990, 71.

[3] Bourke, Joanna. "What is Pain? A History." In Transactions of the RHS, The Prothero Lecture, 23 (2013): 155–173.

[4] Damasio, Antonio. The Feeling of What Happens. Body and Emotion in the Making of Consciousness. New York: A Harvest Book Harcourt, Inc., 1999, 385.

[5] De Haro, Agustin Serrano. "Is Pain an Intentional Experience?" In Phenomenology 2012, Volume 3, Selected Essays from the Euro-Mediterranean Area, (2012): 386–395.

[6] Hogan, Susan. Healing Arts. The History of Art Therapy. Jessica Kingsley Publishers, London and Philadelphia, 2001, 336.

[7] Fuchs, Thomas. "The Circularity of Embodied Mind." in Frontiers of Psychology (2020) - https://www.frontiersin.org/articles/10.3389/fpsyg.2020.01707/full

[8] Fuchs, Thomas. "The Phenomenology of Affectivity." In The Oxford Handbook of Philosophy and Psychiatry (2013)- https://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780199579563.001.0001/oxfordhb-9780199579563-e-038

[9] Geniusas, Saulius. "Phenomenology of Chronic Pain: De-Personalization and Re-Personalization." In Meaning of Pain, ed. by Simon van Rysewyk. Springer (2016): 147-164.

[10] Goldenger, Maya, J. "Clinical and the Absent Body in Medical Phenomenology: On the Need for a New Phenomenology of Medicine." In International Journal of Feminist Approaches to Bioethics, University of Toronto Press, vol. 3, n. 1 (2010): 43–71.

[11] Good, B. J. "The Body, Illness, Experience, and the Lifeworld: A phenomenological account of chronic pain." In Medicine, Pathology, Rationality, and Experience: An anthropological perspective. Ed. Byron J. Good. Cambridge: Cambridge University Press, (1994): 116–134.

[12] Kleinman, Arthur. The Illness Narratives. Suffering, Healing, and Human Condition. New York, Basic Books, Inc, Publishers, 1988, 284.

[13] Leder, Drew. The Absent Body. Chicago: University of Chicago Press, 1990, 218.

[14] Levinas, Emmanuel. Otherwise than Being or Beyond Essence. Trans. Alphonso Lingis. Duquesne University Press, Pittsburgh, Pennsylvania, 2006, 205.

[15] Levine, A. Peter. In an Unspoken Voice. How the Body Releases Trauma and Restores Goodness. Berkeley: North Atlantic Books, 2010, 370.

[16] Malchiodi, Cathy A. Trauma and Expressive Arts Therapy. Brain, Body, and Imagination in The Healing Process. The Guilford press: New York/ London, 2020, 406.

[17] Mattingly, Cheryl. Healing Dramas and Clinical Plots. The Narrative Structure of Experience. Cambridge University Press, 1998, 192.

[18] Mol, Annemarie. The Body Multiple: Ontology in Medical Practice. Duke University Press, 2002, 196.

[19] Morris, David B. The Culture of Pain. University of California Press, 1991, 354.

[20] Parsons, Talcott. The Social System. New York: Free Press, 1951, 446.

[21] Rainville, Pierre., Carrier, Benoit., Hofbauer, Robert K., Bushnell, M. Catherine., & Duncan, Gary H. "Dissociation of Sensory and Affective Dimensions of Pain Using Hypnotic Modulation." In Pain, 82 (2) (1999): 159–171. - https://doi.org/10.1016/S0304-3959(99)00048-2

[22] Ricoeur, Paul. Freedom and Nature: The Voluntary and the Involuntary. Trans by Erazim Kohak. Evanston, III.: Northwestern University Press, 1966, 544.

[23] Rodemeyer, Lanei. "Developments in the Theory of Time-Consciousness: An Analysis of Protention." In The New Husserl. A Critical Reader, ed. Donn Welton, Indiana University Press (2003): 125-154.

[24] Svenaeus, Fredrik. "Phenomenology of Pregnancy and The Ethics of Abortion." In Med Health Care and Philos, 21 (2018): 77-87.

[25] Waller, Diane. Becoming a Profession: The History of Art Therapy in Britain 1940-82. London: Routledge, 1991, 290.

[26] Young, Allan. "When Rational Men Fall Sick: An Inquiry Into Some Assumptions Made by Medical Anthropologists." In Culture, Medicine, and Psychiatry 5 (1981): 317-335.