

Performing the Pain: Opening the (Crip) Body for (Queer) Pleasures
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Abstract: With a view to interdisciplinary dialogue(s) between queer theory and disability studies, this article discusses the work of Bob Flanagan and his partner Sheree Rose. Specifically, it focuses on their queer S/M practices as a strategy of negotiating disability/pain, but also as a practice redefining notions of (disabled) embodiment. It also discusses Flanagan and Rose's queer/crip politics as an opening for "desiring disability."

Key Words: queer theory, pain, crip

What kind of pain is it? Where and how does it hurt? These are the questions we ask when confronted with pain, in an endeavour to localize, characterize, and define the pain we experience. Central to the questions is the Cartesian binary, issuing a call to our intellectual capacities to explain what is happening to the aching body (Leder, 1998; Bendelow & Williams, 1995). As such, the questions reveal the concept of pain that predominates in modern culture and the ways in which we think about pain. In his classic book *The Culture of Pain*, David Morris (1991) puzzles over the lack of knowledge about pain that, in his assessment, represents the most significant illiteracy of Western culture. In his argument, Morris opposes the tendency to strip pain of its cultural and social relevance. Similarly, Bendelow and Williams (1995) are critical of the tendency to localize pain within specific bodily parts and perceive it *solely* as a result of "an elaborate broadcasting system of signals" activated by a failure or dysfunction in the machine of a human body and its organs, rather than understanding pain as "shaped both by the individual and their particular socio-cultural context" (p. 140). To many, such attitudes to pain are emblematic of its medicalization.

Pain undoubtedly "belongs to the most basic human experiences that make us who we are" (Morris, 1991, p. 1). In concert with the critique towards its overt medicalization, and foregrounding the importance of thinking pain in its relation to social interactions and individual location, the following text explores the art-work and performances of Bob Flanagan (1952 – 1996), often dubbed the pain artist, pain man (Carr, 1997), or the artist Who Fashioned Art From His Pain (Smith, 1996). Bob Flanagan was an artist, a writer and a performer, whose artistic production was carved around two intricately intersecting subjects of physical disability and erotics. He lived with cystic fibrosis (CF), enjoyed S/M play¹ and fashioned his artistic persona as The Supermasochist (Juno & Vale, 1993). The CF and S/M are thus two very particular locations from which Flanagan and his partner, and dominatrix, Sheree Rose, address pain and pleasure. In other words, in their work (and play) pain and pleasure create two inseparable components indicating that CF and S/M (i.e., disability, sexuality) are negotiated as mutually contingent locations.

Thus, Flanagan's work highlights many of the synergy effects occasioned by the dialogues between queer theory and disability studies. "Perhaps the most significant similarity between these disciplines," Carrie Sandahl (2003) notes, "Is their radical stance towards concepts of normalcy" and the fact that both domains "argue adamantly against the compulsion to observe norms of all kinds" (p. 26). Disavowing normalizing efforts, queer theory embraces the

denigration and the stigma attached to “other” sexualities and signifies a novel identity politics that – as Butler (1993) phrases it – construes “a site for collective contestation” of the present and the past (forms of identity) as well as a starting point for (its) “futural imaginings” (p. 228). In analogy, Flanagan’s work embraces the abjected disability. And while the sexual practices of S/M enable Flanagan to transform his physical pain, his engagement with queerness exceeds his individual body (in pain) and stretches to the level of the socially inflected pain of stigma. The transgressive potential of Flanagan’s queer gesture thus lies precisely in embracing the *disability* and *sickness* to become Sick/Crip.²

Queering pain/disability in Flanagan’s S/M performances entails conjoining pain/disability with desire, or even outright “desiring disability” (McRuer & Wilkerson, 2003, pp. 13-14), which challenges and eventually collapses the ablist logic of the question: “In the end, would you rather *not* have cystic fibrosis?” (cf. McRuer, 2006, p. 8; emphasis added). Flanagan’s love of (some kinds of) pain, and his provocatively ostentatious reveling in being S/sick is a part of his “crip resignification” (McRuer, 2006) of disability. That is to say, queering disability establishes the ground on which sickness can be embraced, desired, welcomed and “crippled.” It is the (sexual) desire and pleasure that the CF marked body brings to Flanagan and his mistress that transforms “disability” into self-affirmative crip position. Flanagan’s form of desiring disability is a form of the future imaginings Butler has envisioned in critical queerness; it suggests that “another world [might be] possible” (cf. McRuer & Wilkerson, 2003) – that is, a “crip” world beyond the norms of “compulsory able-bodiedness” (McRuer, 2006).

Visiting Bob

Discussing intersections between the queer and crip positionalities, I have foregrounded their shared challenge to normalization and disciplination of both sexuality and disability. Politics of visibility count as one of the most powerful vectors of disciplination of (disabled) bodies (cf. Foucault 1979; Garland-Thomson, 2001). It is also the site where queer/crip reconfigurations most acutely occur. Hence, I commence with discussing Flanagan’s crippling the politics of visibility and his challenges to the (medical) gaze.

As an introduction to Flanagan’s art of pain and pleasure, we might tour one of Bob Flanagan and Sheree Rose’s best-known and biggest museum installations, *Visiting Hours*, which opened in Santa Monica Museum of Art in 1992.³ The exhibition starts in a “waiting room,” and though references are made to a hospital setting, soon enough it is clear that Flanagan and Rose initiate the visitor into a very different version of a hospital. Sitting down on the waiting room couches, the visitor finds the usual magazines splayed out on the end table. Children’s magazines on first sight, on a second, however, they give out the clue to the difference of the cure this hospital offers. It is not cartoons but S/M visuals that one finds between the covers. Posters of S/M instruments that hang on the walls next to the medical images that adorn the room. Cacti in suggestive phallic shapes with no less suggestive thorns stand in one of the corners.

Already the naming and the structuring of the show (“visiting hours,” “waiting,” and “hospital room”) position us as “visitors,” making it clear that our initiation into Flanagan’s pleasure and/in pain involves a dialogue with medical discourse and, in particular, with medical

ways of seeing and disciplining a subject's body as an object of medical investigation and cure. (Different/Crip) visualization of pain/disability therefore represents one of Flanagan's strategies of countering the medical gaze. Gaze is also a key component of the S/M practices and erotic investigations of the body. As Munster argues, the S/M play practice "is literally saturated by a desire to understand and pose the body as raw material. . . unmediated by the form and consumption of spectacle" (as cited in Hart, 1998, p. 134). Even if we remain fully conscious of the utopian streak in the search for the "raw" and "unmediated" material of the body, it is possible to perceive Flanagan and Rose's erotic and S/M performances as (crip) investments in reinventing the body outside the medical spectacle and gaze.

An art piece that illustrates this investment is a simple x-ray image of Flanagan's chest. It depicts his cystic lungs, but the familiarity and authority of the medical code of visualization are invaded by the unmistakable shades of nipple piercing. In this piece, two radically different modes of *knowing* and *living* the body in pain collide. The rings in Flanagan's nipples – the visual traits of Flanagan's pain/pleasure – recontextualize his 'disabled' and pained body as a site for 'sick'/'crip' pleasure. An elaborate installation of a 12-foot-high video scaffold is another of the *Visiting Hours*' art pieces engaged in reinvesting visuality of a disabled/pained and yet desired body. It consists of 7 video monitors positioned "where [Flanagan's] face, chest, genitals, hand and feet should be" (Juno & Vale, 1993, p. 96), and each of the monitors runs a video loop of Flanagan's body being whipped, flagellated, slapped, beaten, tortured.⁴

In their different ways, both artifacts speak about the medical gaze and its practice of dissecting bodies into individual and seemingly unrelated parts. While the scaffold counters and appropriates this visual logic of breaking up the body for its own purpose of multiplying the seats of pain/pleasure, the x-ray image of Flanagan's cystic lungs comments on the urge to localize pain in the single (diseased) part of the body. In this respect, Flanagan's commentary strikes a similar ground with scholars engaged in a critique of the "specific centre" paradigm (Leder, 1998) or, as Pedro Laín-Entralgo coins it, a "molecularisation of medicine" (as cited in Cassell, 1992, p. 237),⁵ which perceives the body as a mechanic system and reduces the experience of pain to "an elaborate broadcasting system of signals" (Bendelow & Williams, 1995, p. 140). While the "specific centre" theory reinvents pain as a potentially endless shuttle of electrochemical impulses, it threatens any prospect of inner coherence of the subject's experience of pain (Bendelow & Williams, 1995, pp. 140-146). Similarly, Morris (1991) pleads for reestablishing the ties that link pain to its meaning – meaning that for him emerges "only at the intersection of bodies, minds and cultures" (p. 3). *Visiting Hours* voices a matching challenge to the medical knowledge of pain. The complex meaning of pain, meaning that would enhance rather than threaten "inner coherence" of the experience of pain, and that accommodates Flanagan and Rose's mutuality is found in the queer S/M desire embracing the CF pained body.

Pain as a Practice of Mutuality

So far, I have focused upon the ways in which Flanagan and Rose challenge and crip the medicalized concept of pain. It has been essential to approach pain not as a localized sensation, but rather as a complex emotion encompassing both the body and mind. However, Flanagan and Rose's work bring out a further challenge to our thinking about pain. Their S/M performances highlight that pain is not located solely in/on the individual body, but in contrast involves the

overall situational context and a complex interaction between those who are *in* pain and those who are *out* of pain. In this sense, the performances reveal that pain is a practice, both in the sense of being carried out, as well as in the sense of bringing about some effects, changes, or response. Briefly, pain is both *done* and *does something*. This performative aspect of pain is the subject of my following discussion.

In her book, *The Cultural Politics of Emotion*, Sara Ahmed (2004) addresses this question of what emotions do and comments:

“Emotions shape the very surface of the bodies, which take shape through repetitions of actions over time, as well as through orientations towards and away from others. Indeed, attending to emotions might show us how all actions are reactions, in the sense that what we do is shaped by the contact we have with others” (p. 4).

Inspired by Ahmed’s conceptualization of emotions as performative actions that shape our subject positions, I ask what positions are produced by pain, and how pain ‘shapes the surface’ of social bodies. In approaching pain as cultural and social practice, the question no longer focuses on what pain is and how or where it is felt. Rather, it shifts into the area of what pain does. What effects does pain bring about? Further questions follow: What embodiment does pain produce? How does pain relate to materiality of bodies both in and out of pain? Most importantly, how does the concept of performativity of pain lend itself for queering/cripping?

In the Western, “civilized” cultural context, pain is predominantly referred to as the experience of intense and uncomfortable unfamiliarity, even estrangement from the self. Pain is felt “as something ‘not me’ within ‘me’” (Ahmed, 2004, p. 27). According to Elaine Scarry (1985), this estrangement also encompasses the level of interpersonal and inter-social relations. Pain is not only bodily trauma, it radically affects the possibility of communication. Feeling pain, being in pain, she thinks, is an extreme state of existence that literally shatters the possibilities of language (cf. Ahmed, 2004). Pain, in this sense, represents a “place beyond words” (Hart, 1998, p. 134). On a similar note, Joseph A. Kotarba (1983) concludes his studies into chronic pain by defining pain as a lonely experience; as a feeling that the subject has and others cannot have, or vice versa as a feeling that others have, yet the subject him/herself cannot approach. Again, it is the breach in the possibility of sharing and mutuality that for these authors defines the experience of pain.

Contemplating this strain on interpersonal relations caused by pain, leads Ahmed to recall her mother’s pain. She describes her mode of reaction as ‘living with’ her mother’s pain and as “witnessing it.” The act of “witnessing” was equally important, she says, to her mother’s experience of pain, as well as to herself and to their mutual bond. It transformed the pain from mere sensation into an “event” and gave it “the status of...happening in the world” (p. 29). “Through witnessing, I would give [my mother’s] pain a life outside the fragile borders of her vulnerable and much loved body” (p. 30). Nevertheless, at the same time Ahmed notes: “I lived with what was, for me, the unliveable” (p. 30), thus revealing that not even the acts of witnessing allow her to transgress the estrangement of pain.

But, if pain is a practice, we need to explore how it *does* the estrangement and solitude, and whether there are not new/crip possibilities opening for thinking/living through pain. Ahmed's words offer a clue. Witnessing, perceiving it as an event, Ahmed extracts, transfers her mother's pain *outside* the depths of her body and transforms it into a situation, a happening. In this, pain ceases to be the mere matter of the materiality of her mother's body and comes to *affect* its very materiality, it affects the very way of how her mother's body is turned into "matter" (cf. Butler, 1993). Accentuating, in fact *creating*, the "fragile borders" of the mother's body, pain (re)construes her body's very material presence. The act of witnessing somebody else's pain, then again, is a performative act that affects all involved bodies, both *in* and *out* of pain. Ahmed argues that the sensation of pain is instrumental in revisiting and redrawing the bodily boundaries, the "pain surfaces" (p. 23). Likewise, Lynda Hart (1998) notes that pain intensifies a body's surface and borders (p. 134). It is this increased consciousness of borders between individual bodies that informs the emotion of ungraspability of pain. Against this, I want to reflect on Flanagan and Rose's practices of pain carried out at the intersection of CF and S/M, to argue that their crip investments transgress the isolation and estrangement of pain.

Audre Lorde (1984) has famously argued for the revolutionary power of the erotic; within the context of S/M interactions, the power of erotics radically recontextualizes pain so that it consequently produces different effects.⁶ One of the aspects of this recontextualization concerns modes of embodiment. In contrast to other contexts, in S/M the through pain intensified and emphasized body surface does not mark out the impenetrable territory and the body in pain does not represent a liminal point of strangeness, and of the incommunicable unknown. Rather than a rupture of communality, Flanagan's body affected by CF and pain becomes transformed into a body of shared, eroticized pain that gives pleasure both to him and his dominatrix.

There are at least two aspects that are worthy of further pondering. The first concerns the implications Flanagan and Rose's queer practices of pain raise for the concept of crip embodiment and materiality of bodies. The second centers around the curiously direct and unproblematic link between CF (disability) and S/M that Flanagan, as well as most critical essays on his art, produce.

As to the aspect of embodiment, I have first referred to the characteristic Cartesian mind/body duality which lays at the foundation of the "specific center" paradigm. Secondly, another of the classical pitfalls of the Western concepts of subject/ivity has come to the fore. The literature I referred to when outlining the cultural responses to pain has illustrated that the issue of independence, or conversely, interdependence of subjects is of central importance to our thinking about pain. Both Hart and Ahmed emphasize that in pain, the bodily surfaces become intensified, in fact re-created, while intensely re-lived. We might hence infer that among themselves, Flanagan and Rose retrace, that is *re-construct*, their bodies. Within the S/M performance, the body pained through CF is transformed into a body that gives pleasure as well as pain, both of which Flanagan and Rose share. This line of argument, however, presupposes an important shift in thinking about bodies and embodiment. Both of the bodies (Rose's as well as Flanagan's) need to be seen as situational, defined by encounter and mutual dependency/interaction.⁷ The queer pleasure of S/M deconstructs the borders of their individual bodies. As Janet Price and Margarit Shildrick (2002) have argued, it is the acknowledgement of

“permeability between bodies and between embodied subjects” that might move disability studies forward (p. 62).

I return now to discuss the intersection between CF and S/M. As we have seen, Bob Flanagan provides a curiously straightforward connection between both kinds of pain. For him, the two, even if perceived as two different kinds of pain, appear unproblematically connected and fused in a simple cause and effect pattern. As he repeatedly says, the propensity to search for (and find) pleasure in pain was initiated by the doctor’s own hands (note the jeer) in the very same moment as the CF was recognized:

“[W]hen the pediatrician spanked my ass to get my diseased lungs sparked into life, that also sent a shock through my sphincter, up my tiny rectum and into the shaft of my shiny new penis which ever since then has had the crazy idea that sex and pain are one and the same” (Juno & Vale, 1993, p. 77).

This narrative is duplicated in many of the essays on Flanagan and his art (cf. Kauffman, 1998; Meiners, 1999). However, amid all this, an essential distinction gets lost: in Flanagan’s own narrative, we encounter a strategy of his self-fashioning, or “practice of the self” (Foucault, 1988; cf. with Greenblatt, 1980). As such, it cannot be taken as a matter-of-fact statement. Not only would we take the artist’s own word as a key to the analysis of the work itself; more importantly, this would silence the immense energy and hard work Flanagan and Rose invest in refashioning and in fact queering/cripping pain, their embodied selves and their relationship.

“Why?”

I will open the last section of my discussion with a brief quote from Bob Flanagan’s poem entitled “Why?”

“Because it feels good; because it gives me an erection; because it makes me come; because I’m sick; because there was so much sickness; because I say FUCK THE SICKNESS;...because of Christ and the crucifixion; because of Porky Pig in bondage:... because of cow-boys and Indians; because of Houdini; because of my cousin Cliff...because I had time to think; because I had time to hold my penis;...because I still love Lent” (as cited in Juno & Vale, 1993, p. 64-65).

Obviously, the poem responds to troubled questions about the source for Flanagan’s queer acts of masochism. The answer Flanagan gives here is poking fun in many directions. Even though it lists biographical details that are absolutely credible, perhaps even “true,” and that may well justify “why” Flanagan loves to torture his (disabled) body, as a whole the poem mocks the very urge to rationalize and explain away the “sick” nature of his acts. As the discussion of *Visiting Hours* has already documented, Flanagan *perverts* the logic of cure and of the medical discourse.

“Sick/ness” refers both to Flanagan’s clinical condition, and his excessive sexual activities and his exhibitionism – which, he makes clear, are conditions beyond cure. The ambiguity encoded in the notions of “sick/ness,” symbolizes the joyful dialogue between the queer and the crip. Flanagan’s enjoyment of being S/sick stands in stark opposition to medical

rationality; he expressly does not want to be cured of his sickness.⁸ The hospital, the medical practices to which he has been subjected throughout his life become recontextualised in Flanagan's performances of S/M. Instead of humiliating, hurting etc. they become sensually, sexually and emotionally gratifying. Or, to keep in concert with the S/M logic/erotics, I rephrase: these practices become pleasing as they are humiliating. In *Visiting Hours* Flanagan and Rose put together their alternative version of hospital and alternative treatment of pain and cystic fibrosis. However, a "treatment" that would not be ambitioned to "cure." Bob Flanagan wants to be and to remain Sick!

The alternative treatment Flanagan suggests for himself comes close to Morris' (1991) notion of *meaning* of pain, however, again, not a meaning that explains the pain away, ascribes it a metaphysical quality, or sets it into a teleological framework of any sort. Rather, Flanagan and Rose produce meaning that sustains Flanagan's life with and in the disabled body and opens the possibilities to enjoy this body and to derive pleasure from it for both himself and his partner. Cultivating the (eroticised) pain in the S/M practices (both public and private), becomes not a matter of simple domination or control of the pain, but a much more complex strategy of transforming and integrating the pain into a life's purpose (cf. Cassell, 1992), and of turning it into a subject-matter of his "technologies of the self" (Foucault, 1988). In this aspect, I propose, Flanagan's deployment of pain allows for inspiration to other means and strategies of negotiating pain/disability, not necessarily those that resort to a nail or a whip.

In conclusion, I retrace my argument about the ways in which Flanagan and Rose's practices of pain provide inspiration for interdisciplinary dialogues between queer and disability studies. Despite its extravagant character, Flanagan's embracing of CF/disability, as well as Flanagan and Rose's S/M interactions, contribute a lot to critical re-conceptualizing of disability in a broader social and cultural context. The concept of pain that Flanagan and Rose present and perform is valuable in several respects: pain transpires to be a contextually defined, complex relationship rather than a bodily sensation that we need to decode through our brains. Flanagan and Rose's (artistic) performances detach pain from the concreteness of the body and re-localize it in the sphere of mutuality and personal encounter, as a situational relation of two embodied subjects. In brief, their performances clearly manifest the inadequacy of thinking about pain as a static *situation of the body* and offers a way to think of pain as *a body in situation*. Here, I see a powerful parallel to definitions of disability. If bodily disability, or impairment, is unfortunately still often enough seen as the indisputably material and thus factual condition of body, Flanagan and Rose's work on pain transgress this notion.

Furthermore, pain being and happening in a relationship, pain/disability is not lodged only on/in the body that is most acutely affected by it, but concerns all bodies involved in the interaction. Flanagan and Rose thus manifest radically the point Price and Shildrick (2002) and have made in their theoretical essay: "From [a perspective of embodiment], disability clearly cannot be conceptualized as the property of an[y] individual" (p. 63), and thus in "giv[ing] up ownership of [their individual] bod[ies]" Flanagan and Rose open "new social and ethical possibilities" for thinking about pain and disability (p. 65).

Last but not least, it is to foreground the futural imaginings that Flanagan and Rose's strangely and slightly perverse, queer and crip politics initiates for us and for the possibility of desiring disability.

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Endnotes

¹ I work with Jay Wiseman's definition of S/M: "SM is the use of psychological dominance and submission, and/or physical bondage, and/or pain, and/or related practices in a safe, legal, consensual manner in order for the participants to experience erotic arousal and/or personal growth" (as cited in Bauer, 2005, p. 75). On the relationship between sadism and masochism, see

the enlightening discussion by Gilles Deleuze (1989) in *Venus in Furs, and Coldness and Cruelty*. On Bob Flanagan's use of S/M see also Erica Meiners, (1999).

² For an articulation of the relationship between the disability and crip politics, as well as between queer and crip see McRuer (2006, 2003)

³ In 1994, *Visiting Hours* was installed also in the New York MOMA. It is worth noting here that most of Flanagan and Rose's works had the character of onstage performances.

⁴ The reference to Christ and crucifixion is – of course – acknowledged and fully intended.

⁵ See also e.g., Bendelow & Williams (1995), Cassell (1992), Morris (1991).

⁶ Flanagan himself makes a conscious distinction between the bodily pain/discomfort experienced as a direct cause of his medical condition and the pain experienced and staged in their S/M plays, suggesting clearly that he and Rose understand the performances as a part of the recontextualizing strategy (Juno & Vale, 1993).

⁷ Conceptualizing the body as situational and as contextually contingent is important here while it precludes the risk of absolutism and false and shallow optimism. If I am trying to imagine and interpret Flanagan's body as "body in situation" which would allow for accentuating the various strategies of negotiating of the body's sensations, I am in no way trying to postulate that Bob Flanagan's body is no longer pained through CF. Neither should this essay be read as in any way belittling this difficult aspect of Flanagan's (and Rose's) life with disability.

⁸ See also McRuer's (2006) intriguing reading of Flanagan's "Why?" McRuer reads it as a part of Flanagan's gesture toward new/different future temporality of the crip (pp. 183-194).