

An intuitive confession: Revealing pain through the self-portrait

Andrew Dempster

An exegesis submitted to Auckland University of Technology in partial fulfilment
of the requirements for the degree
of
Master of Art & Design (MA&D)

2014

School of Art and Design
Primary Supervisor: Dienneke Jansen

Table of Contents

List of Figures.....	ii
Attestation of Authorship.....	iv
Acknowledgments.....	v
Abstract.....	vi
Positioning Statement	1
Introduction.....	4
Part A: Inside the Body	
Governance of the Self: The Care of the Self – Concealing/Revealing Pain – Shifts in the Self.....	6
Governance of the Other: Care and Control Over the Self – The Balance of Power and Self.....	8
Technologies of the Self – The Medicine of Art	10
Technologies of the Self – Spaces of Confession Through Art.....	11
Part B: Outside the Body	
Introduction.....	13
The Photographic Self-Portrait.....	16
Confession Within the Enclosed Space.....	20
Digital Composite Images and Shifts in Scale.....	27
Endurance.....	31
Visual Disturbance.....	35
Documentation of Exhibition	38
Conclusion to the Research	48
References.....	49

List of Figures

<i>Figure 1. Viola, B. (1983). Room for St. John of the Cross. Video Installation.</i>	11
<i>Figure 2. Dempster, A. (2012-2013). Confession to the self. Digital photographs.</i>	16
<i>Figure 3. Dempster, A. (2012-2013). Pain and rest 1. Digital photographs.</i>	16
<i>Figure 4. Dempster, A. (2012-2013). Pain and rest 2. Digital photographs.</i>	17
<i>Figure 5. Dempster, A. (2012-2013). Pain and rest 2 (detail). Digital photographs.</i>	17
<i>Figure 6. Dempster, A. (2012-2013). Pit 1. Digital photographs.</i>	17
<i>Figure 7. Dempster, A. (March, 2013). Spinal. Digital photographs.</i>	20
<i>Figure 8. Dempster, A. (March, 2013). Migraine hollow eyes. Digital photographs.</i>	20
<i>Figure 9. Dempster, A. (2013). Migraine arrival. Digital photographs.</i>	21
<i>Figure 10. Dempster, A. (2013). Small and cold. Digital photographs.</i>	21
<i>Figure 11. Dempster, A. (April, 2013). Revealing migraine pain. Digital photographs.</i>	21
<i>Figure 12. Dempster, A. (April, 2013). Revealing migraine pain 2. Digital photographs.</i>	22
<i>Figure 13. Dempster, A. (2013). Confession of migraine nausea. Digital photographs.</i>	22
<i>Figure 14. Dempster, A. (2013). Confession of migraine nausea (detail). Digital photographs.</i>	22
<i>Figure 15. Dempster, A. (2013). Confession of migraine nausea (detail). Digital photographs.</i>	23
<i>Figure 16. Dempster, A. (2013). Confession of migraine nausea (detail). Digital photographs.</i>	23
<i>Figure 17. Dempster, A. (2013). Migraine banging. Digital photographs.</i>	23
<i>Figure 18. Dempster, A. (2013). Migraine out of body experience. Digital photographs.</i>	24
<i>Figure 19. Dempster, A. (2013). Intuitive. Digital photographs.</i>	27
<i>Figure 20. Dempster, A. (2013). Migraine scale. Digital photographs.</i>	28

<i>Figure 21. Dempster, A. (2013). Blur. Digital photographics.</i>	28
<i>Figure 22. Dempster, A. (2013). Blur 3. Digital photographics.</i>	28
<i>Figure 23. Dempster, A. (2013). Migraine spread. Digital photographics.</i>	31
<i>Figure 24. Dempster, A. (2013). Animation sequence. Digital animation.</i>	31
<i>Figure 25. Dempster, A. (2013). Animation sequence (detail). Digital animation.</i>	31
<i>Figure 26. Dempster, A. (2013). The pit. Digital photographics.</i>	32
<i>Figure 27. Dempster, A. (2013). Shift. Digital photographics.</i>	32
<i>Figure 28. Dempster, A. (2013). Migraine. Digital photographics.</i>	32
<i>Figure 29. Dempster, A. (2013). Cognitive 6. Digital photographics.</i>	35
<i>Figure 30. Dempster, A. (2013). Explosions and dots. Digital photographics.</i>	35
<i>Figure 31. Dempster, A. (2013). Overload. Digital photographics.</i>	35
<i>Figure 32. Dempster, A. (2013). Flickering. Digital photographics.</i>	36

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Acknowledgements

I would like to thank all those who have helped me during this project, especially Belinda and my children who supported me in many ways, tutors Dieneke Jansen and Dale Fitchett, David Parker for proof reading, and Teachnz who gave me a Study Grant that enabled me to study full-time.

Abstract

An intuitive confession: Revealing pain through the self-portrait

This project explores experiences of personal pain and sensory visual disturbance through digital photography. It utilises the confession and self-portrait photography to investigate taking personal perceptions of internal bodily experiences and placing them outside the body. The project oscillates between a focus on confession to the self and how this relates to self-care in a cathartic technology of the self, as a confessional ritual of healing, and confession to others. Thus, a critical interest lies in the shifts in the self and seeing oneself as both subject and object. While the project has an autobiographical context, it also aims to raise issues around experiences relating to ongoing pain management.

Positioning Statement

My grandmother would inspire me as a child with words from the soldiers' old song to *pack up your troubles in your old kit bag and smile, smile, smile*. Our family was not isolated from pain and loss following World Wars I and II, and like many families Stoic attitudes helped to keep rural lifestyles going in provincial New Zealand. The love, but also the loss, could be seen in her eyes as she would stoically tuck away her memories of loss and grief. It would fascinate me as a small child how these worlds of pain for loved ones far away were scaled down and put in these army kit bags and managed with a song. This created my perception for the project – that pain could be managed, packed away, allowing one to march off and face another day.

When visiting the doctors as a growing child I took up this typically rural/provincial stoic farming based ethic of the New Zealand tradition – until the doctor pointed out it was a waste of time coming to see him if the patient smiled and said everything was fine. A seed was planted as to how one could overcome this space between a culture of not complaining and a confessional space that required giving information. As a teenager, after having achieved at sport, a period of sickness followed and art became a way of trying to make sense of the slowing down of time from action to in-action. When I consulted a medical provider I showed artworks to explain what words could not, and the art proved useful in informing a medical opinion that also helped the medical provider better inform me. Researching this project has enabled me now to look back on those experiences and better understand the value of art as a medium in this domain.

After I left school I secured a job and enjoyed the benefits of employment. Work went well – unfortunately a series of workplace industrial accidents in the car factory 'body shop' where I worked, left me feeling like my old favourite camera lens - smashed, never to focus again.

I left work and undertook return-to-work care and re-training. As a result, gaining and maintaining employment became a symbol of recovery and worth (Turk & Winter, 2008).

In 2013 I spent time with my mother, she faced great health trials with the same self-dignity and ability to cope during adversity that I had seen in my grandmother. It was a private approach, you just got on with things and did not complain, a Stoic attitude in the face of adversity. I have been able to draw great strength from seeing such values in action. The stoic value of 'not complaining' did not sit well alongside the Early Christian or the later Catholic technique of 'confession'. The formative values that constrained my desire to confess the private nature of pain were a culmination of a variety of strands that intertwine to make up aspirations of holding onto my former 'staunchness' and dignity in adversity, combined with the stigma of often having to hide a pain condition (Turk & Winter, 2008).

An approach of faith, philosophy and exercise were combined to establish my attitudes to the confession of pain. As Foucault (1988) wrote, the exomolegesis for the stoic philosopher Seneca was undertaken daily – as a self-examination that was “completely private” (p. 42). From reading Foucault (1988) this introspective approach concealed confession for the stoics but was revealed through Early Christian confession “accepting the obligation to disclose oneself” (p. 42). This conflict was present in my understanding of confession. These values encouraged being one's “own censor” (Foucault, 1988, p. 38), when dealing with something personal. I grew up with faith mixed with sport which underpinned a personal framework of belief and fitness. Professor Matheson engagingly summed this up in describing our place to stand in Aotearoa at a lecture on Presbyterianism, saying “we are an awkward people – derived from a dour Scottish sect” (Matheson, 1996). We exhibited a worldview that disregarded power by birthright, and placed an emphasis on personal conscience. Following the Protestant tradition, the individual was “to make visible humility and exhibit modesty” (Foucault, 1988, p. 42) with a strong code of manners. There was an absence of confession as a technique, such as Catholicism's examination of conscience, and confession to the parish priest. A disadvantage Foucault (1976) suggests was that Christian

thinking had a negative influence on body image, causing a potential notion for Christian thinking “to detest the body” (p. 159). Mass media imaging of the ideal body has carried on this tradition of contrasting fit and unfit bodies, the dominance and survival of the fittest in a culture of no-pain-no-gain – a “technology of power centered on life” (Foucault, 1976, p. 144). This can create a personal view that seeks to be fit but struggles to survive. This tension between the private stoic examination of the self and the public Early Christian confession, positions this project in an autobiographical approach that seeks to reveal personal hidden pain.

Introduction

The motivation for this research project was the desire to communicate experiences of aura migraines, and co-morbid conditions that create interference in brain signals, creating visual disturbances and pain. The ability to communicate subjective pain experiences to others often seemed very difficult and it was more successful when images were presented to medical and legal providers. It is often easier for artists to communicate the experience of migraine aura through imagery than to use words (Sohn, 2011).

The project aims to explore photography as a confessional method that has been used in a diaristic and autobiographical way. In modelling the experiences in tactile materials and photographing them in a symbolic exorcism of pain, photography was used to attempt to create illusions of virtual constructs of time, a slowing of time, where the senses become overloaded with information. The methods and materials used were based on the cathartic touch of art materials and the separation of distance between the camera and the subject. The gap between the subject (oneself) and the camera in photography is a revisiting of old ideas around the separation of mind and body. Sequencing images became a useful way to represent the durational ebbs and flows of the experience of pain.

This imagery or art is used as a coping device, in the philosophical sense that one must care for oneself in order to know oneself, based on the “Delphic principle ... [or to] ... Know yourself” (Foucault, 1988, p. 19). Thus, the aim is to understand oneself in order to make sense of one’s experience. Furthermore, art does not just help make sense of subjective internal experiences for the artists themselves, it can also help others to make sense of them as well (Podoll, 2002).

This exegesis is divided into two main sections, Part A and Part B. Part A provides a discussion of the ideas and contexts of the research project. This analysis focuses on pain, confession and the body through a discussion of Foucault's *Governmentalities of the Self* (Foucault, 1988); the context of the project is presented through an introspective approach to technologies of the self and acknowledging the personal tradition of shifting Western beliefs and values that can remain very Stoically imbedded in attitudes to health, fitness, confession of pain, resignation, illness, depression and mortality to this day. This possibility is considered alongside the video and installation artist Bill Viola's use of the transcendence from pain to an art space in *Room for St. John of the Cross* (Townsend, 2004, p. 128) to assist in the philosophical and practical thinking around understandings of space and image in confession. The process of using written ideas and relevant readings to establish and clarify the theoretical ideas was the foundation for the practical work.

This is followed by Part B, a methodological discussion that tracks the development of photographic self-portraits and representations of self. The process of making the practical work was undertaken to unlock the written ideas accessed in the relevant readings. If it was not for the practical work it would not have been possible to clarify the theoretical ideas.

Part B will be followed by a conclusion that identifies the results from this project. The thesis is constituted as 80% practice based, accompanied by this exegesis, worth 20%. Documentation of the final exhibition will be included upon completion.

Part A: Inside the Body

Governance of the Self: The Care of the Self – Concealing/Revealing Pain – Shifts in the Self

In the silent world of ongoing pain conditions, the need to feel useful and productive (Foucault, 1976) leading to a questioning of self-value by the sufferer. Generating a fight for survival needed to negotiate the noogenic self-questioning (Bartoszkzko & Vaccarella, 2009). Photography can work as a visual language that offers another way to communicate this self-questioning as an alternative to written or spoken language.

In *Technologies of the Self*, Foucault (1988) looked at how Western philosophy, theology and psychology effect change upon the self, in an analysis which comes from Foucault's questioning of power, exercised either by self-change or through direction by others. At the heart of this project is Foucault's interest in "the history of how the individual acts upon himself, in the technology of the self" (p. 19). In his earlier texts, the self sits within systems governed by others. With his work on *Technologies of the Self*, Foucault (1988) argues that the self is able to become more self-interested and self-governing in an attempt to help itself, in the Ancient Greek sense of caring for the self: "to be concerned, to take care of yourself" (p. 19). Confession as a technology of the self was a Western technique of self-care (Foucault, 1988). This insight led to a personal reflection that considered how this awareness might relate to rural, provincial, post-Stoic Christian confessions of pain in this project. It links a private tradition of getting on with things, a private Stoic reflective conscience to a public Christian exomologesis of codes of behaviour and manners creating a challenge to the revealing of pain.

Stoicism allowed the notion of being able to determine good in suffering by changing personal attitudes (Frankl, 2013). Foucault (1988) explained that Early Christian Stoic technologies of the self were intended for the controlling of representations rather than arriving at the truth, to require individuals to consider “principles of acting and thus seeing” (p. 38) as a “permanent self-examination” (p. 38), where the individual became their “own censor” (p. 38). Conversely this concealing of pain has been associated with depression and suicide rates (Alston, 2010), (Maxwell, 2013). Stoicism in relation to men’s health has been noted elsewhere (Saunders & Peerson, 2009). This tension between the need for a Christian public confession and the desire for the self-dignity of the Stoic introspection of the private self (Foucault, 1988) has been compounded and blurred through pressure by capitalist mechanisms of prioritizing economic viability or availability of support – making pain more likely to be concealed, rather than revealed - through confession. This struggle to confess pain to the self becomes a key aspect of this project.

Digital photography within this project enables a practice of technologies of the self in pain management by exerting an introspective change of the self at the deepest levels, where governances of the other can struggle to influence change. Only the self can change within itself, by its own conviction, realisation, need, and chemical modification. Foucault (1988) was interested in the tension between governmentalities of the self and the ability of the self to exert change upon itself. In the “Platonic dialogue” (Foucault, 1988, p. 23), Alcibiades the Classical Greek politician, and Socrates the philosopher, defined self as a notion of identity and then as a “plateau” to find “identity” (Foucault, 1988, p. 25). Alcibiades thought “the soul” cannot find itself except by looking in “a mirror” (Foucault, 1988, p. 25). The “Delphic principle” in action – the idea that self-knowledge came only as a result of taking “care of the self” (Foucault, 1988, p. 25) – reclaims the Greek “epimelesthai sautou [to take care of yourself]” (Foucault, 1988, p. 19). Socrates was concerned with care and devotion for the self - “concern yourselves with yourselves” (Foucault, 1988, p. 20). This system was based on a devotion to “care of oneself” (Foucault, 1988, p. 25) in order to acquire knowledge.

Governance of the Other: Care and Control Over the Self – The Balance of Power and Self

The second part of Foucault's (1988) *governances of the self* discussed change initiated by the power of the 'other'. This 'other' refers to those who effect change on the self as an external influence. This project is an introspection of the strengths and weaknesses, as they relate to health, of thinking based in traditions of historic Western, Ancient Greek derived, Judeo-Christian 'Technologies of the Self' and the transition to medical care of the self. From Ancient Greek societies care of the self, moved to the "medical model" (Foucault, 1988, p. 31) of health care being the primary way to maintain individual wellbeing.

The project unfolded using a method of selected excerpts from Foucault's texts that were used to represent a personal interpretation that identifies the power of confession by the self, for the self, as subject. This project seeks to find ways to help the individual stay 'fit for work'. By the 17th Century Early Capitalism needed health categorizations of fit for work (employable) or unfit for work by way of injury, invalidated, death, criminality or madness. Institutions were created to isolate those considered unfit for work (Foucault, 1976). Where monarchs held the "right of death" (Foucault, 1976, p. 141) over the individual, neo-liberalism holds the "power over life" (Foucault, 1976, p. 141) of the body. This mechanism of governance of the self is transferred from a negative (judicial) "deduction" or "subtraction" (Foucault, 1976, p. 136), as a suppression model of prohibitions and punishments, to one of multiplication (power over life), giving the individual a sense of empowerment instead of powerlessness in their own health care. The opportunity to multiply life is based on population and growth (Foucault, 1976). This does rely on an economic process of "availability and docility" (Foucault, 1976, p. 141) and is heavily embedded in the history of "bio-politics" (Foucault, 1976, p. 141). It is an investment in the body, it is a form of "valorization and distributive management" (Foucault, 1976, p. 141) of the body. Power becomes a matter of the "taking charge of life" (Foucault, 1976, p. 143) and not just in the threat of taking it away (Foucault,

1976). The authorities or governances of the other move from official institutions in the “judicial” (Foucault, 1976, p. 141) system to an unofficial emphasis on the body and its management within society and to a more individual and political approach through peer pressure and conformity (Foucault, 1976). Peer pressure is used more deliberately to normalize behaviour; it is centred on laws and this normalizes society. As bio-politics and laws change, individuals are potentially allowed to express themselves within the health system in the power over life and have a greater say (Podoll, 2002), provided they stay around the legislative norms (Foucault, 1976). This increased flexibility to meet the patient halfway has allowed more acceptance of art being used in the interface between art and medicine (Podoll, 2002). This use of selected parts of Foucault’s writing underpins the project’s position, where the individual strives to find techniques to remain fit for work.

Technologies of the Self: The Medicine of Art

Art allows the individual to define their world of migraines in an autobiographical confession, thereby reducing the feeling of isolation and helping to network sufferers through art (Sohn, 2011). This has been able to help in the treatment of the condition (Sohn, 2011). Robinson initiated the Migraine Art exhibitions (Sohn, 2011), which led to Oliver Sacks including 15 migraine-based artworks in his updated 1992 *Migraine* book. Podoll (2008) studied over 600 of Robinson's migraine artworks and, in an aspect of the work which is of significance for this project, identified artists feeling parts of their bodies (often the head) becoming larger and smaller (Sohn, 2011). Until reading *Splitting of the body image in somesthetic aura symptom in migraine* (Podoll, 2002) the present project sat in a less defined way, but this research placed the project in a simulacrum of raw emotions of recurrent pain made visible through art (Sohn, 2011). Podoll's (2002) research positioned somesthetic migraine aura to show symptoms in images of faces splitting down the middle of the head, or the separation of body parts. In this type of paroxysmal body schema disturbance, splitting of the body image most frequently applies to the migraine sufferer's head (Podoll, 2002). Imagery like this creates a fear of the condition being misunderstood as a mental health issue, and is therefore a common reason for individuals being reluctant to show migraine art (Podoll, 2002).

Technologies of the Self – Spaces of Confession Through Art

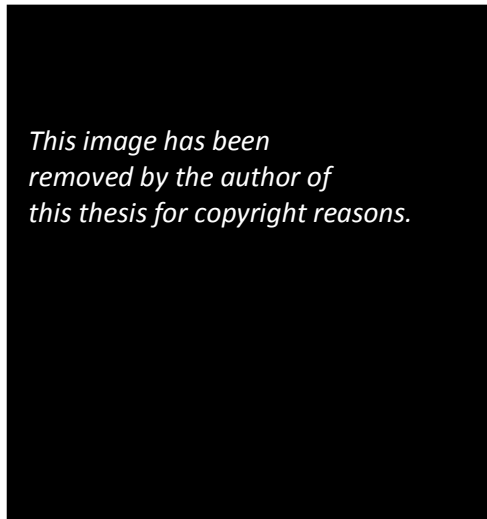


Figure 1. Viola, B. (1983). *Room for St. John of the Cross*. Video Installation.

In migraine aura the eyes can be healthy, yet distortion in what is seen causes visual disturbances, which seem to occur from interference in the signals sent from the eyes to the brain. Trying to make sense of such distorted signals created by visual and cognitive disturbance requires endurance. These visual disturbances can be so pronounced that they have been seen as spiritual experiences, with exploding stars and golden lights (Podoll, 2008). Such experiences can be put in a positive context using art as a technique of confession of pain. As an example of spaces of confession, *Room for St. John of the Cross* (Townsend, 2004, p. 128), Viola (see Figure 1) combines the emotional and spiritual issues of human beings through new technology (Townsend, 2004). Viola implies St. John transcended the pain of his cell on the Isle of Patmos, and is now present in the contemplation of the reflective art space, in “an oscillation” between the “self and world” (Townsend, 2004, p. 132). It is useful for this project that Townsend explains a Stoic Christian acceptance of the worst possible outcome when St. John wrote “not living in myself I live...I die because I do not die” (Townsend, 2004, p. 132). Pain is transcended by blurring of the lines between self and other. It is a moving outside of the self (see Figure 1) through the “quietist tradition” (Townsend, 2004, p. 133), to remove the self through the contemplation of an icon,

reading, prayer and self-confession (Townsend, 2004). The “annihilation of the self” (Townsend, 2004, p. 132) or in this project the technology of the self becomes, in Baudrillard's (2011) sense, the moment the self disappears – the nihilistic moment. This questioning of the self, where the “I am” of the self becomes “I am not” (Townsend, 2004, p. 133), this removal of the self from the midst of the undesired experience, is highly desirable in the cathartic viewing (see Figure 1). However, while spaces outside of the body define a space for confession, the dissolution of the self does not. The collective expression of pain is a rallying point through the identification of experiences in an autobiographical dialogue of the human condition that the viewer can empathize with – as Baudrillard (cited in Weibel, 1999) wrote, “Photography is our exorcism. Primitive society had its masks, bourgeois society its mirrors. We have our images” (p. 129).

Part B: Outside the Body

Introduction

This part of the exegesis, *Outside the body*, investigates the self as both subject and object, like two sides of a coin. Firstly, with the self as subject, confessing pain to myself, and secondly, presenting images outside the body, I confess my pain to others as the object. This is a shift in the self from subject to object – my technology of the self. The body of photographs make up my confession and are about my lived experience, not seen: it is sensation, it is feeling, it is emotional. The development of the cathartic process enabled the placing of memories of unwanted experiences and sensations outside the mind and body. These experiences were transported through photographic images to confess pain. *Outside the body* tracks the key reflections and decisions made as the project unfolded – this project being an intuitive confession that shifts between the self and the other – through the touch of art materials, photography, and the use of Photoshop to edit and manipulate the image. The research and photographs are presented in a loosely chronological order.

The structure of my methodology is as follows. Each inquiry phase will be represented by a selection of images, an aim, an explanation of the method adopted, reflection on what was successful and not successful, questions arising, and points for further development. I organised the exegesis in this manner as part of a reflective practice. However, the project developed in a more organic manner with some strands of work developing simultaneously and overlapping.

The key reason for using photographic self-portraiture was for its ability to prioritize the external facial characteristics and expressions at specific moments in time, holding the moment like Bill Viola's use of ultra-slow motion video to enable a heightened awareness of the human experience

as in *Slowly turning narrative* (Townsend, 2004, p. 46). Viola explored what was going on simultaneously inside and outside the body as in *To pray without ceasing* (Townsend, 2004, pp. 56-57). 'Frozen' moments of time, and moments in time (blurred) were used to slow down and divide experience in a sequential narrative of time. This provides a human/subjective approach to photographing pain rather than the scientific/objective approach to photographing and imaging the body by the medical sciences in formulating notions of the 'normative'.

Self-portraiture as a method allowed both an introspective view of the subject, and an external view of the object presented in ambiguous frames, butted against each other to represent moments in time. It revealed the experience of visual disturbance and hidden pain through variations of exaggerated scale and depth. Distortion is used to evoke memories or emotions – revealing the emotional experience of pain rather than shutting it out. The spaces of confession are conceptually divided into: inside the body (darkness, interior space) and outside the body (light, exterior space). Photography co-depends on an external world so the methods employed in this project enabled a projection of the internal world from an external perspective. This proved problematic because I was photographing an internal experience from an external position.

As a cathartic coping device I used the distance between myself and the camera as a means of distancing myself from my own pain. A camera captures moments of pain through still frames using light sensors rather than pain receptors, and there is always a physical gap between the lens and the subject. The distance between the lens and the subject was separated by light unlike the body which is connected by nerves. My intention was that these photographs would create a dialogue that included isolation or acceptance, pain and rest.

To clarify, I saw the face as being a mask that conceals pain and therefore it became relevant to explore this – creating a shift in the way I represented the self. The process of making clay masks was for the purpose of photographing them. By photographing various stages in the making or

painting of the masks, I was able to create a narrative in the sequencing of images, depicting durational aspects of the experience of pain. This was a coping device that formed a cathartic technology of the self.

The Photographic Self-Portrait



Figure 2. Dempster, A. (2012-2013). *Confession to the self*. Digital photographics.



Figure 3. Dempster, A. (2012-2013). *Pain and rest 1*. Digital photographics.



Figure 4. Dempster, A. (2012-2013). *Pain and rest 2*. Digital photographs.



Figure 5. Dempster, A. (2012-2013). *Pain and rest 2 (detail)*. Digital photographs.



Figure 6. Dempster, A. (2012-2013). *Pit 1*. Digital photographs.

Self-portraiture in this section aims to operate as pain mirrored in time – or giving a face to pain (see Figure 3) and therefore making pain visible.

I became interested in self-portraits to see if the concealed experience of pain could be observable in photographs and if concealed emotions of pain are revealed in the eyes, expressions or gestures (see Figure 4). This process of self-observation helped make sense of what was going on at the time.

I began by evoking an internal space by creating a darkened external context with the theatrical dramatic use of light, therefore focusing the viewer's gaze on the surface of the face in a way that will let the viewer gain an insight into the external response to internal pain. Initially these single portrait photographs concentrated on solitary facial expressions (see Figure 2) but as time went on I wanted to investigate how experiences could be broken down through multiple self-portraits. This involved using Photoshop and frames with sequences of images in close proximity with vertical divisions, breaking down the emotions of the experience, into a horizontal sequence, simulating time. In this group of photographs I took unique self-portraits specifically to record particular sets of experiences. The shifts in the experience of pain and its duration became evident. This project depends on an element of revealing the unknown, firstly as subject and secondly as object, in a process of self-inquiry, which lies between the masking and revealing of pain experiences (see Figures 4-6). Normally I conceal this pain from day-to-day life in the darkened room but for this confession I started to explore ways of revealing to the camera the pain that sits below the surface of the face (see Figure 4). I considered the still shots from the ultra-slow motion videos of Bill Viola, such as *The reflecting pool* (Townsend, 2004, p. 102) and the way in which the frames were a simile for a beat in time, or a heartbeat in a pulse. The sequential frame became a good method to use because it allowed for the observation and analysis of an external space (outside the body and light) in a binary relationship with the internal space (inside the body and darkness), to be shown through different backgrounds and the use of dramatic lighting. This was achieved by working with a shallow depth of field and limited spot lighting in an otherwise unlit room, then arranging the

photographs in Photoshop using cropping and multiple layers with an extended horizontal format to suggest the passing of time. I specifically lit the face in a manner which disembodied the head to explore the sensation of the experience of pain in this part of the body. Later on, I discovered that separating of body parts was symptomatic of somesthetic migraine, as are distortions around the size and placement of the head (Podoll, 2002). This can create a distortion of self-imaging in the mind.

On reflection, successful images that captured specific moments in time came from the emotional tension between respite and pain (see Figures 3-6). The opportunity to capture that same emotion again is gone apart from the virtual memory of the photograph (Baudrillard, 2011). The value of self-portraiture was that emotions of the human face are easy to empathize with (see Figure 3) to help the viewer relate to the images on a personal level. Unsuccessful attempts to photograph experiences of internal pain externally arise from the limitations of not being able to look through the viewfinder to establish formal elements of composition. Questions arising from this work were around the confusion created regarding the external in the internal darkness – does the external self question the internal space, and does the outward face provide an awkward intrusion into the internal space of the black? A further development was to enhance the compositional arrangement of photographs at the editing stage to create feelings of unease by using cropping and positioning in Photoshop. This allowed the compression or extension of time by the relative width of the frame which in turn allowed the exploration of how I see myself through self-imaging of visual disturbances.

Confession Within the Enclosed Space



Figure 7. Dempster, (March, 2013). *Spinal*. Digital photographs.

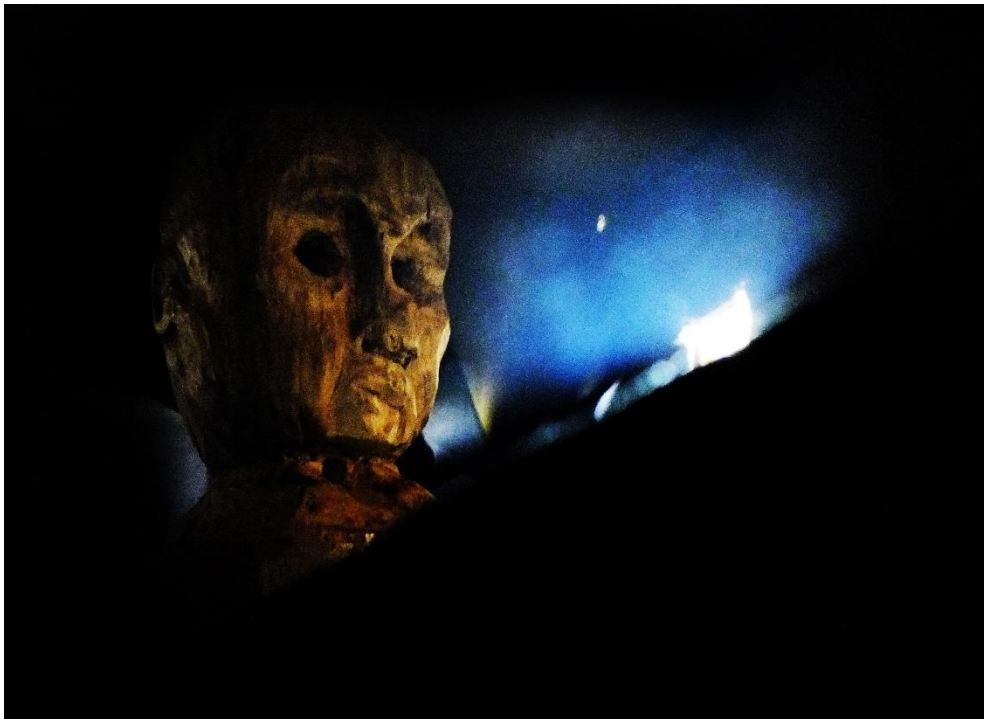


Figure 8. Dempster, A. (March, 2013). *Migraine hollow eyes*. Digital photographs.



Figure 9. Dempster, A. (2013). *Migraine arrival*. Digital photographics.

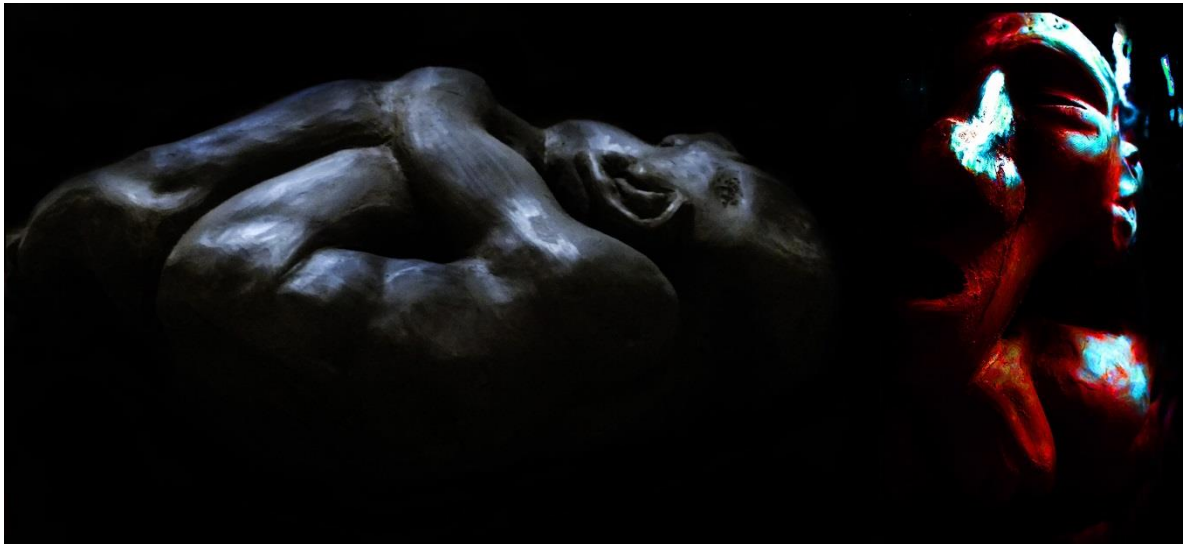


Figure 10. Dempster, A. (2013). *Small and cold*. Digital photographics.



Figure 11. Dempster, A. (April, 2013). *Revealing migraine pain*. Digital photographics.



Figure 12. Dempster, A. (April, 2013). *Revealing migraine pain 2*. Digital photographs.



Figure 13. Dempster, A. (2013). *Confession of migraine nausea*. Digital photographs.

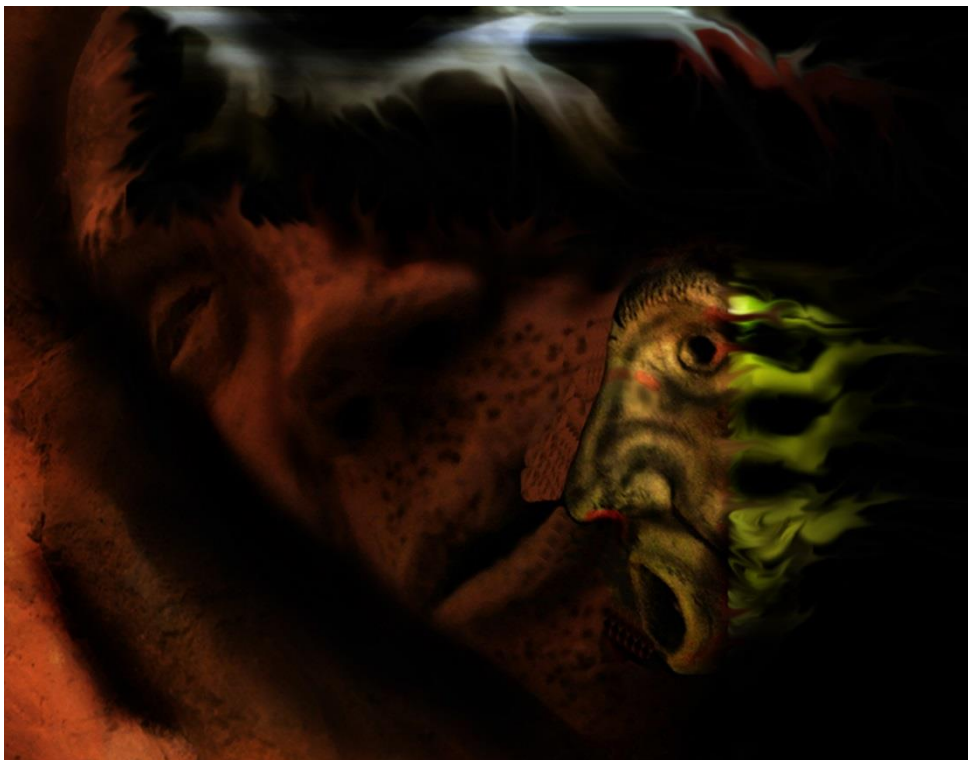


Figure 14. Dempster, A. (2013). *Confession of migraine nausea (detail)*. Digital photographs.

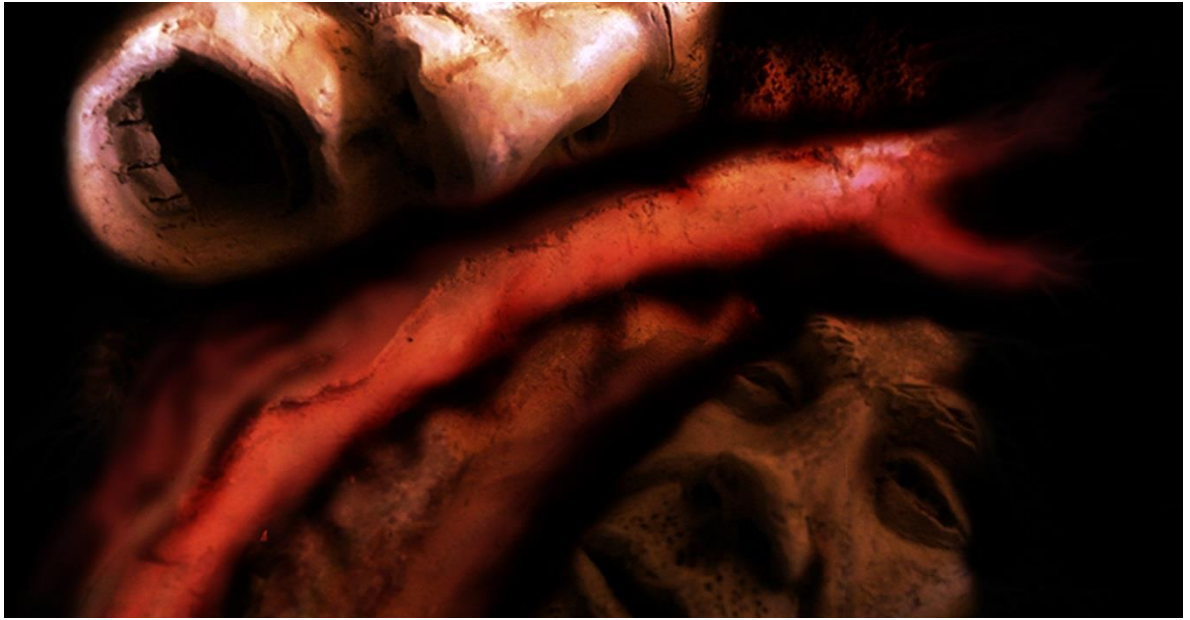


Figure 15. Dempster, A. (2013). *Confession of migraine nausea (detail)*. Digital photographics.



Figure 16. Dempster, A. (2013). *Confession of migraine nausea (detail)*. Digital photographics.

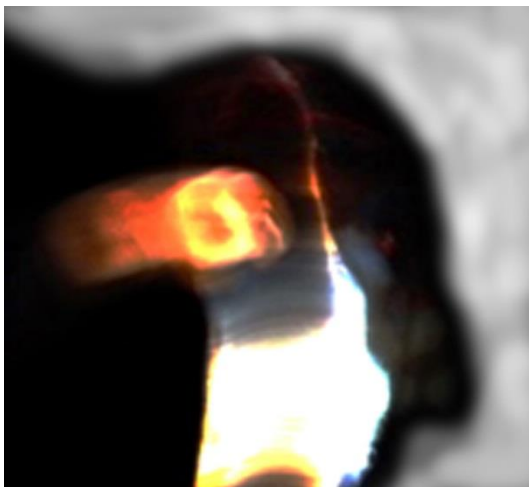


Figure 17. Dempster, A. (2013). *Migraine banging*. Digital photographics.

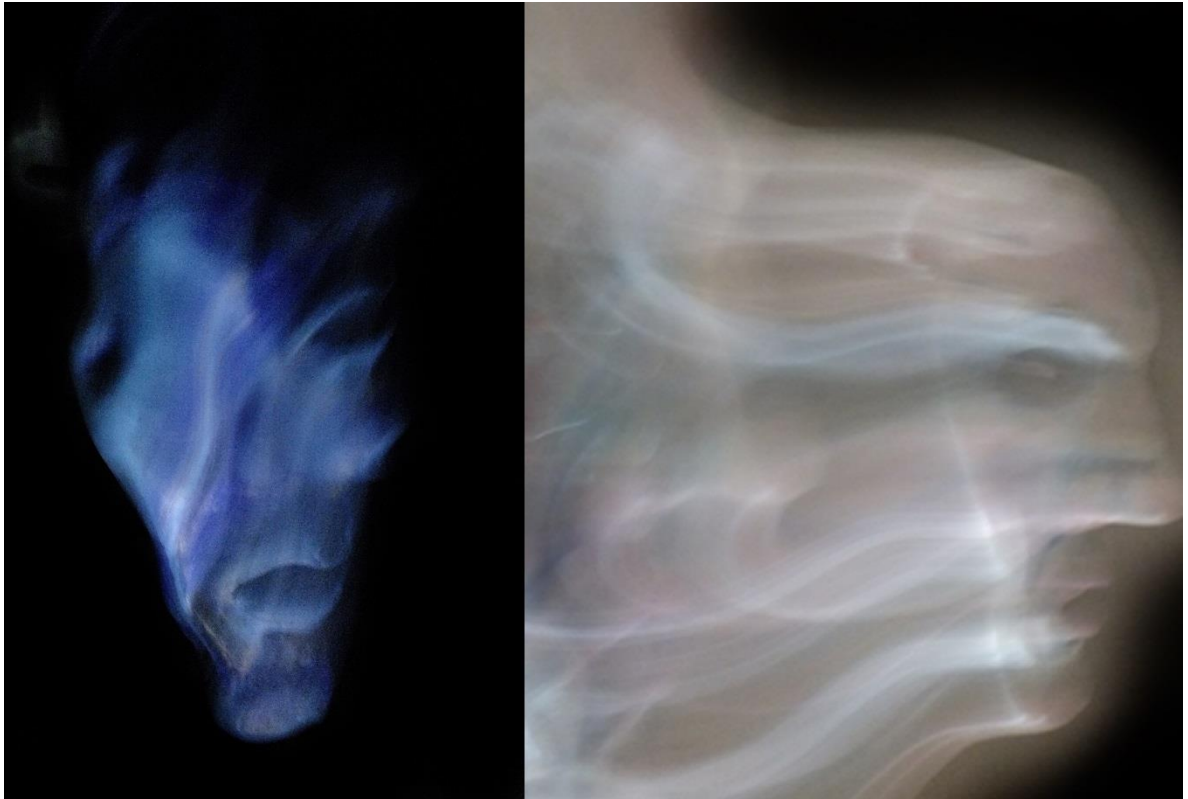


Figure 18. Dempster, A. (2013). *Migraine out of body experience*. Digital photographs.

The aim of investigating the idea of confession within the enclosed space was to conceal the figurative identity of the self-portrait by using the mask in the interior space, like the way in which the confessional box used the curtain to conceal identity. I took these photographs as a way to explore a technology of the self that no longer represented my body as a natural machine but rather as monuments to the legacy of the self. These photographs operated as memorials to the self (see Figure 10), as I had cathartically worked the surface to see how pain was manifest by a physical excursion on wood (see Figure 8) or clay.

What I did was transfer my attention to the moulded and cast face to shift the representation of pain to the mask and modelled figure, rather than as observed in the self-portrait. The mould links the masks to the process of making and provides a ground for the masks to sit in (see Figures 11 and 16). I kept the scale of some photographs of the masks small to encourage the viewer to encounter

the work from an intimate and personal distance (see Figure 13). Other photographs were printed on a larger scale to reinforce the monumental aspects of pain appearing to be a large part of life (see Figure 18).

I had surmised that an increase in pain would result in more expressive marks in the clay and let me employ verbs like banging and cutting (see Figure 9). On reflection this created a contradiction, when I was already in pain I compensated by using lighter marks to the clay surface (see Figure 10). An increase in pressure equalled an increase in pain. This sculptural method formed a tension between materials and the organic sensitivity of flesh (see Figure 7). So I used Photoshop to manipulate the photographs using multiple layers of rubbing, smudging, colouring, copying and shifting layers, to represent the pain and disturbance of the experience (see Figures 14 and 15).

Using an enclosed space let the internal space be defined by darkness that dismisses reference to the outside world, focusing the viewer on an internal space of a camera/darkroom/coffin to mimic the entrapment of the internal experience. This allowed the focus on nausea from migraine aura to achieve a claustrophobic intensity in the photograph (see Figure 11). Aperture spot lighting was an attempt to find a natural way to represent migraine visual disturbance in photography, instead of using layers in Photoshop, which lacked the intensity of visual disturbance. Images tended to look illustrative instead of like a phenomenon, which I could attain by using natural light.

Moving the subjects around the picture space using Photoshop contributed to a spiralling motion (see Figure 11), creating a dialogue of discomfort in order to produce a nauseous imbalance. New layers were changed into discoloured overlays (see Figure 13) in Photoshop, creating a distortion that disturbed the stability and solidity of the subject. There was a desire to separate and isolate the head away from the body, as in the migraine out-of-the-body sensation, to explore the alienation of pain rather than being connected (see Figure 18).

The hollow of the mould is the cavity of the face – creating a metaphorical internal head space, a pit (see Figure 11). These photographs explore the idea of the blurred line between consciousness and unconsciousness (see Figure 18), and the shifting and repeditive nature of ongoing pain experience (see Figure 17). Each modelled form began enclosed in clay, wood, or plaster and was slowly sculpted and photographed as part of the ongoing confession to self. Each photograph of the process simultaneously revealed another stage of its making while also operating as a visual timeline.

On reflection, the successful photographs tended to have high contrast light and shadows, created by strong directional, theatrical lighting that revealed the subject within the internal space. The darkness concealed and light revealed the subject. Using an enclosed space added control to the lighting, through opening and closing apertures, to increase or decrease natural light exposure. An unsuccessful relationship between objects and their space occurred where the images were cropped too close and the sense of confessional space disappeared (see Figure 13). Unsuccessful photographs were more common when the group sculpture photographs needed the mid-tones accentuated, because the details on the masks or figures tended to get lost in the high contrast from using such dramatic lighting (see Figure 11). The extra space around the mould and masks could have been more softly spot-lit when taking the photographs, to re-enforce shifts, and textures of the materials. Sometimes I needed to intensify the shading of the subject when taking the photographs to increase the unknown of the confession. A question that arose was: If the surface of the masks had a soft luminosity, which shone with a quality that reflected light enough to show form but not life (see Figure 18), would the apparent incandescent fragility of skin be increased by using different textured, transparent overlays in Photoshop to increase the disturbance in the representation of the face? Further development for these photographs came from variation of angles of the head shots to accentuate the loss of awareness of body parts (see Figures 7 and 9).

Digital Composite Images and Distortions in Scale



Figure 19. Dempster, A. (2013). *Intuitive*. Digital photographics.

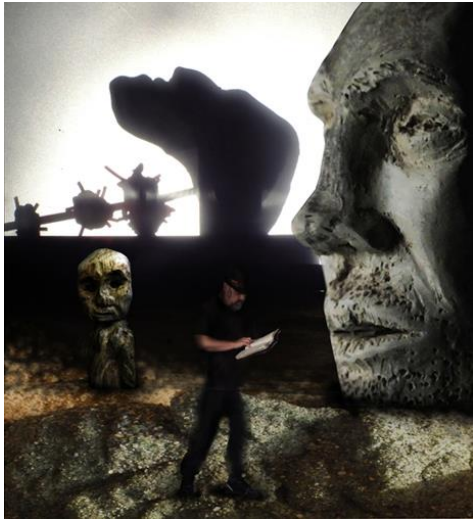


Figure 20. Dempster, A. (2013). *Migraine scale*. Digital photographics.



Figure 21. Dempster, A. (2013). *Blur*. Digital photographics.



Figure 22. Dempster, A. (2013). *Blur 3*. Digital photographics.

The aim of these digital composite photographs was to investigate how scale operates to define relative sizes by placement, distance, shifts in space and time in the positioning of visual elements. What I investigated was an exploration of an internal world where scale and pattern became distorted by migraine aura to create an internal world as Podoll (2008) claims is present in Carroll's writing.

The method I employed was to explore digital composite photographs and distortions in scale and the idea that relative size can be linked to memory in migraine visual disturbances (see Figure 20). I researched optical distortions of migraine aura (see Figure 21) through perception of scale, distance, pattern and colour (as discussed in Part A, p. 10). How I achieved these effects was to attach previous digital composites made from photographs that investigated introspective levels of pain (see Figure 19). This created an interface between the full disclosure and replacement of the face, from the digital composite that was intended to be seen as an appendage, for placing pain outside the head (see Figure 19). The experience of migraine can trigger flash memories (see Figure 21), and to achieve this I explored the juxtaposed use of scale positions and silhouetted faces and bodies, blurred vision and flickering from black to white. Blurring explores visual uncertainty, loss of focus and awareness outside of the body. It conceals identity and increases the mystery of the confession (see Figure 21). These photographs explored the point at which external vision becomes internal awareness as the external can no longer be identified (see Figure 21).

On reflection, the successful aspects of these images came from photographing a single viewpoint from the same lens with the intention of achieving a uniformity in my photographs, while still allowing me to manipulate scale and the space in front of the lens. In migraines, it is the processing that goes on behind the eyes that changes, not the 'lens' itself. Unsuccessful aspects came from the limitations of using a single lens and different lenses could have compressed space or extended focal length. A fish eye lens could have allowed images to be taken up close and given crisp detail and oval distortion. I depended heavily on a shallow depth of field to create an intimate and personal view. This was important to show I could not distance myself from my pain at the time. To

compensate for this I varied my angles and viewpoints to create unease and imbalance. Figure 22 explores the kaleidoscope of memory and vision; while useful, in this photograph the structure of the cross appeared too symbolic and migraine images are potentially subject to being unintentionally demonized and misunderstood (Podoll, 2002). Questions arising from this aspect of the project came from seeing the Cross as a memorial of pain, suffering and part of the technique of Christian confession that remembered a life and accepted sadness: did it make sense to impose an outside structure in an internal vision? Further development was in the removal of an awareness of the proximities of scale and how this creates possibilities for imagery based on migraine distortions (see Figure 20).

Endurance



Figure 23. Dempster, A. (2013). *Migraine spread*. Digital photographs.



Figure 24. Dempster, A. (2013). *Animation sequence*. Digital animation.



Figure 25. Dempster, A. (2013). *Animation sequence (detail)*. Digital animation.



Figure 26. Dempster, A. (2013). *The pit*. Digital photographs.

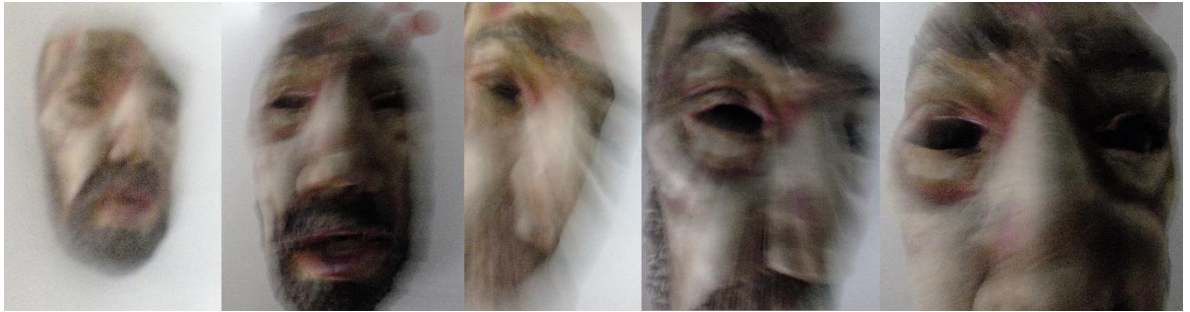


Figure 27. Dempster, A. (2013). *Shift*. Digital photographs.



Figure 28. Dempster, A. (2013). *Migraine*. Digital photographs.

The aim of endurance photographs was to explore the idea of repeated visual disturbances causing sensations of instability (see Figure 28). What I did in these works, in relation to the overall project concept, was use the camera and my own body to reproduce movements that evoked the commotion of vertigo nausea (see Figure 26). This strategy employed a different sculpted mask for

each group of photographs. Each mask was modelled on a specific experience, which helped me to discuss the process and methods I was using.

Methods developed included the head coming in and out in the depth of field and selected focus to mimic the pulsating of migraines. I used paint on the modelled face (see Figures 24-28) to be like skin covering over the raw nerve ends, or at other times white paint (see Figure 23) was used to represent the spreading of migraine numbness across the face. As a migraine sets in, it creates a sense of darkened vision, so I used under-exposure to explore the increasing intensity of pain and visual disturbance (see Figure 26). These photographs were produced by using the camera to create the movement of the sensation, in order to increase the subject's feeling of instability and entrapment in the internal vision behind the eyes. This resulted in photographs that evoked that desperate confusion of entrapment in the object (see Figures 24 and 25).

On reflection, successful photographs depended on how well they revealed the somesthetic head pain that linked the perception of separated body parts, dislocation and the shrinking and enlarging of heads (Podoll, 2002). This is achieved by using shifts in depth, scale, orientation and placement but also the way of seeing the division of the face from various angles and viewpoints. Less successful photographs appeared too much like picture book sequences and the painted surface of the mask at times became too visible and descriptive (see Figure 23). However, when I presented the photographs separately, the gaps between the photographic sequences could be viewed as time without pain. This took away from the relentless nature of the images when presented in continuous long sequences.

A question arising from this part of the work was to consider if I replaced some black space with hazy white light to increase the external space and used hazy black to increase the internal space in the photographs (see Figure 26), would the hazy effect create a sense of concealment? Further development was done with experimentation in simple stop-motion animation (see Figures 24 and

25) using these photographs with scratching, dots, filters and varied transitions which taught me the importance of sequence. This created a disorientating zooming in and out and a spinning sensation for the viewer, and a genuine representation of the experience as the subject. The dislocation of the head and unawareness of the limbs allowed for an introspection that identified migraine body displacement in my art (Podoll, 2008).

Visual Disturbance

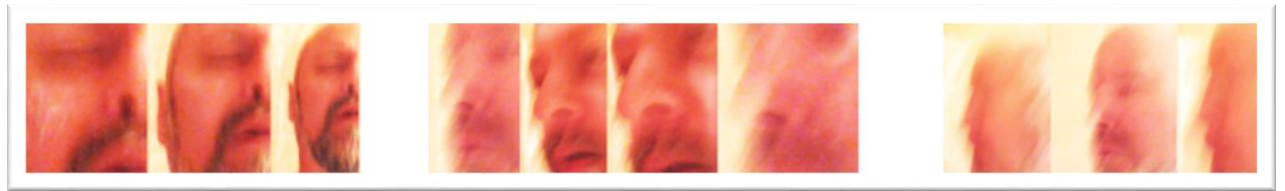


Figure 29. Dempster, A. (2013). *Cognitive 6*. Digital photographics.



Figure 30. Dempster, A. (2013). *Explosions and dots*. Digital photographics.

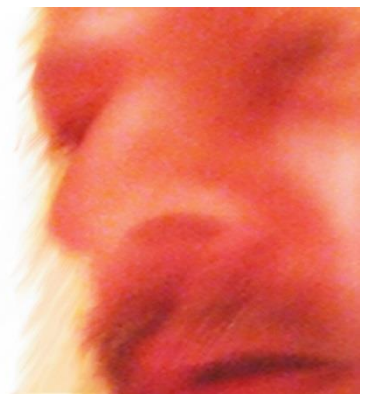


Figure 31. Dempster, A. (2013). *Overload*. Digital photographics.



Figure 32. Dempster, A. (2013). *Flickering*. Digital photographics.

The aim of the visual disturbance photographs was to acknowledge my pain, to myself as the subject and to the viewer as the object. I did this by exploring my internal perception of what is seen through interference in the signals to the brain, and superimposed these visual disturbances in front of the face. This section linked back to the aim of lens-based self-portrait photography, now revisited to look at migraine vision (Podoll, 2008) through digital photography.

The method I used in these photographs was to show the disturbances that take place in conjunction with neck and head movement (see Figure 30). I operated with the subject close to the camera – an intense, disorientating and shifting attempt to view internal sensation from outside the body, thereby creating interesting collisions in these multiple, single cropped photographs. It places the visual disturbances in an implied space in front of the face. This had the flow-on benefit of getting me used to looking at myself again and allowed a shift back to photographing the self-portrait. In Figure 29 I used Photoshop to erase some layers, repeated and shifted layers, mirrored and cropped photographs as a method to adjust scale, gaps, and surface manipulation in multiple overlays to attain a luminosity and distortion of visual disturbance.

On reflection, the successful photographs occurred when the object disengaged, rather than engaged the gaze of the viewer by the object not looking at the camera. Like the work of photographer Lucas Samaras, who in *Panorama* (Chambers, 1988, p. 185) divided his self-portrait using vertical divisions with the object divided in an undulating horizontal rhythm, my photography explored the visual shimmering and shaking, loss of solidity and division of the face plus the use of similar warm flesh tones forming a (visually representative) simulacrum of emotion related to migraine. This simulacrum of related symptoms is important in establishing an overall feeling in each group of images, to identify the shifts in the self. Less successful photographs came from the difficulties in defining the space in which the visual disturbances took place. Questions arose here

when the eyes were disengaged from the viewer: Did this disengagement of gaze assert my face as subject rather than the object? Was I concerned with the viewers' world, or only my own? Does this then create a sense of voyeurism by letting the viewer observe the object, while the subject is unaware of the viewer? Further development occurred in Photoshop by adding multiple overlays using more light, and raising the warmth and contrast to the flesh tones in a process to be like placing skin over nerves. This gave a transparent luminosity to the agitated flesh (see Figure 31) and the use of reds and yellows gave an overall consistency to the photographs (see Figures 29-32) that brought the emphasis back to reference the flesh and the body.

Documentation of Exhibition

The final exhibition was held in the Test Space Gallery, AUT, Auckland, on March 13th, 2014. The work consisted of 7 separate horizontal photographic sequences being 610mm in height and varying in length from 1200 mm to 3800 mm. On the concrete wall, two images show the internal and external spaces of confession. Opposite the concrete wall was two sequences of the internal spaces of confession. On the adjacent wall, one horizontal sequence of an external space of confession. Opposite this wall were two horizontal sequences that juxtapose the external and internal spaces of confession.

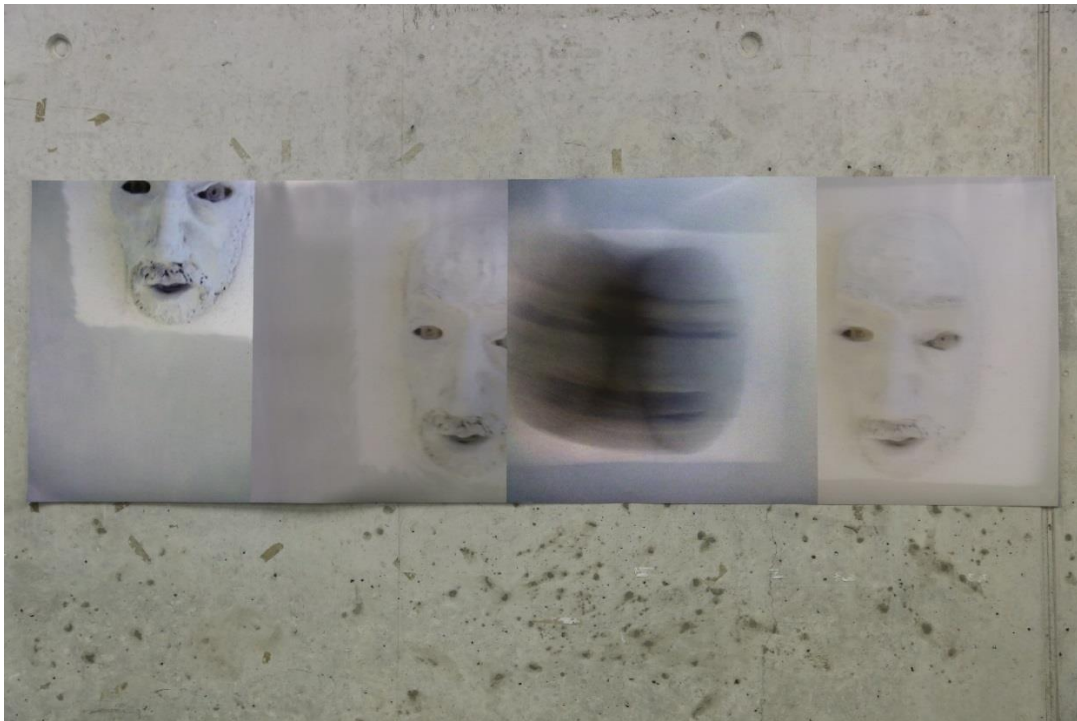


Dempster, A. *External Spaces of Confession*. (2013-14). Digital photographs (left).

Dempster, A. *External and Internal Spaces of Confession*. (2013-14). Digital photographs (right).



Dempster, A. *External Spaces of Confession*. (2013-14). Digital photographs (left).



Dempster, A. *External Spaces of Confession*. (2013-14). Digital photographs.



Dempster, A. *External and Internal Spaces of Confession*. (2013-14). Digital photographs.



Dempster, A. *Internal Space of Confession 1*. (2013). Digital photographs (left).

Dempster, A. *Internal Space of Confession 2*. (2013). Digital photographs (right).



Dempster, A. *Internal Space of Confession 1*. (2013). Digital photographics (left).

Dempster, A. *Internal Space of Confession 2*. (2013). Digital photographics (right).



Dempster, A. *Internal Space of Confession 2*. (2013). Digital photographics (right).



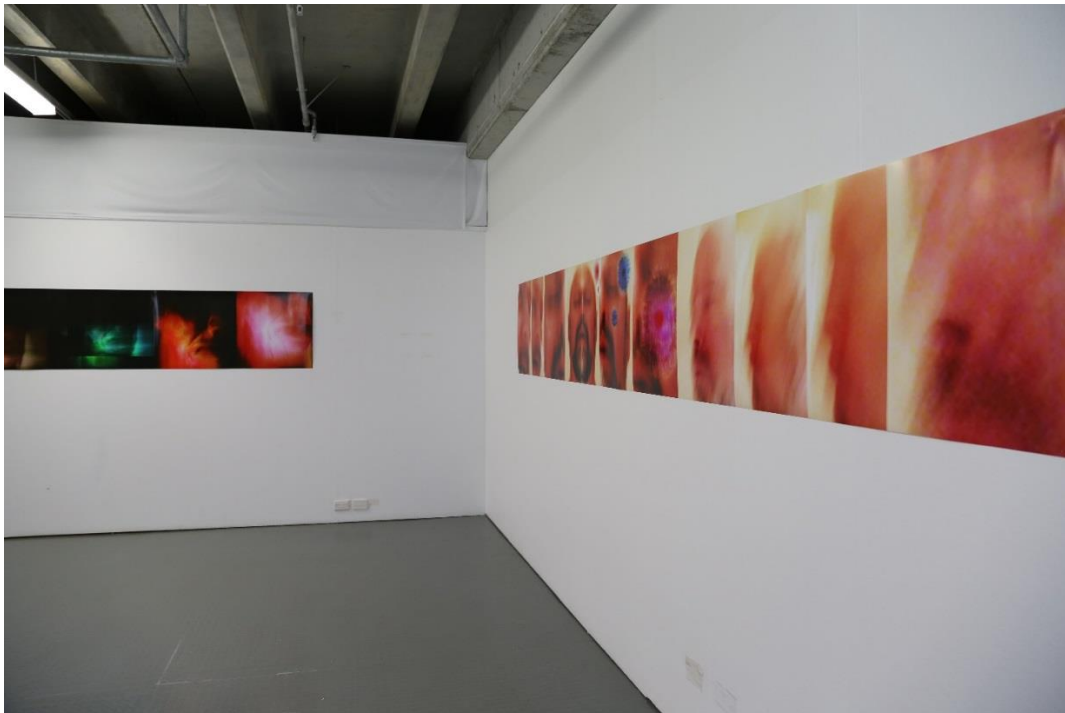
Dempster, A. *Internal Space of Confession 1*. (2013). Digital photographics (left).



Dempster, A. *Internal Space of Confession 1*. (2013). Digital photographics.



Dempster, A. *Internal Space of Confession 2*. (2013). Digital photographics.

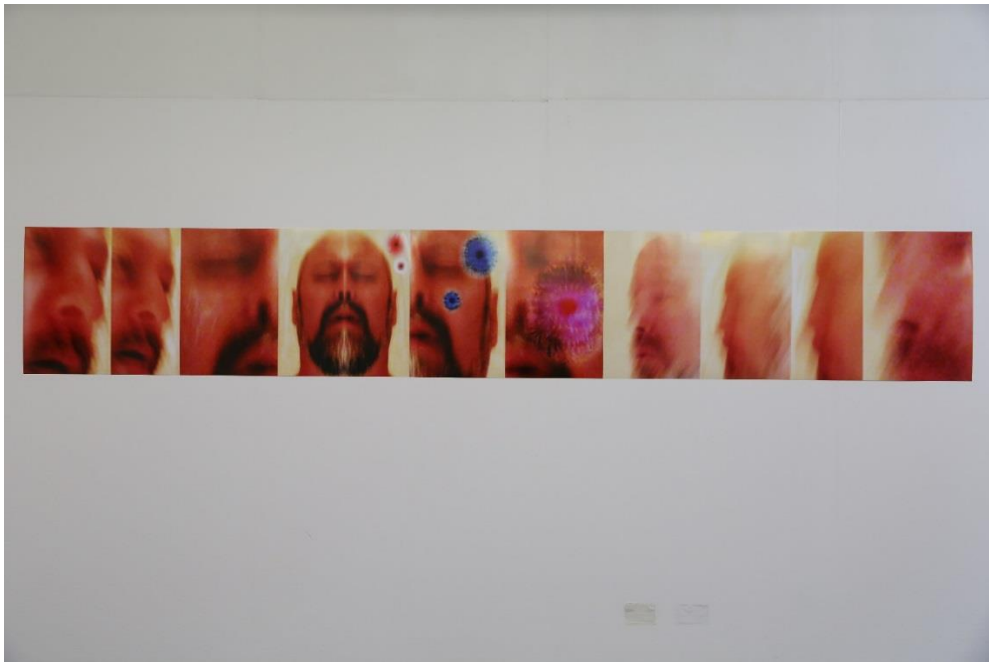


Dempster, A. *Internal Space of Confession 2*. (2013). Digital photographics (left).

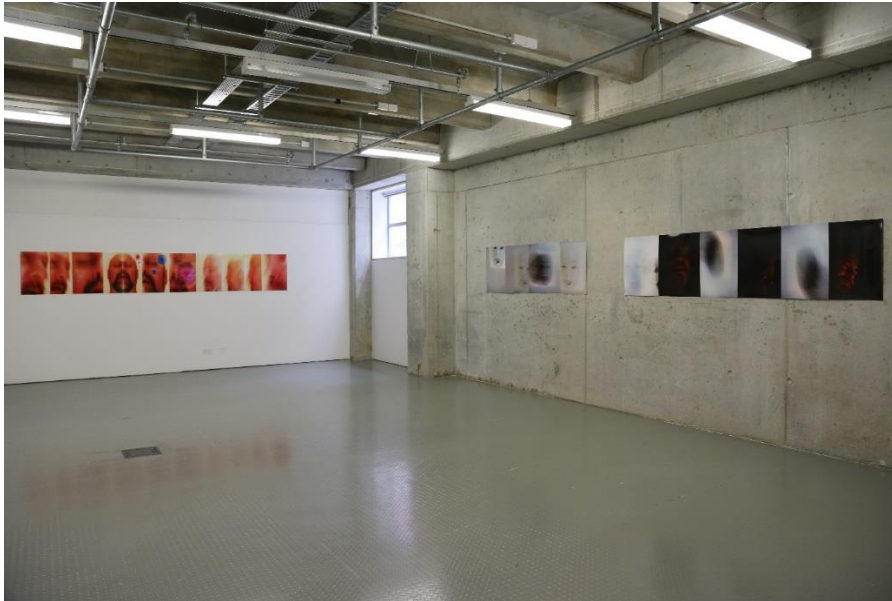
Dempster, A. *External Spaces of Confession*. (2013-14). Digital photographics (right).



Dempster, A. *External Spaces of Visual Disturbance*. (2013). Digital photographics (centre).



Dempster, A. *External Spaces of Visual Disturbance*. (2013). Digital photographics.



Dempster, A. *External Spaces of Visual Disturbance*. (2013). Digital photographics (left).

Dempster, A. *External Spaces of Confession*. (2013-14). Digital photographics (centre – right).

Dempster, A. *External and Internal Spaces of Confession*. (2013-14). Digital photographics (right).



Dempster, A. *External Spaces of Confession*. (2013-14). Digital photographics (left).

Dempster, A. *External and Internal Spaces of Confession*. (2013-14). Digital photographics.

Dempster, A. *External Visual Disturbance, Interface 1 & 2*. (2013). Digital photographics (right).



Dempster, A. *External Visual Disturbance, Interface 1*. (2013). Digital photographics (left).

Dempster, A. *Internal Visual Disturbance, Interface 2*. (2014). Digital photographics (right).



Dempster, A. *External Visual Disturbance, Interface 1*. (2013). Digital photographs.



Dempster, A. *Internal Visual Disturbance, Interface 2*. (2014). Digital photographs.

Conclusion to the Research

As time unfolded the mystery of this confession, it became more evident that the ambition of this project to confess pain depended on my ability to 'see' myself, and the shifts in the self. My identity was hidden in shadows and revealed by light, obscured by a condensed framing of time, and shaken by an unyielding motion. The face is concealed by the mask, instead of being revealed, and pain is transferred into the object, which becomes a representation of self and pain. The camera becomes a simile of an unstable eye, taking external images to represent sensations of pain inside the body. The use of Photoshop becomes like the mind trying to piece together the images to make sense of them, and the confession becomes the photographs placed outside the body.

As the project developed I became increasingly aware that my photographs – rather than being primarily a confession to others – were a confession to myself. It was this confession of the self to the self that formed a technology of the self (subject). This does not, however, exclude the viewer from seeing the other side of the same coin; on the contrary, it is hoped that the intensely personal nature of confessing to the self allows the viewer to become more interested in engaging with photographs from the private world of the other (object). It is this confession that allows the confession to become the point of interaction between the private nature of the photographs and the viewing of confession as art. This formed a further technology of the other, linking back to the two points in Foucault's (1988) "governmentality" (p. 19), or what I have referred to as governance of the self, by a technology that comes from the self to the self, and a technology of the self that gives the governance of interpretation to the other. As Foucault (1988) became "more and more interested in the interaction between oneself and others and in the technologies of individual domination" (p. 19), I too have become more and more interested in the shift to the point where self meets the other in a confession through art.

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