



# Fighting Pain with Pain: Bob Flanagan/Sheree Rose and Catherine Opie

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**ABSTRACT:** This article focuses on a sample of the artworks created by three American artists: Bob Flanagan and Sheree Rose, whose collaboration also generated several performance pieces, and Catherine Opie, who mainly works with documentary photography. In the works analysed here, Flanagan/Rose and Opie use physical pain to tackle mental pain stemming from their different disabilities: for Flanagan it is the physical disability of his chronic illness, for Opie it is the “social disability” of the stigma attached to her sexual orientation. Their works and their lives are strongly interconnected and the divide between private and public is blurred: the personal becomes political. Flanagan and Rose are able to complexify gender and sexuality through the use of BDSM and the redefinition of pain and pleasure. The outcome of their work focuses on the dynamics of their 24/7 sadomasochistic relationship and is the questioning of hegemonic masculinity and normative femininity. The reappropriation and exploitation of medical and cultural discourses about illness and sexual deviance questions heteronormative sexuality and problematises the obliteration of the sexuality of the disabled.<sup>1</sup> Troubling and expanding representational regimes in their work, Flanagan and Rose put forward the corporeality of disability to show pain, which is invisible and escapes language (Scarry 1985; Aydede 2009). As well as Flanagan and Rose, Opie troubles the representation of the LGBTQ community in Western society and uses pain to fight the pain that comes from the minority stress provoked by discrimination and oppression (Meyer 2003). Also, she contrasts through reappropriation the stereotype that conflates sexual deviance, homosexuality, and BDSM. In order to achieve all this, the triptych-like self-portraits that are in dialogue with one another deploy, aside from the influence of the history of photography, the formal qualities of the official portraiture of Renaissance paintings. Moreover, she opposes and problematises the normalising currents in the gay and lesbian community



– marriage and kinship – and expands the idea and the representation of lesbian sexuality and identity – especially lesbian motherhood. Thus, through representational strategies that are entangled with the use of her embodiment and her lived experience, Opie is able to address mental pain through her work.

**KEYWORDS:** disability, pain, BDSM, performance art, body art, photography, LGBTQ

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This article considers the lives and works of Bob Flanagan/Sheree Rose and Catherine Opie in order to show how body art has the potentiality of communicating mental pain through the bodies of the performers, defying its invisibility and challenging its unsharability. Such unsharability is posited by theorists of pain studies, like Scarry (1985), who argue that pain has this characteristic since it escapes language. These works also have the potential to escape society's oppressive stereotypical imagery of disability, mental distress, gender and sexuality and resignify their representations. To quote Flanagan,<sup>2</sup> these artists both 'fight sickness with sickness,' they try to cure 'pain with pain,' with different nuances, aims, and for different reasons. Some of their works enable 'encounters with pain' (Ahmed 2002) with the deployment of their lived experience through artistic representation that activate a relationship with the viewer. I borrow the term "encounter" from Ahmed because, as she states, it has the characteristic of 'a meeting, but a meeting which involves surprise and conflict' (Ahmed 2000, 6) and we are confronted with these types of meetings in our everyday lives. Encounters with pain are also possible because the "improper" non-normative bodies of these artists are not 'closed and invulnerable,' characteristics attributed to the white male body by modernist discourses (Shildrick 2000, 217). What emerges from Flanagan is the need to fight the pain of a physical disability and the mental pain it implicates, while for Opie there are at stake different types of disability and pain that are caused by the social environment. Following their lived experiences and their works, the engagement with disability, mental distress and pain will be explored through more than one perspective in order to take into account social and material causes. I will proceed to

analyse some of the work and lived experiences of Bob Flanagan and Sheree Rose, while in the second part of the paper I will discuss some of Catherine Opie's works.

## Bob Flanagan/Sheree Rose: Supermasochist Challenges

Bob Flanagan (1952–1996) and Sheree Rose (\*n.d.) worked together from 1980 until the 1996 death of Flanagan from cystic fibrosis. Their work consists of performance, text, and video: all of them investigates sensitive issues like illness, sex and death. Flanagan and Rose's work is shaped by Flanagan's lived experience of disability and by the lived experience of their 24/7 S/M relationship.<sup>3</sup> Originally Flanagan has a background as a poet and he works with stand-up comedy and folk music as well, incorporating some of their elements in his performances and visual artworks. Rose is a photographer, video artist, and performance artist; since 1980 she has photographed the underground communities involved with piercing and S/M. Rose is not only Flanagan's partner and pain-giver dominatrix, but she plays an important part in his artistic and political development and in their artistic activity since the moment they met (Jones 1998, 325–326). Public/private spheres are hybridised, and gender roles and sexualities challenged through a poetic of BDSM.<sup>4</sup> In day to day life as well as in their work, Flanagan is slave to Rose practicing, in his own words, a 'gender demolition' (Flanagan quoted in Jones 1998, 233). While he is in full control<sup>5</sup> of every action of the performances through the pre-scene negotiations that render the practice consensual, in their works 'the S/M confusion of passive and active positions becomes a confusion of gender polarities as well' (Jones 1998, 233).

Flanagan and Rose play with masculinity and femininity, questioning them through their S/M. Pain is used by the artists to interrogate these normative gender roles, and normative sexuality in daily life and in sadomasochistic practices. Flanagan's male body is at the centre of the artistic practice, at the same time as a supermasochist superhero and a disabled man. The poem *Why* (presented also during some performances) explains:

*because it flies in the face of all that's normal (whatever that is);*

*because I'm not normal;*

(...)

*because, as somebody once said, HE'S GOT MORE BALLS THAN I DO;*

*because it is an act of courage;*

*because it does take guts;*

*because I'm proud of it;*

*because I can't climb mountains;*

*because I'm terrible at sports (Flanagan and Rose 1997, 59).*

Normative masculinity is contradicted: at the same time he can take the pain of disability and of S/M “like a man”, but he cannot play sports or do other hegemonically masculine activities. It must be noted that ‘in mainstream literature, film, and theatre, disability often serves as a metonym for emasculation’ (Sandahl 2000, 97). Usually, this emasculation could lead to a deficit of masculinity and power, but also could invest the protagonist as a temporary painful rite of passage: both feature male disability as ‘powerlessness, asexuality, masochism, medicalization, and infantilization’ (Sandahl 2000, 97). Flanagan openly confronts this scheme of disabled masculinity by showing the power and sexuality of the disabled, when society and studies on disabilities/sexualities/gender tend to neglect the issue and/or consider it as absence for different reasons (Shakespeare, Gillespie-Sells and Davies 1996). The poem, thus, highlights the contradictions that Flanagan embodies with his mixture of stereotypically stoic masculinity and a body that is far from the one ascribed to hegemonic masculinity.

Hegemonic masculinity, along with patriarchy and heteronormative pleasure, are challenged through pain. Hegemonic masculinity ‘embeds physical strength, endurance, youthfulness, and an absence of messy bodily functions’ (Hladki 2005, 275), qualities that are overall contradicted by Flanagan. Performances like *YOU ALWAYS HURT THE ONE YOU LOVE* (1991) where he nails his penis to the stool he is sitting on while telling jokes, or *Nailed* (1989), where he sews his penis inside his scrotum and then he nails it to a wooden board (amongst other self-inflicted mutilations) illustrate how Flanagan sees castration as ‘the ultimate extreme of everything I do or fantasize about. It’s the ultimate way to go’ (Flanagan quoted in Jones 1998, 234). His economy of pain and pleasure shatters the penis/phallus with the metaphors of normative masculinity, promoting the recognition that other embodiments of – joyful – masculinity exist and are lived within complex dynamics.

Moreover, the ultimate consequences of using the lived experience of disability, corporeality, and desires are not just the questioning of hegemonic masculinity, but also of the stereotype of the male artist.

Flanagan's artistic practice involves his illness through-and-through. Cystic fibrosis is a highly disabling chronic disease. In 1995, when the illness manifests itself in a more and more severe way, Flanagan writes his *Pain Journal*. In it, he records also the medicine he has to take to manage his illness and his depression, along with his response to them. For example, in February he annotates: 'I don't know when the last time was that we had sex. I say that because I'm watching two people fuck on TV. Sheree and I are close, yeah-closer than ever, in some ways-but physically we don't know where to start. Anti-depressants? Maybe. Good excuse. But I still can't shake my depression' (Flanagan 1995a). These responses are entangled with his reactions and reflections on the inability to engage with sadomasochism anymore. Both the diary entries and some parts of the documentary *Sick: The Life and Death of Bob Flanagan, Supermasochist* (1996), directed by Kirby Dick (with footage by Sheree Rose) highlight the distress of not being able to take sadomasochist pain anymore because of mental (depression) and physical pain (from the terminal stage of cystic fibrosis). In March he writes:

[I] found myself mulling over why it is I don't like pain anymore. I have this performance to do on April 1st, and I'm shying away from doing or having S/M stuff done to me because pain and the thought of pain mostly just irritates and annoys me rather than turns me on. But I miss my masochistic self. I hate this person I've become (Flanagan 1995b).

He is not able to identify with the person who has lost the grip on pain because of illness and depression and cannot perform sadomasochism to engage with pleasure through pain. Having control over one's own body is central in this excerpt of the entry written in April:

Felt disoriented and depressed through most of it [a performance he did], as I feel disoriented and depressed through most everything these days.(...) I want her [Sheree Rose] to put dozens of alligator clips on my dick and balls, but I don't know if I'd freak out or not. I can put a couple on myself. It hurts like hell

but most of the time I can hold on until the pain subsides and I get kind of a rush. But can I take it when she's [Sheree Rose] in control? The ultimate question (Flanagan 1995c).

As he said, 'the masochist has to know his/her own body perfectly well and being in full control of their body in order to give it to control to somebody else or to give control to pain, so the masochist is actually a very strong person and I think some of that strength is what I use to combat the illness' (Dick 1996). All his performances are, in one way or another, driven by the urge of coping with the physical and mental pain caused by disability. In *Superman* (a piece written in 1990 that echoes his epithet of supermasochist) he writes as, through the role of slave, in reality in S/M performances he is playing the master with his disease: 'in a never-ending battle not just to survive but to subdue my stubborn disease, I've learned to fight sickness with sickness' (Flanagan 1990). It might seem a discourse tainted with the overcoming narrative of disability, but instead one may see Flanagan using pain against pain in order to function, a word that he uses himself in Dick's film. Siebers too uses tentatively the verb "to function" as pivotal for the life of disabled people (Siebers 2001, 750), which entails knowing their/our disabilities and bodies in order to be able to live their/our lives. Losing the knowledge/control of his own body and disability, Flanagan is questioning (along with Rose in the last part of the film) his masochism.

The last part of Dick's documentary shows Flanagan dying. In a particular sequence he suffers unbearable pain and confusion caused by the imminent reality of his own death and he is saying, sitting on his hospital bed and barely breathing, 'Am I dying? I don't understand it. What is going on? This is the weirdest damn thing' (Dick 1996). This is one of the most unsettling moments of all Flanagan's *oeuvre*, along with the film sequence where Flanagan painfully coughs and with the diary entries. These moments are even more transgressive than the S/M performances *per se*. This is because the corporeality of disability and pain confronts everybody's lived experience. Siebers reports that 'only 15% of people with disabilities are born with their impairments. Most people become disabled over the course of their life' (Siebers 2001, 742). In fact, non-disabled people could be referred to as TABS, which means Temporarily Able-Bodieds (Wendell 1996, 61). Flanagan belongs in this 15% because of the genetic condition he was born with.

He confronts the viewer with his own pain, with his own disability and the ways he represents them as his lived experience. He addresses the viewer with illness, disability, pain, death: there are not many things as uncomfortable as the reality of pain, disability and the social stigma attached to the disabled body. As Siebers says 'the prospect is too frightening, the disabled body, too disturbing', but 'the cycle of life runs in actuality from disability to temporary ability back to disability' (Siebers 2001, 742). Following Siebers' problematisation of social constructivism and new realism in disability studies (2001), I agree that the corporealities of disability can provocatively question that 'the disabled body represents the image of the Other. In fact, the able body is the true image of the Other' (Siebers 2001, 742) because of the immanent and material reality of illness, pain, and disability of the body-mind. With the documentary and with the journal, Flanagan, Rose and Dick produce works about disability with the use of methods that are 'deliberate and detailed, as if they are trying to get people to see something that is right before their eyes and yet invisible to most. The testimony of sufferers of disability includes gritty accounts of their pain and daily humiliations – a sure sign of the rhetoric of realism' (Siebers 2001, 747).

In a metaphorical sense, Flanagan is also part of the other 85%, because of the "acquired sickness" (the "perversion" and pain of S/M). The normative discourses (e.g. American Psychiatric Association 2013) on sexuality stigmatise and pathologise BDSM. He reclaims it as a way to cope with his sickness (the disabling chronic illness). He embodies the questioning of the boundaries between ability and disability, pleasure and pain, the inescapable materiality of the body, the consequences of biopower on the body and the resisting practices against biopower. Rose and Flanagan play with and question the social stigma attached to sexual practices and the stigma attached to illness and disability. The tool used to question stigma is pain: the performances with S/M that deploy pain and the representation (through Dick's documentary film, video, photos and texts) of physical and mental pain.

Flanagan shows the sexuality of the disabled through the reappropriation of the discourse of illness and the medical and cultural discourses of sexual deviance. Reverse discourses are also practiced through the reappropriations of words used in derogative ways. Flanagan reclaims the words "sick" and "sickness" both from the angle of the chronic illness-induced disability and the one of the BDSM com-

munity. These reappropriations carry socio-political value and counter-normative purposes. With these reverse discourses, disability and sadomasochism, as Foucault would argue, start to 'speak in [their] own behalf, to demand that [their] legitimacy or "naturalness" be acknowledged, often in the same vocabulary, using the same categories by which [they were] medically disqualified' (Foucault 1978, 101).

In *Sick*, there is a telling conversation between Flanagan and his brother, where the latter states how in shock the whole family was when they discovered Bob's S/M practices, which made his brother's homosexuality seem conventional. The shock was mainly caused by the disabled Flanagan playing with harmful and potential deadly practices. Since 'representation itself [is] a primary ideological force' (Siebers 2001, 739), the reappropriation of the representation of the freak, the sick, the strange is a conscious political move. Flanagan shows the life and death and pain and joy of the disabled. He shows his lived experience, he wants the viewer to deal with it. Garland-Thomson argues that 'disability is the unorthodox made flesh' because it refuses 'to be normalized, neutralized, or homogenized' (Garland-Thomson 1997, 23). Therefore the reappropriation of the discourse of the sexual minority practices like BDSM as "sickness" has a political and cultural implication of confronting (in a way, more than his brother's homosexuality) the supposedly normative, penetrative, genital sexuality of heterosexuals, the obliterated sexuality of the disabled, and the representation through reappropriation of the sexuality of the disabled seen as deviant.

Another performance troubles the boundaries between sickness and health, private and personal realms, putting at the centre Flanagan's lived experience. *Visiting Hours* is a one-person museum show, first exhibited at the Santa Monica Museum of Art in 1992. It was presented again in 1994 at the New Museum of Contemporary Art in New York and in 1995 at the Museum of the School of Fine Arts in Boston. In the documentary there are some excerpts filmed at one of these exhibitions, where Flanagan is in a real hospital bed, dressed with a hospital dressing gown. The public enters the museum-made-hospital in the visiting hours to be part of the exhibition/performance. Flanagan can be approached by the viewers/visitors: he answers questions and chats amiably with the journalists and the public alike. The artist positions himself as a sick relative or friend that you visit because he is unwell. The viewers, in turn, become like relatives or friends of the artist. The reaction of the public is varied and, at the end, unpredictable. A woman,



for example, is seen on screen as struggling to maintain her composure and to find the words to express her dislike in front of Flanagan, before rushing away with what one assumes is a sense of aversion. The effect of realism is uncanny because Flanagan does not simply stage a performance about illness and death, but he lives it with his disabled body. Once again, he transgresses the boundaries of what is supposed to be lived in private and what is apt to be lived in public: the feminist anthem of the “personal is political” resonates with his *oeuvre*. His representation forwards the idea of the pain of the disabled as eminently political, and not just as individual and private. There is the need to pinpoint first that not all disabled people are in pain; second, as studies on pain report, ‘pains are said to be *private* to their owners in the strong sense that no one else can epistemically access one’s pain in the way one has access to one’s own pain, namely by feeling it and coming to know one is feeling it on that basis’ (Aydede 2009); and third, that there is no two people with the same kind of disability that ‘have the same medical problem or political interests’ (Siebers 2001, 743). As Siebers says,

The struggle for civil rights is completely different from the usual process for people with disabilities because they must fight against their individuality rather than to establish it – unlike political action groups based on race and gender. Consequently, the greatest stake in disability studies at the present moment is to find ways to represent pain (Siebers 2001, 744).

Flanagan is representing his pain through his lived experience of a man with cystic fibrosis, whose life has been subjected to recurrent hospitalisation, medicalisation of his body and his mind, and several threats of imminent death. This confronts the audience openly, not asking for compassion, but asking to question their own lived experiences of pain and illness, or lack thereof.

As stated earlier in the analysis of Flanagan’s masculinity, Flanagan and Rose destabilize the conventions of heteronormative masculinity and femininity. Rose does not embody the stereotype of femininity as carer/caring, submission, fragility neither in the performances nor in the day-to-day life with Flanagan. She embraces the role of dominatrix in the S/M relation, challenging the conflation of emphasized femininity with submissive behaviour. In the documentary *Sick: The Life and Death of Bob Flanagan, Supermasochist* (1996) Flanagan is overwhelmed by

the pain of the illness and does not want to engage with sadomasochism with her, and they are both aware of the toll that disability is taking upon their relationship. Flanagan, for example in the *Pain Journal's* excerpts quoted above, acknowledges Sheree's distress. In the documentary, Rose's reaction might seem rather uncommon when she says to him: 'if you still love me you'll submit to me.' However, she is performing properly her role by trying to stimulate the masochist to engage with pain. It could be seen as a sort of "ethic of care of the dom/me" by helping the partner regaining his submissive role that has been crucial for dealing with his pain. Originally, the ethic of care (Gilligan 1982) has been praised, for instance, for stressing the human reality of interdependence, but it has been criticised for essentialising womanhood, for being heteronormative (as the site of care is assumed to be the heterosexual nuclear family), and oppressive for carers (paid and unpaid) and cared for (disabled and elderly) (Lister 2003). In this particular case, this reading against the grain of the ethic of care might be suitable to see how it is possible to regain agency, control, and independence through interdependence. Rose does not grasp nor share her partner's physical and mental pain, but she is willing to come in his direction, she is willing to take on again the role that makes him feel alive and in control through S/M's pain. It is undeniable that their relationship is made stronger by S/M.<sup>6</sup> She is seeking an encounter with his pain, the unbearable pain of the cystic fibrosis that is killing him, through the pain of S/M. Ahmed says 'pain encounters, or encounters with pain, are crucial to how we inhabit the world in relationship to others; pain encounters involve the animation of the surfaces that both separate us from others, and connect us to others' (Ahmed 2002, 25). She wants to help him to get away from the solitary confinement of his disabling pain and the way she does it troubles the normative prescriptions of femininity.

Moreover, Flanagan and Rose trouble and expand representational regimes. Siebers argues that 'the disabled body changes the process of representation itself. Blind hands envision the faces of old acquaintances. Deaf eyes listen to public television. Tongues touchtype letters home to Mom and Dad. Feet wash the breakfast dishes. Mouths sign autographs' (Siebers 2001, 738). Flanagan and Rose might add to this linguistic and representational challenge that supermasochists with cystic fibrosis and their dominatrixes "pleasure" pain and 'FUCK THE SICKNESS' (Flanagan and Rose 1997, 58).

Garland-Thomson questions Flanagan's self-representations as appropriative of the exotic (or transgressive) mode of representation (Garland-Thomson 2001, 358). It is one of the four modes of representation (along with the sentimental, the realistic and the wondrous) that she highlights as being used in the visual rhetoric of disability in photography and popular culture by modern capitalism for various purposes (Garland-Thomson 2001). The exotic mode to Garland-Thomson serves to 'counter unequivocally the rhetoric of sentimentality and renounce even the admiration of wondrous' (Garland-Thomson 2001, 358). Sentimentality is seen as the 'manifestation of suffering' (Garland-Thomson 2001, 341), and it is made to inspire fine, 19<sup>th</sup> century's bourgeois feelings that lead to the infantilisation of the disabled (Garland-Thomson 2001, 341–342). The wondrous mode, instead, displays the 'extraordinariness of the disabled body in order to secure the ordinari-ness of the viewer' (Garland-Thomson 2001, 341), for example through the tropes of the monster or the prodigy.

Unlike Garland-Thomson, I find this exotic and transgressive mode of self-representation as functional for political purposes through the reappropriation of the body of the disabled as freak. His self-representation is akin to grotesque realism, where the grotesque body is 'open, protruding, extended, secreting body, the body of becoming, process, and change' (Russo 1997, 325). Flanagan's image of his body is ultimately grotesque as it 'displays not only the outward but also the inner features of the body: blood, bowels, heart and other organs. The outward and inward features are often merged into one' (Bakhtin 1984, 318). As Garland-Thomson argues, Flanagan 'fuses the cultural figures of the invincible superman, the porn star, and the sick person, he combines cape, chains, piercing, and the oxygen mask characteristic of cystic fibrosis to discomfort his viewers' (Garland-Thomson 2001, 358).<sup>7</sup> Moreover, his performances augment, through their conflation, the excesses of the disabled body and non-normative sexuality through the grotesque body. A body, his lived body, that secretes mucus, desires cuts, spill blood, oppose the asphyxiation of the disease by desiring it for pleasure, laughs and lets you laugh at his own death, disease and pain. Or is it your own death, disease, and pain you are laughing at? The discomfort is functional for Flanagan's embodiment and lived experience because, as Siebers says, 'different bodies require and create new modes of representation' (Siebers 2001, 738). There is the need to engage with different representations of Other and many bodies in order to contest the "rhetoric of the One."

Garland-Thomson also finds that the main outcome of the exotic mode of the photographic representation of disability is distance (Garland-Thomson 2001, 358). However, I find that Flanagan's performances have, instead, complex effects, because if the visual characteristic of the performance could be a strange spectacle – both fascinating and repulsive – for the normate viewer, the humour (in the jokes, the facial expressions, the songs and so on) he uses in some of his performances does not distance the public, but draws it closer. The humorous effect is augmented as well by the contrast that is created from the union of the tragic and the joyful, like in the diddle he sings on the notes of Mary Poppin's *Supercalifragilisticexpialidocious* (1964) in a performance:

*Supermasochistic Bob has Cystic Fibrosis*  
*He should've died young but he was too precocious*  
*How much longer he will live is anyone's prognosis*  
*Supermasochistic Bob has Cystic Fibrosis*

*I'm dili-dili, I'm gonna die*  
*I'm dili-dili, I'm gonna die*

*When he was born the doctors said he had this bad disease*  
*That gave him awful stomach aches and made him cough and wheeze*  
*Any normal person would've buckled from the pain*  
*But SuperBob got twisted now, he's into whips and chains*

*I'm dili-dili, I'm gonna die*  
*I'm dili-dili, I'm gonna die*

*Years have come and gone and Bob is still around*  
*He's tied up by his ankles and he's hanging upside down*  
*A lifetime of infection and his lungs all filled with phlegm*  
*The CF would've killed him if it weren't for S&M!*

*Supermasochistic Bob has Cystic Fibrosis*  
*Supermasochistic Bob has Cystic Fibrosis*  
*Supermasochistic Bob has Cystic Fibrosis (Dick 1996).*

The dark humour of the lyrics about illness and death is mitigated – but also enhanced – by the catchiness of the song, which transports immediately to the elated, innocent, positive, encouraging mood of the original. This atmosphere might help to keep the audience closer in order for disability, pain and non-normative sexual practices not to be overlooked because they are perceived to be too intimidating or disturbing. It also might draw the public closer to the complex lived experience of the artist, to function as an encounter with the pain of the Other through humour. Thus the involvement in comedy by the disabled is also important because humour has been historically negatively extracted from impairments (Clarke 2003). Therefore, the supermasochist's humour has a political potential: 'an important part of the [disability] movement has been to reclaim humour – to laugh at disabled people not as victims but as role models' (Hasler 1993, 2). This type of humour has a moral character and thus it is in accord with the grotesque since 'the object of mockery is a specific negative phenomenon, something that "should not exist"' (Bakhtin 1984, 306). The value of his comedy is similar to the one of other Others (e.g. women, poc, and LGBTQ individuals) as Barnes (1992, 15) argues, because it is able to 'makes sense of the senseless and, most importantly, satirises without rubbishing individuals.' Moreover, Flanagan as Other asserts something that seems to escape to the symbolism assigned to the disabled. Wendell brilliantly states: 'I have concluded that I am always sick and often happy, and that this seems very peculiar in my culture' (Wendell 1996, 63). Therefore, establishing such representations might help reconfigure the discourses on the disabled and the lived experience of disability.

Flanagan exploits the pain of BDSM in order to fight the mental and physical pain coming from his chronic illness. His own body, embodiment and live experience are deployed in his performances that defy the stereotypical representations of the disabled, reconfigure the representation of the sexuality of the disabled and resist the medical discourse of non-heteronormative sexuality. In addition, Flanagan and Rose are able to question normative heterosexuality and normative masculinity and femininity with their lived experience of BDSM that their performances highlight. Ultimately, the representational techniques used by Flanagan activate the viewer for an encounter with pain and confront pain's unsharability.

In the following part of the article, I will look at how Opie is able to use the pain of sadomasochism to fight mental pain and produce a series of interrelations that question the disabling patriarchal society which causes such pain.

## Catherine Opie: Perverting Tensions

I would like to go from Flanagan's lived experienced of pain to the one of Catherine Opie's, shifting from physical disability to social disability and analysing how she uses pain to fight pain. Catherine Opie is a lesbian photographer, born in Ohio in 1961, and currently living and working in California. She has been working for three decades, becoming one of the most influential artists of her time photographing America's social and geographical configurations. She explores the concepts of identity and community, how they interconnect and how they influence each other. One of her most popular works is the series *Girlfriends*, shot from the mid 1980s throughout the 2010s. Friends and lovers are the subjects for her camera, through which she documents LGBTQ, BDSM, and artistic subcultures in a profoundly intimate and honest way. The settings and the compositions are informal and spontaneous, revealing how much Opie is a part of those cultures.

In 2008–2009 the *Catherine Opie. American Photographer* solo mid-career survey has been exhibited at the Solomon R. Guggenheim Museum in New York. The specification of the title as American photographer recalls some of her great American predecessors and influences, like 'Walker Evans' 1938 *American Photographs* exhibition at MoMA and Robert Frank's 1958 book *The Americans*' (Zellen 2009, 76). The portraits' series of communities and individuals (which are not limited to the queer scene but they comprise also, for instance, football players and surfers) remind of photographers like Walker Evans (for the attention at the American subcultures), August Sander and Bernd and Hilla Becher for the approach of the typological catalogue (present also in her landscapes, freeways and minimalls series). Her photography has always been informed by the need to document, describe, catalogue: 'since a very young age I've had this drive to describe...to document. (...) It's just this intense desire to catalogue and archive the people and the places around me' (Opie in Reilly 2001, 87). In addition, she brings into play art history with mastery: 'there's a seduction that happens, (...) I use all of the classical tropes of art. They allow people to enter the work, and to look at something they might not otherwise look at' (Opie quoted in Dykstra 2008, 132). This strategy is particularly evident in three self-portraits that in the exhibition are set in a small space of the Guggenheim, an 'alcove' as Dykstra reports (Dykstra 2008, 132), and that are in dialogue with one another. She deliberately adopts Hans Holbein's visual strategies in order to give authority and formal decorum to unconventional sub-

jects through the saturated monochrome backgrounds and stylized formality. The purpose is to shift towards a more traditional portraiture (compared to the *Girl-friends* series, for example), and, in order to achieve this, she resorts to Holbein as an ‘influence behind the color and the gaze’ (Opie in Reilly 2001, 90). Recalling her own lived experience, she says ‘my own experience of being bald, tattooed, and pierced was that people were scared of me’ (Opie in Reilly 2001, 90). Therefore, she tries to represent the Other – e.g. the SM community, transsexuals, transgenders, gays, lesbians, transvestites – differently in order to defy stereotypes and regain a certain representation that gives the respect and dignity that have been missing in culture and society at large. Thus, to do so, she resorts to some strategies adopted by Renaissance painters, while, in the meantime, she highlights the identities of her sitters. This representational strategy is present also in her self-portraits.

In *Self-Portrait/Cutting* (1993), for example, there is a reminiscence of the tradition of the female nude seen from the back, and, through the rich damask background and the solidity of the figure, the great sixteenth century painters of official portraits of royals and eminent personalities. On Opie’s bare back blood is still dripping from the cuts that draw the simple, stick-figures pictures of two women holding hands, with, in the background, a house with a smoky chimney, and sun, a cloud and birds in the sky. It reminds the children’s pictures of a happy family portrait and its sweetness and innocence. Opie’s head is positioned at the joint of two of the festoon of fruit and flowers waved on the fabric of the background: this expedient establishes symmetrical rigor that leads to a calm and firm sensation of the composition; this choice of sombre coloured background with the abundance of such fruit and flower decoration symbolically mirrors the subject’s frustrated desire for a prosperous union. The emptiness of the composition of the photography is a stylistic device used by Opie in various series in order to symbolize loss with different purposes (Opie in Reilly 2001, 94). The desire for kinship and the pain for the loss of it emerge on the skin of the subject through the use of physical pain. In fact the picture has been shot when the relationship with her former girlfriend ended and Opie questioned herself and her longing for a family and for marriage (Dykstra 2008, 132).

I would like to elaborate on the personal, lived experience of Opie’s pain and distress, in order to embrace the communitarian and identitarian sense that all Opie’s series intimately possess. The lived experience of the LGBTQ community

have been affected and shaped by the difficulties, the distress and the struggles of fulfilling also intimate desires such as kinship, marriage, family, and children. The picture reminds viewers vividly of the lack of the legal rights to form a non-heterosexual family in most parts of the world. In this sense, patriarchal society is disabling, it causes pain, a pain that is borne by the body of whoever does not fit the heteronormative prescriptions not merely virtually – everyone is not coherently able to embody the heterosexual norm without any contradiction – but critically – the queer embodiments that critically fail to approximate such norms (McRuer 2006, 30). Rich points out how ‘social relations of the sexes are disordered and extremely problematic, if not disabling, for women’ (Rich 1980, 632–633). Moreover, the scholar states that compulsory heterosexuality is a system ‘through which lesbian experience is perceived on a scale ranging from deviant to abhorrent, or simply rendered invisible’ (Rich 1980, 632). Homosexuality, until 1973, has been classified in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association 1973) as a mental disorder. The legacy of this classification still continues: as Meyer says ‘this heritage has tainted discussion on mental health of lesbians and gay men by associating – even equating – claims that LGB<sup>8</sup> people have higher prevalence of mental disorders than heterosexual people with the historical antigay stance and the stigmatization of LGB persons’ (Meyer 2003, 674). Then the pathologisation of homosexuality continues both in the medical field and in the social imaginary. Meyer (2003) elaborates a variant of the social stress theory through many sociological and social psychological theories, called minority stress. This model illustrates ‘the excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority, position such as the LGB population’ (Meyer 2003, 676). The conclusion of Meyer’s study is that the LGB population has a higher rate of mental disorders and distress than the heterosexual one because of social stress (e.g. discrimination, prejudice, stigma, internalized homophobia).

The picture carved on Opie’s back could lead in different directions towards different positions in the LGBTQ community itself, not just in society at large, on the issues of marriage and parenting. McRuer highlights how ‘indeed, many people considering LGBT rights at the turn of the century (including many LGBT people themselves) are still surprised to learn that queer communities have actually been deeply divided over the issue of gay marriage’ (McRuer 2006, 79). There are



mainly at stakes the “equality” discourse, embarked through the politics of assimilation; and the “diversity” discourse, that rejects the assimilationist stance. Therefore there are other threads at stakes in the lines dripping bloods on Opie’s skin: the pain stemming from the disabled condition of not having equal rights, the pain rising from the divisions inside her own LGBTQ community, the pain and distress of struggling for other configurations of kinship and society, the pain of sacrificing live experiences and embodiments by entering the normalizing mould of marriage in order to advocate for equal rights and equal treatment. Normalisation is one of the weapons of power (Foucault 1979, p. 184), therefore same-sex marriage for the LGBT community portrays, not just the fulfilment of a human right, but the risks connected to endorsing forms of social control. Cott (2000) argues how the history of (Christian-modelled monogamous) marriage in U.S.A. is imbricated in the formation of America as a nation and of its values. Cott contends that marriage is both a private and public establishment and the state uses this institution to accomplish its own aims. Historically, the roles of husband and wife have been shaping their citizenship: marriage is a tool ‘through which the apparatus of state can shape the gender order’ (Cott 2000, 3). The result of this shaping has detrimental and discriminating consequences for women.

*Self-Portrait/Cutting* is a reflexion in embryo that precedes the later *Domestic* series (1999), where she travels around the U.S.A in a RV to photograph lesbian couples in their homes. It is an experience for Opie to ponder about what a family is. One of the outcomes of the deep learning experience this project gives her, apart from the renewed compelling interest in her own lesbian community, is that ‘the lesbian domestic couple doesn’t necessarily have to be based on the heterosexual model’ (Opie in Reilly 2001, 87). Rich would argue further by saying that ‘lesbian existence comprises both the breaking of a taboo and the rejection of a compulsory way of life’ (Rich 1980, 649). The breaking with the heterosexual matrix is taken further by other ways of embodying relationships and Opie’s representations of that is a powerful one. Another series that progresses the meditation on same-sex couples and parenting and that documents the lived experience of kinship is the autobiographical *In and Around Home* (2004–2005). In these pictures she portrays the day-to-day life of her family (her partner and her two children) in her home, and glimpses of the political election and social and political debates have a part in the representation. In 2006 she comments upon this series:

Should I be complacent at this point because I'm living my American Dream? And I feel that as an artist it's my responsibility not to be completely complacent, to try to create a weave of complexity through images and looking at the world, and ideas of the history of photography as well as the history of culture... and to still stay really aware of that and give that back to an audience (Opie quoted in Guggenheim).

The complexifying intentions and the refusal of complacency are present in *Self-Portrait/Pervert* (1994). In it, Opie is sitting quietly on a chair in front of another rich and finely decorated background. She is wearing leather hood and pants, on her bare chest the word "pervert" is carved with an elegant script that matches the elegance of the backdrop, on her arms are symmetrically inserted forty-six needles. The composition is minimal, but the curve of the lines is controlled and balanced, not dissimilar to the one of an official portrait of a Renaissance master painter and that confers an extreme dignity. *Pervert* recalls the series she shot of the BDSM community and incorporates the formal elements of other more formal portraits like *Cutting*. The solidity, symmetry, and dignity of the subject is reminiscent of Holbein the Younger<sup>9</sup> (1497/8–1543). It especially has consonance with the *Portrait of Charles de Solier, Lord of Morette* (1534–1535) for the frontal disposition and the sultry quality of the blacks, but also the solidity and strange calm displayed by the portraits of Henry VIII. The simple draping of the textile on the background reinforces the elegant symmetry of the whole composition. As said before, the references to Holbein reinforce the sense of solemnity and power of the representation.

Opie commented on the making of *Pervert* as 'an anguished reaction to the AIDS epidemic, as well as a cry against the "normalizing" of gay and lesbian communities' (Dykstra 2008, 132). The bareness of the composition that does not include anything other than the subject and the background reinforces the sense of loss – a feeling present in many series – that her community and her generation has experienced from the AIDS epidemic (Opie in Reilly 2001, 94). This is part of the minority stress theorized by Meyer (2003) suffered by the LGBT community and its members. They have been accused, stigmatised and discriminated for the disease. In addition, they have been suffering the pain of losses of family, friends and members of such community, but also the lack of appropriate (medical, social and political) care and support for the sufferers of HIV and AIDS.

The artist reports how the mainstream lesbian community does not fully accept the S/M scene, and that her self-portraits as well as her studio portraits are meant, also, to ‘expand the idea of lesbian identity’ (Dykstra 2008, 132). The portrait is a statement of identity and a way to counter effects of the distress and the pain of being stigmatised in one’s own subculture, and not only in society at large. She regains positive control over the representation of lesbian and S/M sexuality using the efficacy of the reverse discourse, seen also in Flanagan. The word “pervert” is cut on the skin to embody the reappropriation of the word by the BDSM community. As said before, the LGBTQ community has a painful history of medicalisation and discrimination. In addition, the control of sexuality has been exerted also through the medical classification of certain practices as deviant. Practices like sadism and masochism are still defined as paraphilias in the *Sexual and Gender Identity Disorder* chapter of the *DSM-IV-TR* (American Psychiatric Association 2000). This definition as mental pathology is inherited by Freud’s and Kraft-Ebbing’s views of S/M. While in the *DSM-III* (American Psychiatric Association 1987) they are classified as psychosexual disorders *per se*, the *DSM-IV-TR* defines S/M as pathological when the related ‘fantasies, sexual urges, or behaviours cause clinically significant distress or impairment in social, occupational, or other important areas of functioning’ (American Psychiatric Association 2000). In the end, with the *DSM-IV-TR* the medical model of those sexual practices does not shift consistently in order to avoid discrimination and stereotyping; moreover, there is no mention of the difference about a consensual and voluntary practice, and a violent and abusive one. The *DSM V* (American Psychiatric Association 2013) asserts again what is supposed to constitute normophilic sexual interests and behaviours. Amongst the many issues that I do not have the space here to discuss, I would like to highlight how it is problematically unclear around the definitions of distress, impairment, psychosocial difficulties, harm, and risk of harm that differentiate paraphilic disorders from paraphilias (*atypical* sexual interests, urges, fantasies, and behaviours – again, despite the attempt to discern between what might be considered pathological and non-pathological, it is a definition set against “normal sexuality”); other issues are related to its gendered nosological approach and how the access to pornography is an associated feature that supports the diagnosis of paraphilic disorders. The *DSM* still overall reinforces normativity through pathologisation.

Through the stylistic and compositional devices of the picture, Opie also tries to give a new legitimate dignity to her own lived experience as lesbian and to BDSM, using pain to reappropriate her own sexuality and her own body on her own terms, away from the heteronormative matrix, and away from the diktats of part of the lesbian community that seems to endorse just one possible embodiment of lesbian identity and sexuality. Some feminists consider masochism a replica and reinforcement of 'major epistemological and behavioural structure of male dominated societies' (Hopkins 1994, 116). Lesbian feminist sadomasochists and other sadomasochism activists defend their sexual activity as an issue of private matter, but also as concerning 'political identity, spirituality, and epistemology' (Hopkins 1994, 117–118). The part of the LGBTQ community that favours assimilationism for political purposes downplays the different lived experiences. I do not claim that BDSM is the absolute and ultimate practice for gender and sexual subversion, but I argue that it is one possibility through which one can interrogate gender, sexuality, and the encounter with the other. For instance, BDSM could teach simple, practical things that could be of benefit of all kinds of sexual practices: 'vanilla sex [conventional sex] is as much about trust as leather folks attribute to S/M. In fact, I use safe words and I keep clear boundaries of do's and don'ts. The vanilla community should get hip to the fact that just because it's vanilla doesn't mean that safe words aren't necessary' (Hopkins 1994, 135–136). Therefore, Opie is able to create a dialogue through the reappropriation of representations of BDSM and lesbian identities.

The self-portrait that might be seen as completing a triptych with the aforementioned two is *Self-Portrait/Nursing* (2004). Opie is sitting on a big chair in front of a bright red damask backdrop, her shoulders and chest naked, and nursing her son Oliver. The lived experience of lesbian maternity is the focus of the composition, which retains the solidity and dignity of the other two portraits. Another distress suffered by the LGBTQ community is the lack of recognition, rights and representation of their parenting. Normative maternity seems instrumental to serve just the heteronormative economy, and the invisibility of lesbian maternity is consistent to this purpose. The Western patriarchal culture is saturated by the representations and the prescriptions of the Christian maternity, the only ones that seem to be valued. Opie reappropriates and exploits the Christian iconography (which has Ancient Egyptian and Byzantine origins) of the *Madonna Lactans*, the nurs-

ing Virgin. Studies show the political and social implication of the development of this iconography in Tuscan Renaissance (Miles 1986 and Holmes 1997). The artist uses such iconography politically to refocus the viewer on the lived experience of the Other. There are some renditions of the *Madonna Lactans* in popular culture imagery and in art photography. For example, in Cindy Sherman's *simulacra* of the series *History Portraits* there are the *Madonna Lactans* of the *Untitled #216* and the *Untitled #223*, which rely on different qualities and have different outcomes from Opie's photograph. In her self-portrait with her son, Opie's lived experience is functional for the expansion of the kinds of representations for the lesbian and queer embodiments. The sweet closeness that this representation of mother and child has opened up the possibilities of kinship. In addition, breastfeeding is still much debated nowadays. Carter's study examines how 'breast feeding is an overwhelmingly heterosexual subject' (Carter 1996, 116). Representing breastfeeding in lesbian maternity is a counter-normative political move. The lack of abundance of representations in popular culture and in the arts of the variety of lived experiences of lesbians augment the minority stress and impinge the political and social processes. Opie is ultimately a political artist in her series that portray the lived experiences of the LGBTQ community.

In the end, she is an American photographer: she documents American's diverse communities, but, moreover, she commits politically to re-representing the diversity on which the nation was founded.

Opie uses her body, her embodiment and lived experience in the triptych-like self-portraits in order to fight the mental pain and minority stress that the LGBTQ community experiences and that stem from the disabling heteronormative society and the medical discourse on homosexuality and BDSM practices. On her flesh and skin, the carving of the reappropriative word 'Pervert' in *Self-Portrait/Pervert* (1994) questions the normative current of the lesbian community, heteronormative sexuality, and representations of lesbian and BDSM sexualities in patriarchal society and in the medical discourse and represent the mental pain that these entail. In *Self-Portrait/Cutting* (1993) the mental pain stemming from the frustrated longing for (non-heteronormative) kinships and the lack of legal rights for marriage same-sex couples comes out on Opie's skin through the cutting of the drawing of a lesbian couple. The triptych is completed with the performance of lesbian maternity in *Self-Portrait/Nursing* (2004), a lived experience painfully unrecognised

by patriarchal society. The formal qualities taken from the style of the official Renaissance portraiture give the photographs dignity, solidity and symmetry, which ultimately render powerful and eloquent the representation. The representational techniques facilitate the sharing of the mental pain because it comes through the body of the performer.

This article has used the work of Rose/Flanagan and Opie in order to show how sexuality and disability are complexly constructed and how subversive strategies are embodied and enacted in a patriarchal and disabling society that creates pain and distress in the Other, the non-normate. To Garland-Thomson, in our society the normate is ‘the figure outlined by an array of deviant others whose marked bodies shore up the norm’s boundaries’ and also the ‘the corporeal incarnation of culture’s collective, unmarked, normative characteristics’ (Garland-Thomson 1997, 8). In this heteronormative framework, Rose/Flanagan and Opie question the norm’s boundaries. In the artworks analysed, they question normative prescriptions of gender, sexuality, body and embodiment. At the same time, they question through their art practice and representational techniques the unsharability of pain. They both deploy effectively their non-normate bodies and lived experiences (S/M, disabling chronic illness, relationships, desires, pain, distress, lesbian identity, LGBTQ community, lesbian maternity) in reappropriative and reverse discourse techniques in order to fight pain, mental distress, stigma, and discrimination.

## Endnotes

- <sup>1</sup> The use of ‘disabled’ instead of ‘with disability’ is in line with the framework adopted here that favours the social model of disability over the medical model, which deploys the latter wording.
- <sup>2</sup> The poster for the installation by Bob Flanagan and Sheree Rose called *Visiting Hours* (1994) sports the caption ‘Fight Sickness With Sickness.’
- <sup>3</sup> In the BDSM jargon, a 24/7 S/M relationship is a “play” that virtually and ideally never ceases and it is carried on twenty-four hours a day, seven days a week.
- <sup>4</sup> BDSM is a compound initialism consisting of the grouping of various erotic practices, where B/D stands for bondage and domination, D/s for domination and submission, and S/M for sadism and masochism.
- <sup>5</sup> In the BDSM community the debate on who possess the control (for example via safe-words, pre-scene negotiations, or in the dynamic of the relationship) is still open. For an

- example, see in the British online community Informed Consent one of the board post called *Debunking D/S #1 – subs are always in control* (Informed Consent 2012).
- <sup>6</sup> Recent scientific studies have made the claim that positive hormonal changes might occur in couples engaging in consensual sadomasochistic activities and this results in an increased closeness and intimacy of the relationship (Sagarin, Cutler, Cutler, Lawler-Sagarin and Matuszewich 2009).
- <sup>7</sup> See, for instance, the poster for Kirby Dick's film *Sick: The Life and Death of Bob Flanagan, Supermasochist* (1996).
- <sup>8</sup> The diction in Meyer (2003) is "LGB" and not, for instance, "LGBTQ". Transsexuality is still considered nowadays (American Psychiatric Association 2000) a mental disorder and classified as gender dysphoria under *Gender Identity Disorders*. The medical model of trans\* is highly contested. Furthermore, I do not intend to elide trans\*, queer and questioning individuals by using this study, but only to point out this specific variant of the social stress theory that might also be valid to talk about their experiences.
- <sup>9</sup> Hans Holbein the Younger (1497/8–1543) was an important painter and printer of the Northern Renaissance, best remembered for his religious commissions and the portraits of royalty and prominent figures of his time.

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