

Mind and Body Transformations through Visual Art

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Abstract

This essay narrates my experiences as a congenital amputee and survivor of traumatic brain injury (TBI) through analysis of artwork. With art history and art therapy, I have cathartically mediated conscious and corporeal loss. I will analyse key visual examples to illustrate my disability, trauma and mind/body transformations. The article maintains that trauma is not an isolated event, but a conscious, collective and dynamic phenomenon.

Keywords: *traumatic brain injury, congenital amputee, art therapy, modern and contemporary art, Disability Studies*

I believe that art is a potent way to access the felt sense and the body's memories of trauma as well as transform overwhelming emotions that result from crisis.¹

Remembering

This essay composes a collage-like analysis parallel to the composition of a mixed media artwork entitled *Re-Membering*.² *Loss* provides details about an accident that resulted in TBI and engages with Cathy Caruth's theories of trauma.³ I combine medical information with personal details about falling, recuperating and benefitting from communal support. I present the cognitive and corporeal consequences of my injury and discuss how it disturbed memory and increased anxiety. I then turn to the physical and anatomical repercussions by discussing my corporeal pain and muscle contraction, work with a physical therapist, Abby and decision to discontinue using prosthetic legs. My experiences are not exceptional. According to the Centers for Disease Control and Prevention (CDC), TBI is the cause of 30% of all injury deaths in the United States and in 2013, the leading cause of TBI was falling.⁴ Additional statistics report that there is no cure for TBI, it is a major health and economic problem, globally and it has become the most prevalent injury associated with wars in Iraq and Afghanistan.⁵ TBI is a global

¹ Cathy A. Malchiodi, *Art Therapy Sourcebook* (New York: McGraw-Hill, 2006), 140. Hereafter *ATS*, with page numbers in the text.

² Sections of this essay are revised from Ann Millett-Gallant, *Re-Membering: Putting Mind and Body Back Together Following Traumatic Brain Injury* (Chapel Hill, NC: Wisdom House Books, 2017). Images referenced in this essay may be viewed at: www.annmg.com [accessed 17 May 2018].

³ See Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: The Johns Hopkins University Press, 1996). Hereafter *UETNH* with page references in the text.

⁴ Statistics published by the Centers for Disease Control and Prevention: https://www.cdc.gov/traumaticbraininjury/get_the_facts.html [accessed 17 May 2018].

⁵ Brainline, all about brain injury and PTSD: <https://www.brainline.org/article/report-congress-toward->

occurrence and concern.

Discovery continues with my recovery by focusing on disability studies, art history and art therapy. As a congenital amputee, I self-identify as disabled and have been asymmetrical since birth. My right upper and lower limbs are longer than those on my left side, and I utilize some adaptive technology. Indoors, I ambulate on the floor in a seated position and I have used prosthetic legs. My history of personal and therapy-based practices is extensive, and, with repetition and available resources, I have defied many assumptions about what my body can accomplish. I incorporate art history, disability studies and my identity as a disabled woman into my teaching and writing. Disability studies scholar and performance artist Petra Kuppers served on my dissertation committee in 2005 after we shared several years of research, conference presentations and friendship.⁶ Her work influences my scholarship significantly and she continues to offer me encouragement and guidance. The work of disability scholars Tobin Siebers and Rosamarie-Garland Thompson have also influenced my academic work.⁷ In *Discovery* I focus on intellectual, emotional and physical transformations through visual art. I provide a brief introduction to art therapy and detail my art therapy practices concentrating on collage as a transformative media.

In *Forgiving and Forgetting*, I conclude on the adverse and regenerative ramifications of disability and trauma and underscore the power of art for healing.

Loss

For much of 2007, my existence may be characterised as loss. I lost memory, security, identity, part of my skull, much muscular movement and my mobility. I lost my sense of self.

In May of 2007, I was vacationing in San Francisco with my friend, Anna. We were exiting a café and I unexplainably shot ahead on my travel scooter and fell off of the sidewalk into the street. I was not obviously impaired by overexertion, sleep deprivation or any substance prior to this. I hit my head, began to bleed and an ambulance was called.

This was all knowledge I obtained after the event, as I have no recollection of the accident, the trip or even planning it. I have blocked many experiences out. Even as my memory congeals, much of my life takes place in stories and photographs but not in the sensations of *being* within the representations. I have no recollection of the six weeks I spent in Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG).⁸ I cannot recall much of my time spent in Dodd Rehabilitation Hospital in

successful-recovery-traumatic-brain-injury and <https://www.brainline.org/military-veterans/military-brain-injury> [accessed 17 May 2018].

⁶ See Petra Kuppers, *Disability and Contemporary Performance: Bodies on the Edge*, 1st ed. (London: Routledge, 2003) and *The Scar of Visibility: Medical Performances and Contemporary Art*, 1st ed. (Minneapolis: University of Minnesota Press, 2007).

⁷ See Tobin Siebers, *Disability Theory* (Ann Arbor: The University of Michigan Press, 2008) and *Disability Aesthetics* (Ann Arbor: The University of Michigan Press, 2010); Rosemarie Garland-Thompson, 'The Politics of Staring: Visual Rhetorics of Disability in Popular Photography,' in *Disability Studies: Enabling the Humanities*, eds Sharon L. Snyder, Rosemarie Garland Thomson and Brenda Jo Brueggemann (Modern Language Association of America, 2002), 56-75; Rosemarie Garland-Thomson, *Staring: How We Look* (New York: Oxford University Press, 2009).

⁸ See <https://zuckerbergsanfranciscogeneral.org> [accessed 24 June 2018].

Columbus, Ohio, where I received physical, occupational and speech therapy.⁹ I moved in with my mother at the end of the summer in a place that I thought was her home I could not remember. Slowly my strength and endurance increased. I exercised, read, wrote in a diary, drew in a sketchbook and began to re-member – to put mind and body back together. I was content to remain in this sanctuary.

Surgery was performed on my skull to reconstruct the amputation in October. This surgery involved the puncture of my lungs as an IV was administered to my chest. I spent additional time in the hospital with tubes inserted in my sides to enable breathing as I awaited the procedure. Caregivers had suggested I would improve drastically following the reconstruction. I was more cognizant after my skull was made intact and began teaching an online class for the University of North Carolina Greensboro. My knowledge of art history, liberal studies and how to teach slowly reappeared and strengthened. I was able to concentrate and exert more authority. In December 2007 I moved back to my home in North Carolina and to Paul my boyfriend whose name I could then remember. As 2008 progressed, I was determined to halt procrastination. Below I detail my actions. My fear of injury dilutes with time while the corporeal and psychological effects of falling continue to oscillate.

Anxiety and depression are the most common results of traumatic brain injury, according to neuropsychologist Rudi Coetzer who further states that one specific expression of depression is guilt.¹⁰ For me the trauma of being lost and having lost control can be unbearable. I cannot sleep through the night without medication, my moods can fluctuate and I cannot recall various people and events. I can find duplicitous humour when I realize strangers are not figures from my past that I do not remember but people who look similar. I can periodically joke about loss while feeling consumed by the desire to know how and why my accident occurred. I grapple with guilt and questions of self-agency. I also discover countless lessons from this specific trauma – personally and academically. I conceive of feeling “loss” and “discovery,” not as absolutes, but as malleable states of being. They collide, overlap and intertwine. They can make falling asleep a chore and can produce ‘accidental masterpieces.’¹¹

Art critic and columnist Michael Kimmelman developed this term through essays published in *The New York Times* and later in a text. In *The Accidental Masterpiece: On the Art of Life and Vice Versa*, Kimmelman’s essays explore intersections between art and everyday life with the theme that art results from accidents. Accidents, in literal and figurative forms, catalyse discovery, creative production, unexpected and sometimes fortuitous masterpieces. I centre one of my courses on this vibrant book and require students to write an assignment about loss and discovery. The other required textbook is Rebecca Solnit’s *A Field Guide to Getting Lost*.¹² Solnit’s works comment on cultural institutions and various material examples that she analyses through sensual details, personal anecdotes and storytelling. The class and its texts inform this essay.

⁹ See <https://wexnermedical.osu.edu/locations-and-parking/dodd-rehabilitation-hospital> [accessed 25 June 2018].

¹⁰ See Rudi Coetzer, *Anxiety and Mood Disorders Following Traumatic Brain Injury: Clinical Assessment and Psychotherapy* (London: Karnac Books, 2010), xix, 4.

¹¹ See Michael Kimmelman, *The Accidental Masterpiece: On the Art of Life and Vice Versa* (New York: Penguin Press, 2005).

¹² See Rebecca Solnit, *A Field Guide to Getting Lost* (New York: Viking Press, 2005).

the 2007 accident, I began working with Abby, a physical therapist (PT) who has become a friend and personal trainer. The prescription on the assemblage is for PT. Additional body images on the canvas include smeared, hand painted representations of my amputee hands. One red hand sits on the edge of a page from my diary on which I transcribed Elizabeth Bishop's poem, 'Insomnia' (1951). Sleep deprivation causes additional resonance for me with the poem. Although this mixed media collage is no masterpiece in the conventional sense it represents my energy, frustration and confusion. It illustrates many raw and random emotions. The collage is perpetually therapeutic in processing disability and trauma.

Literary theorist Cathy Caruth traces the etymology of 'trauma' in western philosophy that characteristically locates and contains trauma in and on the body (*UETNH*, 4). She expands the significance of trauma, elucidating how trauma affects and transforms collective consciousness, community and history. In her analysis of the work of philosopher Paul de Man, Caruth argues that de Man illustrates a contention between empiricism and embodied, perceptual experience, specifically through analogies of falling systems and bodies, suggesting that trauma is corporeal, philosophical and potentially transformative (*UETNH*, 76-93). My trauma impacts my mind, body and my immediate and extended families.

Relationships are paramount throughout this essay. Many that were established before the accident deepened, new friendships formed and tensions arose. Anna got on the phone just after the ambulance took me to the hospital and began a long chain of communications throughout my support system. She phoned Paul and then Brandee, my stepsister, who relayed news of my accident to my father. My father reached out to my mother, who immediately packed and caught a flight to San Francisco. I cannot imagine her state of mind when she arrived. She admits that for the next month or so, she often felt in a daze which aligns with the way Caruth articulates trauma: as an experience so intensely painful that the mind is unable to process the event, leaving the witness of a trauma in a disposition characterized by amnesia and 'unspeakability' (*UETNH*, 132).

My accident occurred close to a premier trauma centre (*ZSFG*). I entered the emergency room alert but was unconscious for ten minutes. I had a blown pupil and doctors assessed that I was within twenty minutes of dying. I recall nothing about being in San Francisco. Medical records state that I experienced a urinary tract infection, intermittent hypertension, pneumonia and a peptic ulcer. Reports list intricate details about the levels of every gas and vitamin in my blood. The staff evaluated all my organs and performed ultrasounds. My body was examined inside and out with diagnostic devices.

My mother took alarming snapshots of me in the hospital. Attached to devices by tubes and with my eyes closed I showed no signs of consciousness. I had a subdural hematoma of 1.8 cm. I received a right hemispherectomy (the removal of skull bones) and was made comatose, to allow my brain the space and time to swell. Progress reports state that I didn't respond to stimuli following surgery, therapy was put on hold and a seventeen-gauge feeding tube was inserted into my abdomen. I remained in the intensive care unit until June 19. Then, on July 1, my mental status improved drastically. I began to respond to objects and commands and seemed to recognize my name. I knew I lived in North Carolina, but thought it was the 1980s. I subsequently maintained little awareness, and my doctors thought I may need more release from pressure in my brain. By July 22, I was more alert and responding to jokes, but it wasn't until August 3 that I began to talk, recall names and be aware of my location. Mom says

that when Paul arrived at the bedside my eyes were wide open and that she recognized my love for him. Continuous records note rises in the number of platelets in my blood and more neurological activity, as the hospital staff weaned me off ventilation. They removed my catheter and I had to wear diapers. When awake, I was agitated and had painful muscle spasms. The medical team monitored my fluid collection, inflammation and rises in blood pressure and temperature, while my loved ones awaited my recognition of them.

I slowly recuperated. I left San Francisco at the end of the summer and went to Dodd Hall in Columbus, Ohio, where I had more therapy and lived with mom. She had to encourage me to leave this refuge. Any venture out required wearing a thick helmet. Surgical notes state that matter the size of a grapefruit had been removed and I wanted protection. As a congenital amputee, I have extensive experience being stared at but wearing such a helmet, projecting a public image of trauma and feeling uncomfortable around strangers brought averted looks and ones of pity. A surgeon reconstructed my skull in October using pliable and durable material after which I had more sense of being in time and space. I did not have medical insurance at the time as I was to begin a fulltime teaching position in a few months. I had no choice but to apply for Medicaid Disability Insurance. My dad spearheaded the process of applying and qualifying for this insurance, one that caused strain and disagreement. Soon, Columbus felt like a place for rehabilitation and conflicts arose about what I should be focusing on and doing. I longed for more independence and less structured routine. I returned to my home in Durham by December 2007.

Paul and I spent the holidays together at the end of that hard year and I enjoyed seeing friends. Later in January I taught multiple courses and continued teaching myself. I read many of the books on my shelves to refresh knowledge and my old diaries to reconnect with personal history and use of journaling as self-therapy. Artmaking, art history and art therapy would catalyse further healing.

Discovery



Fig. 2: *Ann's Hands*, acrylic on canvas, 25 x 20 cm, 2008

Time spent in occupational therapy as a child involved drawing, painting, cutting and collaging. In 2008 I rediscovered my painting studio kept in a corner of the upstairs spare bed and band practice room. A small canvas with a sketch of my hands holding a

paint brush was resting against an easel. It became a symbolic re-entry into my identity as an artist and my scholarship on how and why disabled people represent themselves. As I applied thick brushstrokes and chose bright complimentary colours, a recognizable style emerged. I titled the work *Ann's Hands* (2008). When I discuss my artwork with others, often their first question is about how I manipulate a brush. Such a painting was a means to demonstrate. Throughout 2008 I was determined to make up for lost time. I proposed to Paul in March and we were married in May. It was a whirlwind of experiences, emotions and corporeal pain.

Intellectual recovery began with teaching and studying books and visual culture intensely. I uncovered past ideas, made new connections and began to write, all with invigorate ambition. I returned to revising my 2005 dissertation and published it as my first book in 2010.¹⁴ As mentioned previously, Tobin Siebers' s work influenced this book and he served as a mentor for me during its publication. He wrote a review to my book, which was quite an honour. Siebers called my monograph the first to integrate art history with disability studies.¹⁵ I began to lecture about my book during the 2010-2011 academic year. I felt more esteem as a scholar but trauma in the form of anxiety flared up. I would sometimes feel very nervous about everything and project these feelings onto smaller obsessions such that nothing unexpected could disrupt my precarious feelings of control.

Since 2007, I perceive everything strongly and this is a common result of TBI. Claudia L. Osborne defines 'flooding' as a prominent effect:

Flooding: overwhelmed by, or awash in, one's emotions. This can take place even though the flooded individual does not appear upset or distraught or even consciously aware of being under emotional overload.... Flooding may be triggered by external events [...] or from internal pressure—the awareness of one's own confusion, a sense of helplessness, the pain of one's loss of self.¹⁶

I experience differing degrees of flooding by becoming overwhelmed by activities and responsibilities, many that I have created. Throughout diaries, I wrote about feeling anxious, worried and in a hurry. When I could not hear Paul snoring, I would check on him to make sure he was still breathing. I once wept because he got home later than usual and I was sure he had been in an accident. I could interpret everyday events darkly. I also felt guilty for being so self-absorbed, as neurologist Coetzer predicted.¹⁷ Since I cannot embody the person I was prior to the accident, it is hard to decipher what behaviours are results of it. I sense that every fear, disappointment and worry that might have existed before 2007 became intensely amplified. Contending with indecipherable anger, depression and defensiveness, I would grade myself on how well I performed every action and responsibility. For relief I made paintings, collages and lists during such periods of confusion and discomfort.

Paintings and collages were for me a world that helped me heal some of my emotional wounds. Making and talking about them in a therapeutic context became more concrete to me in 2009 as I began working with an art therapist, Ilene. I was

¹⁴ See Ann Millett-Gallant, 2010.

¹⁵ See Tobin Siebers, 'Review of Millett-Gallant's *The Disabled Body in Contemporary Art*', *Journal of Literary and Cultural Disability Studies* 6:2 (2012): 234-7.

¹⁶ See Claudia L. Osborn, *Over My Head: A Doctor's Own Story of Head Injury from the Inside Looking Out* (Kansas City: Andrews McMeel Publishing, 1998), 234.

¹⁷ Coetzer, xix, 4.

unsure about therapy but intellectually curious about art therapy and had confidence entering it. Art therapy sessions in office and at home transformed my life and my perceptions of my disability and trauma.

The practice of art therapy developed from the theories and practices of diverse professionals. This essay opened with a quotation by visual artist and art therapist Cathy A. Malchiodi expressing her philosophy about the role of art in trauma and transformation. Providing historical context, Malchiodi states that art therapy developed in the United States in the 1970s, although artmaking has been a part of healing rituals globally since ancient times. As a clinical practice, art therapy derives from ideas prevailing across cultures that art can be regarded as a form of communication and can express emotions and ideas that words cannot. Art helps people process their traumatic experiences and loss. Images and creativity are important components in psychoanalysis, in the works of Sigmund Freud and Carl Jung.¹⁸ Both theorists drew relationships between images and the psyche, personality, emotions and desire. Psychoanalysis analyzed dream imagery and visual symbols to access the unconscious in early twentieth century, as Western art work became more abstract to express in visual form the inner world. Relating art therapy to other mind/body theories and practices, Malchiodi states that people who undergo art therapy can achieve conceptualizations of being ‘healed rather than cured’ (ATS, 39). Trauma, specifically, is a phenomenon that can be neither cured nor overcome. Art therapy is dynamic, as it involves making, discussing and feeling the benefits of creativity, psychologically, physically and spiritually. Art became a tool for psychotherapeutic assessment and treatment.

Margaret Nauremburg and Edith Kramer led the field of art therapy in the United States, exploring aspects of symbolic speech (conceiving visual images as symbolic, like dreams) and sublimation (integrating conflicting feelings into visual forms). Nauremburg focuses on therapeutic effects of artmaking and conceives art as a form of communication. Kramer centers on the relationships between art therapists, clients, visual materials and theory. Kramer’s work theorizes sublimation or making the unconscious conscious and visible. Other prominent figures in art therapy include Elinor Ulman and Bernard Levy, who together established the first American art therapy journal, *Bulletin of Art Therapy*. In the 1930s, the Menninger Clinic in Houston, Texas, known as a premiere psychiatric healing center, began incorporating art therapy into their methods of treating their patients. In 1968, Mayra Levick started the first graduate programme at Hahnemann Medical College and one year later the American Art Therapy Association was formed. Malchiodi is currently the director of Trauma-Informed Practices and Expressive Arts Therapy Institute.¹⁹

Art therapist Judith Rubin maintains that art therapy offers a release of tension and a freedom from the disciplines of traditional talk therapy. Its practices give visible form to traumatic and repressed thoughts and feelings and can synthesize a number stages in a lifespan.²⁰ Integration is the goal of much psychotherapy and art therapy offers a means to envision such synthesis, particularly through collage. Malchiodi explains that collage is a popular medium for art therapy as it appeals to people who

¹⁸ See Sigmund Freud, *On Creativity and the Unconscious* (New York: Harper and Row, 1953) and Carl Gustav Jung, *Mandala Symbolism* (Princeton, NJ: Princeton University Press, 1959).

¹⁹ See Trauma-Informed Practices and Expressive Arts Therapy Institute; available at <https://www.trauma-informedpractice.com> [accessed 21 May 2018].

²⁰ See Judith Aron Rubin, *Art Therapy: An Introduction* (New York: Taylor and Francis, 1999).

may not have art-making experience and may be intimidated by drawing and painting (See *ATS*, 92). Gioia Chilton and Victoria Scott articulate how collage is an embodied visual form that can integrate therapeutic discourse with ‘hands-on’ activities, for groups and individuals.²¹ Catherine Hyland Moon’s edited volume on healing through arts explores connections between art therapy and contemporary art, in materials, analysis and exhibition. The essays in Moon’s book focus on a variety of visual, digital, musical, site-specific, group and individual practices and consider the implications of such media in social, cultural and theoretical frames.²²

Art therapy practices enabled me to materialize emotion, purge guilt and reconnect with lost memories. Artmaking also became meditative, as I practiced mindfulness, or the acknowledgement of all the senses and sensual stimuli from the world around me. I directed more attention to the patterns of my emotions and behaviours. Becoming more self-aware enabled me to slowly release the need to control everything, as I felt more capable of anticipating and coping with my feelings. My art therapist Ilene said that she used to offer me less directive assignments, as compared with many of her clients, because I was more verbal than most and that my art had its own ways of evolving. Because I would often articulate my trauma verbally, she suggested a visual project to access a different area of my brain.

In art therapy, I drafted my swirl motif. During a winter break from teaching, art therapy images made visible the hope that craniosacral therapy could cure my unexplainably tense and painful knee. Connections between thoughts, emotions and physical distress arose in my sketchbook in forms of words and images. While I was lamenting anguish and frustration over my knee, Ilene suggested that I create a healing symbol. I chose a rose-coloured marker and drew a coiling design that I imagined spiralling outward from its centre. The rose spiral was healing for me because it represented movement and release from mental and corporeal contraction. I return to this image repeatedly in artmaking projects.

Circles and mandalas are forms specific to art therapy, as they have been associated with sacred forms and cosmology historically. Malchiodi explains: ‘mandalas format [...] can have calming physiological effects on the body in terms of heart rate and body temperature’ (*ATS*, 127). I began to relate my spiral to a mandala image that would heal me both psychologically and corporeally. The mandala is specific to the ancestry of art therapy in the theories and practices of psychoanalyst Carl Jung. Jung relates the mandala shape with the universe and to layers of the psyche and believed that working with mandalas was healing and helped people achieve ‘individuation.’²³ Furthermore, contentions between philosophies of and treatments for trauma could be recognized through making and interpreting a collage-like mandala image.²⁴ Following Freud’s theories that a subject’s history and unconscious could inform on their actions, Jung theorized that the mandala image was protective and potentially transformative. Both psychoanalysts derived imagery from a subject’s life and dreams to analyse that subjects’ psychosis. Departing from Freud, Jung believed people could alter their unconscious neurosis, particularly through creative acts. In *Active Imagination*, he

²¹ See Gioia Chilton and Victoria Smith, ‘Snipping, Gluing, Writing: The Properties of Collage as an Arts-Based Research Practice in Art Therapy’, *Art Therapy* 31:4 (2014): 163-71.

²² See Catherine Hyland Moon (ed.), *Materials and Media in Art Therapy: Critical Understandings of Diverse Artistic Vocabularies* (New York and London: Routledge, 2010).

²³ See Jung, 1959, 4 and 66.

²⁴ See Jung, 1959, 71-100.

proposed that the images created and juxtaposed through active imagination, or through art therapy, materialized the unconscious and trauma.²⁵ Jung also made art images and collage-like mandalas for himself.



Fig. 3: Collage with *Ann Drove a Van*; *My Body Is*; and *Ann's Spoon*, ink drawings and paper on canvas, 30 x 30 cm, c. 2010

In 2009, I made a homage collage to the dexterity of my hands. I located three ink drawings of my hands that I made before TBI and arranged them vertically. The top drawing is of my left hand drawn with crosshatching and surrounded by a flowing keychain; a durable chain or stretchy headband was the most practical for me when I drove a van. At the bottom there is a drawing of my right hand, encircled by a moulded ring with an attached spoon, exhibiting my childhood method of eating. In between these images one can see another drawing that I cannot place in time. I had drawn my hands holding a pen and writing: 'my body is ...' The upper right-hand corner of the drawing is made up of a fragment of a self-portrait that I made as a child. In it I did not draw fingers and my doctor Ernest Johnson suggested that this detail indicated self-acceptance. I arranged these three drawings in a column resembling a vertical triptych on top of a piece of paper with a salmon coloured watercolour design and adhered the composition to a stretched canvas. This new autobiographical assemblage titled *Collage with Ann Drove a Van*; *My Body Is*; and *Ann's Spoon* composes representations of my amputee hands and their actions.

²⁵ See Carl Gustav Jung, *Jung on Active Imagination*, ed. and Intro. Joan Chodorow (Princeton, NJ: Princeton University Press, 1997), 97-142.



Fig. 5: *Self Portrait with Flowers*, acrylic on canvas, 35.5 x 28 cm, 2012

For another painting and art therapy example, in 2012, I had recurring feelings of anxiety and guilt. Not knowing what exactly to do, I looked at images that calmed me. I created a self-portrait based on one of my wedding photographs in a composition that emphasizes my eyes receiving and delivering the gaze and stare.²⁶ I illustrate my vintage wedding hat in thick strokes of gloss acrylic paint and position the flowers strategically. Entitled *Self Portrait with Flowers*, this painting pays tribute to several of Frida Kahlo's self-portraits that I have analysed elsewhere. Kahlo mediated drama and trauma through production of her art.²⁷ The white flowers from my personal photograph are transformed into painted blood or passionate red. They make the work brighter and warmer and conceal the end of my nose and mouth. This detail could be interpreted as a symbol of 'unspeakability' but here they suggest visually the smell of roses (*UETNH*, 132).

Because the left side of my brain hit concrete in 2007, the right side of my body had much muscle tightness, or contraction. In the hospital my right arm was bent and held tightly at my side. I lost range of motion in my arms and back and my right knee was at full, unbent extension. Together, Abby (PT) and I practiced exercises and routines to retrain my muscles to turn on and off at the appropriate times or in technical terms neuromuscular re-education. Before this therapy my knee could only bend at five degrees and eventually reached about thirty degrees. I repeated bending my knee in various body positions and stretching to make my back muscles more symmetrical. I wore a painful splint following the accident that eventually straightened out my right arm. When my right arm was immobile, muscles weakened and caused my back to 'wing', meaning that the muscles that held my shoulder blade to my rib cage were weakened. Abby could put her fingers between the underside of my shoulder blade and my rib cage and asserted that this could have put me at risk for future shoulder injuries or pain. I achieved more symmetry with repetition.

²⁶ See Millett-Gallant, 2010 and Garland-Thomson, 2002), 56-75; Garland-Thomson, 2009.

²⁷ See Millett-Gallant 2010, 1-6 and 2017, 55-7.

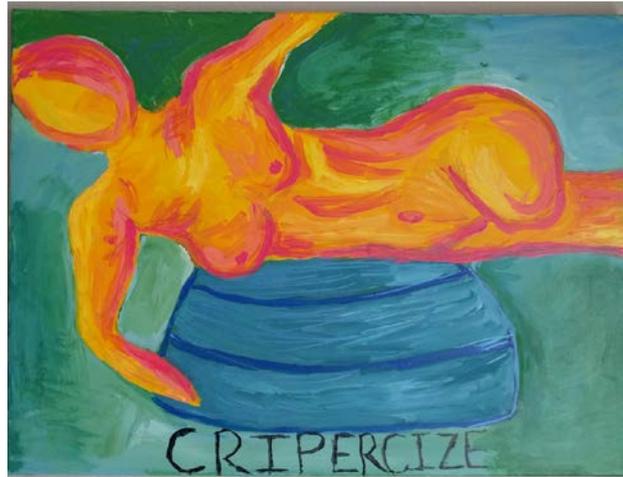


Fig. 6: *CRIPERCIZE*, acrylic on canvas, 45 x 60 cm, 2015

These techniques inspire my artwork. To increase flexibility and endurance, I use a cornflower blue balance trainer on which I exercise with arm weights and perform yoga-inspired stretches. In a self-portrait painted with scarlet, tangerine, and canary hues, my body lies sideways on the trainer and projects my arms and legs into surrounding space. My face as well as my body are strategically abstracted. Below the figure is the term '*CRIPERCIZE*.' 'Crip' is developing rapidly in disability studies, as a noun signifying nonconformity to binary oppositions, for examples cripple/normal, disabled/able-bodied and queer/heterosexual, and as a verb meaning to imbue disability narrative within texts, representations and social systems. Crip, as an adopted identity signifier designates pride.²⁸ The title is a portmanteau word of 'Crip' and 'cize' that designates idiosyncratic styles of exercise. This painting signifies and encourages my 'crip' practices.

The history of my corporeal trauma particularly the saga of my knee is long and painful. I benefitted from craniosacral therapy. It did not loosen my knee but served as meditation and a subject for artwork. I embodied trauma through strenuous stretches, muscle contraction, emergency room visits, a bone infection and expensive prosthetic legs that caused my fully extended knee to increasingly bend and consequently not unbend at all. Limited mobility, corporeal pain and fear of falling convinced me to relinquish my prostheses. I have since then felt comfortable without prosthetic legs in public and private. I am more content socially in and still active with my amputee body.

²⁸ See Robert McRuer, *Crip Theory: Cultural Signs of Queerness and Disability* (New York: New York University Press, 2006); Carrie Sandahl, 'Queering the Crip or Crippling the Queer?: Intersections of Queer and Crip Identities in Solo Autobiographical Performance', *GLQ: A Journal of Lesbian and Gay Studies* 9:1-2 (2003): 25-56; Alison Kafer, *Feminist, Queer, Crip* (Bloomington: Indiana University Press, 2013).



Fig. 7: *Colourful Cabbage*, mixed media on canvas, 30.5 x 30.5 cm, 2016

Still life compositions hold additional unique significance for me in my academic and personal work. I have painted fruits and flowers metamorphosing into body parts and analysed corporeal images as still life compositions.²⁹ In *Colourful Cabbage*, I represent my brain as a scarlet or purple cabbage with thick strokes of gesso and lively hues like honeysuckle and magenta. The painting poses the cabbage cut in half in an inside/outside composition to emphasize its textures and colours in an intricate design. On the sliced half the flowing white core suggests a moving figure or ghost. The title ‘Cabbage’ can be interpreted as a derogatory synonym for a mind and body in trauma.³⁰ In the painting the cabbage is vibrant.

Forgiving and Forgetting

We think we tell stories, but stories often tell us, tell us to love or hate, to see or to be blind [...] The task of learning to be free requires to hear them, to question them, to pause and hear silence, to name them, and then to become the storyteller.³¹

Suggested by *Colourful Cabbage* and other works analysed in this essay, the effects of the 2007 accident proved both damaging and regenerative. This accident caused pain, loss, trauma, revision and art. In contradistinction to memory loss, I cannot forget the accident as I will always embody it. I can forgive myself as there is no alternative offender. For me, forgiving means letting go of the desire to place blame, rather than sanctioning any harm. Resisting self-blame enables me to take advantage of my knowledge and experiences. Making art and writing about it play roles in my ability to process traumatic events and articulate varied sensations.

Rebecca Solnit’s quotation at the opening of this section echoes how letting go of or forgetting the past always enacts loss. Telling stories about her late mother, personified by the ripening, rotting and canning of apricots, Solnit illustrates that what we do with our pasts, in our actions, words and art forms, transforms history into fruitful media for the present. This aligns with Cathy Caruth’s argument that narrations of trauma can demand ‘a command to respond’ (*UETNH*, 132).

This essay foregrounds personal narrative about disability and trauma through the production and analysis of art. I have drawn scholarship from disability studies,

²⁹ See Millett-Gallant, 2010, 83-112.

³⁰ See England Oxford Living Dictionaries; available at <https://en.oxforddictionaries.com/definition/cabbage> [accessed 19 May 2018].

³¹ Rebecca Solnit, *The Faraway Nearby* (New York: Penguin Books, 2013), 4.

trauma studies, critical theory, art history and art therapy to construct my visual narrative of concepts that may seem unimaginable. I cited statistics regarding TBI across the globe in my introduction. A significant number of people live with TBI effects, and not because they have overcome trauma. The experiences investigated and illustrated in this essay are evidence that representations of TBI and more broadly, trauma, can transform conceptualizations of the needs and rights of minds and bodies.

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Figures

Fig. 1: Ann Millett-Gallant, *Re-Membering*, mixed media on canvas, 90 x 90 cm, 2008.

Fig. 2: *Ann's Hands*, acrylic on canvas, 25 x 20 cm, 2008.

Fig. 3: Collage with *Ann Drove a Van*; *My Body Is*; and *Ann's Spoon*, ink drawings and paper on canvas, 30 x 30 cm, c. 2010.

Fig. 4: *Art Therapy*, mixed media on canvas, 60 x 60 cm, c. 2010.

Fig. 5: *Self Portrait with Flowers*, acrylic on canvas, 35.5 x 28 cm, 2012.

Fig. 6: *CRIPERCIZE*, acrylic on canvas, 45 x 60 cm, 2015.

Fig. 7: *Colourful Cabbage*, mixed media on canvas, 30.5 x 30.5 cm, 2016.

Transformări ale minții și ale corpului prin artele vizuale

Rezumat

Acest eseu narează experiențele mele ca persoană cu o deficiență congenitală și ca supraviețuitor al unei leziuni cerebrale traumatice, prin analiza operelor mele de artă. Prin intermediul istoriei artei și al terapiei prin artă, am reușit să ajung în mod conștient la medierea cathartică a pierderii corporalității mele. Articolul analizează exemple cheie din arta mea vizuală care ilustrează aspecte ale dizabilităților mele, trauma prin care am trecut și transformările minții și ale corpului. În integralitatea sa, articolul menține ideea că trauma nu este un eveniment izolat, ci unul conștient, colectiv și un fenomen dinamic.