

Original Article

PAIN AS A TRIGGER IN STRATEGY CHOICE FOR ART AND LIFE

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ABSTRACT

The research aims to understand and to analyze how the personal or close people's pain and suffering influences an artist's choice of art and life strategy. Nobody can avoid pain. There are different degrees and different forms of it, pain can emerge in different periods of life. Everyone needs to develop a certain attitude to pain, this is why it is especially useful to understand the experience of the great masters of fine arts, the ways they perceived and accepted the pain. These ways range from passive self-pity to themselves depicted in their artwork to active overcoming by means of art: extirpation or transformation of this condition into the creative activity that either does not transmit pain at all or pours it out onto the paintings. The object of the analyses is the fine art of masters of the XIX-XX centuries, choosing or ignoring the topic of pain, their attitude to the creative process as such and their world outlooks that result into a certain choice.

The result of the research carried out by means of art, historical, comparative and structural analyses, as well as data extrapolation, was revealing and explaining the active or the passive position of an artist in art and in life, which, in its turn, lead to defining the degree of pain/suffering depiction in the selected artists' works and to developing the classification of subtypes of strategies developed by the masters encountering pain. Overall, the work provides grounding to the possible reasons of the artists' choice with the help of scientific works in medicine, philosophy, psychology and art studies, as well as certain events in the artists' biography, their memories and their biographer's evidence.

One of the essential deductions drawn from the research is the following: physical pain and suffering mostly do not result into the destruction of the creative personality or into the surrender in their creative work. Even if the artist chooses the passive strategy, pain/suffering generates creativity.

Keywords: Illness, Physical Pain and Suffering, Painting, Graphics, Creative Strategy, Attitudes, Philosophy of Pain, Psychology of Pain

INTRODUCTION

The goal of the analyses carried out was to determine what is experiencing the pain and being tested by the pain for a genius creative person, as well as the ways of depicting these conditions and emotions in the artists' works. The task undertaken by the research was to examine the specific ways of perceiving and living pain/disease by each of the selected artists, to bring to light and to characterize the transformation of the creative task due to the encounter with pain / perceiving the pain. The research is based on a significant theoretical grounding about the core of pain/suffering as a term elaborated by philosophers, psychologists, art

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experts, doctors, which, in its turn gave an opportunity to enable the author to examine the influence of those conditions on the creative personality and the creative process.

The initial impulse for our research was the big interest of one of the authors to the exhibition called "The Evil. Examples of Cruel Painting" ("Il Male. Esercizi di Pittura Crudele"), supervised by the professor Vittorio Sgarbi, presented in the Palazzina di Caccia di Stupinigi in Turin in 2005. The exhibition included the pieces of art dating from the beginning of the XV century up to nowadays: painting, graphics, photography, comics, episodes from historical cinema. In his article "Homo homini lupus" [Sgarbi and Algranti \(2005\)](#) in the beginning of the catalogue "The Evil" Vittorio Sgarbi defines the goal of the exhibition as the presumable opportunity to show the Evil and to limit it, to isolate it in order to prevent its distribution and taking other shapes. The exhibition was very successful but also drew a negative response: some exhibits transmitted brutal and shocking scenes. Thinking over the discrepancy in the fact that the exhibition showing pain, physical suffering, diseases, called such a high interest among the visitors, the authors found the possible answer in the book by Susan Sontag (1933-2004) "Regarding the Pain of Others" [Sontag \(2014\)](#). Analyzing this question on the example of photography, Sontag writes that the urge to look at the pictures of brutality, pain, suffering, etc., is not always based on conscious perception. Very often it is about curiosity to the hard, the terrifying, the forbidden, all of which are more or less common to every person. "Everybody knows that it is not out of the pure curiosity that people slow down on the highway driving by a horrible accident. For many it is also the urge to see something terrifying. Calling this "sick" we suppose it to be a rare deviation. However, this urge is nothing rare and it is the constant source of inner tension" [Sontag \(2014\)](#).

The interest to understand and to reflect upon this human inclination to be curious about the forbidden, the terrifying, the suffering of the others on one side, and the intention to analyze how the great genius people managed the pain and what trace has it left in their creative legacy on the other, brought the authors to initiating this research. Moreover, we all know that not always the depicted scenes of violence that should supposedly provoke rejection due to their aggressive truthfulness are the reflection of artists' internal world or miseries of their life. The history of art knows many examples of artists creating such plots speculatively, owing to the high interest of the audience. An example could be people with disabilities put on public display for pay in different centuries.

Pain, physical suffering, and disease are explained and perceived differently in different times, countries, cultures by different personalities: from humble acceptance to selfless fighting, as a punishment for misdeeds or as a gift for salvation to be obtained in overcoming these difficulties: "enter through the narrow gates" [The Gospel: The Books of the Holy Scriptures of the New Testament \(Edition No. 01.481\). \(2017\)](#). These ideas were embodied in works of scientists, researchers, philosophers, religious leaders and artists. No living being can avoid pain, negative emotions or bad feelings; however, each individual shows different physical and psychological reactions to them. According to the conclusions drawn by Fabrizio Benedetti, the professor of physiology and neurology the Turin University's School of Medicine (Italy) and researcher in the field of placebo studies, "A painful impulse can be perceived differently by the same person in different circumstances and different people can perceive pain differently in the same circumstances" ("Uno stimolo dolorifico può essere percepito in modi diversi dalla stessa persona in differenti circostanze, e persone distinte possono percepire il dolore in vario modo nella stessa circostanza") [The Week. \(2021\)](#). In this way, pain and suffering, the terms that professor Benedetti sees as synonymous, become a demoralizing factor that leads to low spirits, apathy, depression, refusal from active living strategy and negative displays in creative work for ones, but for others the painful condition of the body does not have any influence on the part of their life that is related to their working efficiency and self-expression, in contrary, sometimes it becomes a source of inspiration. In this research we defined these conditions as the trigger that starts the process of the artist's strategic choosing for life and for creative work, the trigger provoked by a wide range of multidirectional reasons.

The scientific hypothesis of the present research presupposes that pain and suffering experienced or observed by a creative person more often becomes the trigger for transformation of the related feelings into a creative impulse, The range of the estimated reaction to pain chosen and embodied by a creative personality is endlessly wide and depends on psychophysical and moral features of the person, on their values and attitudes.

According to the results of our research, physical pain and suffering do not lead to the refusal of work but they shape certain behavioral patterns, including creative behavior further referred to as "strategies" applied to forms and norms in both - life and art. In this way or another, these strategies influence the choice of themes and plots in painting and graphics. Sometimes they get so deeply rooted into an artist's personality that they cause destructive changes in it.

Basing on the theories related to the understanding of pain and suffering of such researchers as Fabrizio Benedetti, Lisa Galli, Michael Marmor, Rudolf Bernet, and, first of all, on the works of the philosopher Emmanuel Levinas "Time and the Other" [Levinas \(1998\)](#), "Totality and Infinity" [Levinas \(2000\)](#), [Levinas \(1969\)](#), "Otherwise than Being" [Levinas \(1998\)](#), and on the work of Arne Johan Vetlesen "Philosophy of Pain" [Vetlesen \(2010\)](#), we claimed to answer the following questions: How do different creative people perceive pain? How does it influence their creative process – does it stimulate it or slow it down? How and to what degree can the passive or the active behavioral pattern developed in relation to disease and physical pain influence the creation of pieces of art? Is there logic about an artist's urge to embody their pain/disease in their picture? Is pain always negatively charged and, as a result, negatively influences the artist's personality and work? To what degree disease, pain, suffering of another person close by can influence the artist? To reach another goal of the research – to confirm the objectivity of the developed classification of the artists' attitude to pain when choosing their strategy in life and art – we deepened into studying the works of such philosophers and

psychologists as Jean Paul Sartre, Sigmund Freud, Max Scheler, Arthur Schopenhauer, Eduard von Hartmann, Philipp Meinländer, Ludwig Wittgenstein.

MATERIALS AND METHODOLOGY

In our research we use the method of analyses of existing data, art studies, historical and comparative analyses. We also limited it by the period of the XIX-XX centuries, examining the art of such artists as Edward Munch, August Renoir, Boris Kustodiev, Henri de Toulouse-Lautrec, Francisco Goya, Claude Monet, Camille Pissarro, Frida Kahlo, Caspar David Friedrich, Ferdinand Hodler, Augusto Tagliaferri, Amadeo Modigliani and Arnold Böcklin who experienced pain in their life and art.

On the first stage of our research we turned to the works of philosophers and fine art experts, doctors and psychologists in order to detect pain in all aspects of being.

In his work "Philosophy of Pain" [Lee et al. \(2023\)](#) the philosopher Arne Johan Vetlesen considers that pain has both components – physical and psychical that are inseparable and influence one another. However, what interests us in frames of the present research in Vetlesen's work, is what refers to the physical pain and suffering caused by it. According to Vetlesen pain is one of the basic aspects of existence, while the person is alive, pain, let it be real or potential, is always part of their life. The initial reaction to pain is negative and calls a desire to get rid of the discomfort caused by it at any price. However, "...pain bears a charge. And we must understand that this charge is not always negative" [Lee et al. \(2023\)](#). By positive aspect of pain Vetlesen understands the personal growth brought upon by the ability to transform pain into "symbolic images" that fill art, for example. In this context quite interesting are the researches "Effects of Visual Arts on Persistent Pain: A Systematic Review" [Fekete et al. \(2022\)](#), carried out by the group of authors from the University of Sydney and "Does Art Reduce Pain and Stress? A Registered Report Protocol of Investigating Autonomic and Endocrine Markers of Music, Visual Art, and Multimodal Aesthetic Experience" [Scheler \(2020\)](#) carried out by the group of researchers from the University of Vienna. To negative aspects of pain and physical suffering Vetlesen ascribes loneliness an ill person falls into. The stronger the pain, the deeper the person falls into the own loneliness, feels separated from the outer world and concentrates only on the own body in the grip of pain and suffering. "The more total and all-penetrating the pain becomes, the more those degrees and variations of depth, intensity and lasting of the pain become the only essence of my existence, the more I see it as a step beyond the human universe..." [Lee et al. \(2023\)](#).

In his work "On the Meaning of Suffering" [Dahl and Rolfsen \(2024\)](#) the philosopher and sociologist Max Scheler (1874-1928) ascribes the phenomenon of physical and mental suffering to the term "sacrifice". As an example of such a sacrifice he sees the natural death that gives room for life for the generations to come (a human being, just as every multi-cellular organism, ends its individual existence in order to give the future generations an opportunity to live). So the part sacrifices itself in the name of the whole: "...any suffering, any pain in its metaphysical and most formal meaning is nothing but experiencing by the part as by something that is <relatively> less valuable of its sacrifice in the name of the whole and more valuable" [Johnson et al. \(2023\)](#). Following this logic, there are no doubts that realizing herself as a victim, as it was with the painter Frida Kahlo (even though her case is not an example of the concept "part vs. whole") speaks for her choice of the passive strategy for art and life.

The philosopher and phenomenologist Emmanuel Levinas (1906-1995) touches upon the topic of suffering in his early work "Time and the Other" [Levinas \(1998\)](#), namely, he examines suffering in the aspect of loneliness and death. The loneliness of a person is imposed by their very existence, by their materialism: "Initially, his loneliness is not in his helplessness but in him being torn to pieces by himself, sinking in himself" [Levinas \(1998\)](#). It is also the finality. However, the tragedy of loneliness is not the fear of nothing as such and death in particular, but in the fact that the life of a person is full of hardship and suffering, to overcome them they have to work hard, - says the philosopher, - which is to choose the active position.

In the work of Levinas "Time and the Other" we focused on its part that refers to the active or passive position of an individual facing death in the context of physical suffering: "It is not just the feeling and the knowledge of the fact that suffering can end with death. Suffering kind of threatens with its very last limit: something that is more unbearable than suffering itself is about to happen" [5, p. 68]. Suffering deepens the person into passiveness, which, can be called upon by the urge to understand, to analyze the changes in the own condition, the desire to undertake something, to resist the proximity of death and to become activeness. Such resistance can also be projected onto art. "Knowledge turns every passiveness into activeness thanks to enlightenment" [Levinas \(1998\)](#). In this way, Levinas leaves room for the starting-hole, for escape from pain and suffering, which, in its turn, requires motivation. Espen Dahl and Theodor Sandal Rolfsen in their article "The Phenomenology of Pain and Pleasure: Henry and Levinas" [Dahl and Rolfsen \(2024\)](#), analyzing the works of Levinas in the context of pleasure and pain and drawing a parallel between him and another philosopher, Michel Henri, writes: "To be in pain is not only to find this pain inescapable, but also to want this escape, and the latter is needed for the acute status of the former" [Dahl and Rolfsen \(2024\)](#). A wonderful proof of this thesis is provided by the project "Unmasking Pain". Its results were published by the group of authors in the article "Pain through the Perspective of Art and Creativity: Insights from the Unmasking Pain Project" [Dahl and Rolfsen \(2024\)](#). The idea of the project was to help people suffering the pain to express it by means of cooperation with professional artists: "We conclude that art has the potential to shift people living with pain from "I can't do, I am not willing to do it" to "Perhaps I can, I'll give it a go, I enjoyed" [Johnson et al. \(2023\)](#).

In one of his most famous works "Being and Nothingness: an Essay of Phenomenological Ontology" Sartre (2000) the philosopher, the writer and the existentialist thinker Jean-Paul Sartre (1905-1980) presents colorful metaphors referring to the movement of notes in a tune and the speed of the locomotive. As for the pain, Sartre puts it as a separate phenomenon: "There is something animist about pain; it is there as a living being that has its own form, own duration, own habits" Sartre (2000). Initially pain is outside the conscious but having settled in it, it penetrates in completely. Following the Sartre's thought, makes it possible to understand the process of "assimilation" and adapting to the pain. If the habits of an artist had been brought forth by pain, they will be reflected in his art by many aspects: the choice of goals, themes or strategies.

The researcher Rudolf Bernet in his article "The Traumatized Subject" Sholokhova and Yampolskaya (2014) writes that Levinas gets inspired by this Sartre's idea and that in his later works "Totality and Infinity" Levinas (2000), Levinas (1969) and "Otherwise than Being" Levinas (1998) constructs one of the lines of his discourse about pleasure and suffering as two interconnected terms. It is likely that artists experiencing pain, will feel it as triggering pleasure and satisfaction by means of art in case on an active position, or deepening into loneliness, sick "pleasure" of savoring the pain and self-pity in case of a passive position.

The grounding for the passive position can be found in the philosophical pessimism of the XIX century in works of such philosophers as Arthur Schopenhauer (1788-1860), Eduard von Hartmann (1842-1906) and Philipp Mainländer (1841-1876). So, illustrative are the words of Schopenhauer, whose world outlook was based on the idea of life being a mistake, which better was not at all, because from the very birth the person is condemned to suffering, pain and meaningless existence: "If we can imagine, as approximately as possible, the sum of need, suffering and all kinds of grief that the sun illuminates in its course, then we must admit that it would be much better if it, like on the moon, were unable to cause life phenomena on earth, and if the surface were still in a crystalline state" Schopenhauer (2001).

The ideas of the famous psychoanalyst, psychiatrist and neurologist Sigmund Freud (1856-1939) can help to understand the reason why an artist chooses an active or a passive position. (In his work "Neurosis and Psychosis" (1924 [1923]) Freud (2021) Freud defines the main differences between these two conditions. In case of neurosis the patient accepts reality, but in case of psychosis, they neglect it completely. In his work "The Loss of Reality in Neurosis and Psychosis" (1924) Freud (2006) Freud states that perception of reality is disturbed in case of both disorders, but what is characteristic for psychosis is "denying reality". In another work "Denial" (1925) Freud (2006) Freud examines the difference between "denial"-contradiction and "denial"-rejection. In later works "Splitting of Ego in the Process of Defense" (1940 [1938]) Freud (2021) and "An Outline of Psychoanalysis" (1940 [1938]) Freud (2021) Freud makes a conclusion that "denial" and "splitting of Ego" are characteristic not only for psychosis but also for neurosis. Indeed, practically in every artist's case we took and classified according to the type of a strategy for life and art they chose – active or passive – one can see, depending on circumstances, features of both disorders, but this would be a topic for another research.

Looking for the answer for the question what is going to win in an artist's personality and art when they face pain, we studied several more of Freud's works from different years that marked significant changes in his views at the functioning of the psychic. Initially, he was guided by "The principle of pleasure-displeasure" but beginning with "Beyond the Principle of Pleasure" (1920) Freud (1969) he makes a new hypothesis: "a psychical functioning of an individual is in control of a deeper conflict than the principle of pleasure, which is the fundamental conflict between attraction to life and attraction to death. In his opinion attraction to death originates from the biological urge of any organism to return to its initial inorganic condition; but the attraction to death or destructive attraction is opposed by the attraction to life – Eros, part of which is libido. Of course, the principle of pleasure is still important but for it to win it is essential that the attraction to life could, at least partly, take control over the attraction to death" Kinodo (2012). It has to be specified, however, that the subject is the conflict between two types of attractions and not the conflict between life and death. It is about the choice of the type of attraction: destructive, passive or constructive, the later means life, active resistance to diseases. In modern psychology the ability to resist diseases, devastation, to rise and stand against a hard time, willing to overcome traumatizing events is called "vitality". It is vitality that we make the object of our research in the art of the great masters.

The second stage: deep study of biography, preferences, values, attitudes and art of the selected artists in order to further understand the strategy chosen for life and art.

Among the first painters who created works on the topic of physical diseases and deviations were Carracci brothers (Annibale, Ludovico and Agostino), who worked in Bologna in the second part of the XVI – beginning of the XVII centuries. The painters left us a series of portraits of blind people ("A Portrait of a Blind Man", "A Portrait of a Blind Man", "A Portrait of a Blind Woman") that concentrate on the physical limitation. Carracci brothers depicted blindness with startling realism thanks to the perfect knowledge of anatomy taught in the Carracci Academy as an independent subject. The series of the portraits of the blind became part of the big exhibition "The Evil. Examples of Cruel Painting" curated by Vittorio Sgarbi that we have already mentioned.

The research period is limited by the XIX-XX centuries. Studying art and life positions of a big number of artists of the XIX-XX centuries, the research concluded that the active and the passive positions have their gradations and shades. All depends on the goals the artists pursued in art and even in life, on their possible reactions to a painful condition, the reaction that had been reflected not only in their life credo but also in their artistic position. The authors analyzed the part of the artists' work that corresponds to the topic of the research and provided proofs to the subtypes of the two strategies in relation to disease, pain or physical suffering they worked out. For this they studied the examples of the creative work of Edward Munch, August Renoir, Boris Kustodiev, Henri de

Toulouse-Lautrec, Francisco Goya, Claude Monet, Camille Pissarro, Frida Kahlo, Caspar David Friedrich, Ferdinand Hodler, Augusto Tglaferri, Amadeo Modigliani and Arnold Böcklin.

Summing up the thesis of most of the analyzed works and theories, having studied the artists' paintings, the diary entries of the masters themselves and memories of their biographers, one can state that all these had helped to educe the concept of "active-passive strategy" in the context of reflecting pain/ physical suffering in art and in choosing life position when facing pain/suffering by the representative of fine arts in focus.

RESULT

In accordance with the goals, objects and methods of the research the authors carried out the analysis of the creative work of the fine art masters of the XIX-XX centuries, of their, so called, triggering life circumstances, principles and cognitions that had been worked out or emerged under the influence of pain.

Following Sartre in his understanding of pain as of a separate phenomenon, "as a living being that has its own form, own duration, own habits" [Sartre \(2000\)](#) one can deduct that initially pain is outside the conscious but having settled in it, it penetrates in completely. It makes it possible to understand the process of «assimilation» and adapting to pain. If the habits of an artist had been brought forth by pain, they will be reflected in their art by many aspects: the choice of an attitude to themselves and to art, goals of the former and of the later, and, as a result, taking over a certain way of behavior and self-representation, the choice of the ideological justification of their position to preferred themes.

In the course of the present analysis the authors managed to distinguish and characterize two strategies: "active" and "passive" in relation to diseases, pain and suffering that in this way or another became parts of the biographies of the artists who satisfy the criteria of the research. These are situations when an artist was ill themselves on the short or on the long term and/or had ill people in their surrounding, which influenced their art and their behavioral line in life. Further on the research figured out that the mentioned strategies of artistic behavior and understanding reality – the active and the passive – pursue different goals, meanings and methods of actualization. This is the classification of strategy types. Every position in the classification is identified with the artistic legacy and bibliographical data about the master. Upon completing the research these facts enabled the authors to split the active and the passive strategies of creative behavior we developed into following subtypes: 1. For the active strategy: disease/pain - as an active resource for creating new works; disease/pain - as a stimulus to depict an exaggeratedly healthy reality, joy of life through overcoming destructive conditions; disease/pain - as a reason to accept reality as a stimulating challenge, destiny as a challenge; disease/pain - as a research, self-analyses, recreating in the allegorical world; disease/pain - as overcoming, a way to keep imagination busy, channelize it; 2. For the passive strategy: disease/pain – as self-pity, systematic returning and reproducing of traumatizing events, deepening into loneliness; disease/pain as depression, demonization of pain and change of psychical condition; disease/pain – as a presentiment, a prediction, awaiting death. 3. The research made the authors specify also the third kind of a position. The idea of this position is that the artist accepts a dual strategy – active and passive, applying them separately and contrarily in life and in art. This is not the mixture of positions; this is the choice of different strategies for different forms of activities in life and in art. The characteristics of this position are: disease/pain – as a refusal to accept the situation, not willing to take treatments and rampant workaholism; disease/pain – as a necessity to depict it, as a precise statement of the process without any opportunity to change something; crossroads of two kinds of pain – physical and social.

Let us go into details of the research results in each concrete case of strategy choice by a master, when the trigger of this choice was pain.

Firstly, let us characterize the forms of manifestation of an artist's active strategy towards disease, physical pain and suffering in their art and life. The authors managed to detect five forms of the active strategy manifestation among the masters in focus.

- 1) Incorporation of the active strategy and understanding of disease/pain by an artist as a challenge, creating of a great number of new works using pain as an active resource.

Norwegian painter Edvard Munch (1863-1944) suffered both physically and mentally all his life. Most of his works became true embodiment of these themes. So, lithography "Death in the Sick Room" reflects the events of the autumn of 1877 when the fast progressing tuberculosis took the life of Munch's elder sister Sophia. This is her dying, sitting in an armchair with a pillow put under her head. The other six characters are: father Christian, aunt Karen and four children: the young artist, his brother and two sisters. This work became a symbolic result of his work on the topic "a dying family member", embodied by the artist in graphic and in painting. Among them: "The Sick Child" in different variations, "Spring", "Death in the Sick Room" also in different variations, «Fever», etc. There were also other works the characters of which were not Munch's family members: "The Dead Mother and Her Child", "Inheritance", "The Death of the Bohemian", etc. Also a series of the artist's self-portraits to the topic of diseases are worth mentioning. There are many articles devoted to their research. Among the latest is "Painting Schizophrenia: An Empirical Investigation of the Self-Portraits and Portraits of Edvard Munch" [Bettelheim et al. \(2024\)](#), "Anthropocentrism and solipsism in photographic self-portraits of Edvard Munch" [Peraica \(2022\)](#).

Since he was a child, Edvard Munch had a weak health: "He often had sore throat; he had weak lungs and fever on the least occasion. When he was a teenager he had sever bronchitis, he coughed up blood. Hy had to stay in bed for long. The risk for the boy

to die was quite high" [Ness \(2021\)](#). Munch misses a lot of classes in the private school he started in 1874 together with his brother, and in February 1875 he is taken out of school for his poor health condition. When he was sixteen, Munch entered the Technical School, where he was especially drawn by painting classes. However, Munch had not stayed long in this school either, again, because of the disease. In August 1880 he gets transferred to the second year, but long lasting episodes of disease do not let his dream to become an architect come true. In November Munch leaves the school forever. Along his artistic way Munch suffered from periodically emerging problems with physical health, and, later on, also problems with psychical health. Also his younger sister Laura had grave psychical problems. There was also a period of time when Munch suffered from alcoholism. It was his attempt to suppress the nervous tension.

"I am convinced it would be a crime for me to get married. In order for you to understand it I suggest the following information: my grandmother died of tuberculosis, my mother died of tuberculosis, just as well as her sister Hasnin. It came out that my (...) aunt had tuberculosis. My sister Softie died of tuberculosis. (...) I was born sick. (...) My brother died of pneumonia. My grandfather died of bone tuberculosis. I think that my father inherited his weak health and his anxiety. However, I believe that my art is not infected. When I paint diseases and suffering it is, in contrary, a healthy resource" («Ho affermato che per me sarebbe stato un crimine sposarmi, e per chiarire e comprendere ciò vi offro le seguenti informazioni: mia nonna morì di tubercolosi - mia madre morì da tubercolosi - così come sua sorella, Hansine. Mia zia (...) sembrava avere le tubercolosi. Mia sorella, Sophie, morì di tubercolosi. (...) Sono nato malato. (...) Mio fratello morì per una polmonite. Mio nonno morì di tubercolosi ossea. Credo che mio padre ereditò la sua disposizione morbosa e la sua ansia. Sono dell'opinione, tuttavia, che la mia arte non sia malata. Quando dipingo malattia e sofferenza è, al contrario, una risorsa salutare») [Bruno et al. \(2018\)](#). Such an understanding of it by Edvard Munch is, without a doubt, a manifestation of an active creative position. "A healthy resource" gives energy to work, to create more, it bears a positive charge. Possibly, it brings into force the effect of the dominant discharge as it was with the young Goethe when he was creating "The Sorrows of Young Werther" [Goethe \(2020\)](#) to free himself from an obsessive unanswered love. Edvard Munch paints a lot, a terribly lot of pictures depicting death, pain, diseases, trying in this way to give it all to the canvas, to get rid of it all, to free himself from this obtrusive condition.

Without a doubt, one of the emotionally strongest works by Munch is "The Scream" in various versions. Just looking at it one gets the whole range of feelings, it is impossible not to feel it as if it was in reality, the scream full of sadness, of total despair, helplessness and fear of hard life or even death: "One evening I was walking on a trail, on one side there was the town, beneath me there was a fiord, the sun was setting, the clouds were colored bloody red. I felt a scream, getting through the nature: I had an impression, I can almost hear it. I painted this picture, painted the clouds as real blood. The colors were screaming" ("Una sera passeggiavo per un sentiero, da una parte stava la città e sotto di me il fiordo - il sole stava tramontando - le nuvole erano tinte di un rosso sangue. Sentii un urlo attraversare la natura: mi sembrò quasi di udirlo. Dipinsi questo quadro, dipinsi le nuvole come sangue vero. I colori stavano urlando") [Bruno et al. \(2018\)](#).

In this way or another, living through one illness after another, being surrounded by ill family members, suffering of memories about deceased family members, Munch is becoming more and more reserved, with the years he tends toward loneliness. From his notebook, February 1930: "Often I feel that the disease was even necessary. During the periods without fear and diseases I am like a wind-blown ship - but without a steering wheel - and I am asking myself: Where am I going to? Where will I strike aground?" [Munch \(2021\)](#). Besides anxiety about the health problems that may return any time, there is an important point in it: when the disease is not there, he is like a ship blown by a strong wind: this is the image of his creative condition and the urge to work.

Let us refer to S. Freud's work "Beyond the Principle of Pleasure" (1920), It explains the condition called «posttraumatic neurosis», that can emerge as a result of different life-threatening situations, causing intimidation, fear, fright: "They can be clearly distinguished by their relation to the danger. Intimidation means a known condition of awaiting the danger and getting ready to it, even if the danger is unknown; the fear requires a certain object to be afraid of; fright is the condition one falls into when in danger one is not prepared to" [Freud \(1969\)](#). Even if the experienced misery is in the past, a neurotic keeps returning to it in their mind again and again. In his art Munch often returned to the themes of his own diseases, deaths of his close people and he also introduced into his pictures characters that he considered to be traitors, enemies who kept following him. (See the above mentioned works). It is not surprising that the personality of the artist, as well as his works became a vast and nourishing material for many books on psychoanalysis. Among the latest articles to this topic we'd like to mention "Edvard Munch's crisis in 1908 and French medicine: His doctors, treatments, and sources of information" [Finger and Sirgiovanni \(2024\)](#), "The electrified artist: Edvard Munch's demons, treatments, and sketch of an electrotherapy session (1908-1909)" [Finger and Sirgiovanni \(2024\)](#), "The Scream: Lament as a Way to Hear Silence Into Speech" [Cooke \(2024\)](#), "Trauma et symbolisation chez Edvard Munch. Art et psychanalyse" [Maïdi and Karavanova \(2021\)](#).

- 2) The next type of manifestation of the active strategy in life and in art is perceiving pain/disease as a way to ignore pain and, what is even more important, creating an exaggeratedly healthy reality in the own art.

A tendency to a certain replacement of reality filled with pain with a happy colorfulness in his art can be found in the work of the impressionist Pierre-Auguste Renoir (1841-1919). The painter suffered of a hard disease, progressing rheumatic arthritis but despite of the physical limitations and pain, he created the light, careless and happy plots. For his canvas the priorities were the sunny nature and the beauty of young women's body. Henri Peruchot, the biographer of the artist, expressed the idea that Renoir

painted the women posing for him with such a generosity and exaggeration as opposed to his own declining body: "The closer his own body was to fading away, the more generous became the flesh of the women on his canvas. With his bloodless, stiff hand Renoir painted strong Veneras, heavy fruitful females" [Perruchot \(2005\)](#).

In the last years of his life, the artist's body decayed quickly and painfully. On November 29, 1916 Renoir writes: "I am a complete cock. I have a whole truckload of different diseases that made my life absolutely unbearable" [Venturi \(2020\)](#). From his letter from February 21, 1917: "I am very tiered, I work less and less. My hands don't move at all. Nevertheless, for a rheumatism like mine, I feel not bad" [Venturi \(2020\)](#).

It became harder and harder for him to write letters but the artist kept painting pictures no matter what. The disease became a powerful stimulus for the concealed energy that Renoir put into his work that helped him to escape to the world far from reality where there was no place for pain, sadness or despair. The French painter Albert Andre (1869-1954) writes in his memories of the last years of the artist that staying at one with his painting Renoir changed to the better, he began "whistling or humming songs he heard from his sitters, admired the beauty visible only to himself" [Perruchot \(2005\)](#). Weakly resisting his tragic fate imposed on him by his disease he is writing to Jorge Rivier in 1903: "I am writing to you, so that you don't even think to disturb your doctor. I know myself: I am not going to do anything he tells me to. With the character like mine it is impossible to heal the illness. Other than it will go away by itself offended that nobody is treating it". [Perruchot \(2005\)](#). From his note to Julie Manet: 1909: "I must accept it. I am trapped. The illness develops slowly but surely. Next year I will feel worse and then worse and worse. I must get used to it, that's it" [Perruchot \(2005\)](#). All in all, he accepted it as something granted, adapting his working methods to the needs of his dying body. The paintbrush touch became wider under his deformed by rheumatism hands. In 1909 the artist ordered the easel he invented for painting large scale canvas. Despite of the disablement process he did not want to refuse of big formats. In the easel's construction there were rollers to roll on canvas moving in different directions, so that the painter could stay immobile. "Now, when I lost my hands and my legs I want to paint big canvas..." [Perruchot \(2005\)](#). From 1912 the artist is being carried to his atelier (on the villa "Colette" it was situated on the second floor) and to plain airs on a litter. Every morning the artist was prepared for work in his atelier in the following way: "He was seated into an armchair on an inflatable pillow: from sitting his skin got inflamed. The paint brushes and the palette were laid on his knees: he could not hold them in his hands. His fingers deformed by disease were wrapped with cloth stripes. Finally, the paintbrush was stuck between his thumb and his index finger and Renoir began to paint" [Perruchot \(2005\)](#).

On his artistic way Renoir made some rare and modest experiments creating sculptural works but with all his passion he devoted himself to the creation of this kind of art in his old years. In 1902 Ambroise Vollard organized the first exhibition of works of the French sculptor Aristide Maillol (1861-1944), who later on got the order for Renoir's portrait sculpture. The sculptor shared his impression on the artist's body, worn out by disease: "He had no mouth, the lips retraced. Horrible" [Perruchot \(2005\)](#).

"The more unbearable Renoir's pain became, the more he painted ..." [Renoir \(1970\)](#) Light, warm colors, joy, beauty of nature, reverence of young woman's body, carelessness of children kept streaming out of Renoir's paintings until the very last day. In the end of his life Renoir spent a lot of time painting portraits of his third son Pierre, born in 1901, who gave his father a new breath of inspiration. His body was decaying, but his soul was beyond the power of old age or physical pain, it kept chanting celebrating lightness, youth and warm seasons. "I have succeeded as no other painter during his lifetime: laurels are being poured on me, artists praise my works; so many people would think my life is worth envying... But I can't find a true friend!" [Vollard \(1995\)](#).

Similar to Renoir's attitude to the physical pain and its relation to creative work was characteristic to the Russian painter Boris Kustodiev (1878-1927). He was bound to bed due to spinal tumor. More to it, his private misery was placed in context of the revolution and, just like it was with Renoir, of the First World War. On his joyful and colorful canvas there is no even a hint to profound physical suffering. With rare exceptions, Kustodiev's painting is all very festive.

The colorful and full of fantasy images were most likely an attempt to escape the sad reality filled with the severe disease, the reality locked within the four walls of his atelier room. The worse his physical conditions got, the more productive he became. Having a wonderful visual memory, keeping the recollections of his childhood spent in Astrakhan, on the banks of Volga, and later in Kostromskaya Province where the artist had a log house-atelier, he created a make-believe, festive, fairytale world. As an example we can take the series of works created by the author on the peak of his creativity when he was bound to the wheelchair. Like winter fairytales are "Show-booths" 1917, "Maslenitsa (Maslenitsa Horse Riding)" 1919 r, "Maslenitsa" 1919 r, "Maslenitsa Festivities" 1919. Kustodiev admired winter: "This is my very favorite season, these frosty fairytale silver thaw days, this jingling air, the snow crunching under the sled runners and the purple sun in the foggy sky" [Gromova \(2010\)](#). Painting his Maslenitsa pictures he is living the merry times he cannot experience in reality because of his disease. The first painting shows booth-theatres popular in the second half of the XIX century: "These street theatres were part of the festive routine and satisfied the need of simple townspeople in satire and humor, in romantics, in vibrant visual images reflecting the people's ideals of beauty and meaning of life" [Gromova \(2010\)](#). As for the other three pictures, the names are speaking for themselves: vibrant looks, typical Russian architecture, complex rhythmic compositions with numerous people and horse-drawn carriages – the scenes the artist himself can never be part of ever again. However, the world in his paintings will forever be just as vibrant as ever, with that crunchy snow, the sun, and the happy, rosy-cheeked, healthy people.

This is the position the two artists had chosen. Both were bound by diseases, but the world of their pictures was full of light and "health bearing".

- 3) The perception of disease/pain by the artist as taking up reality as a stimulating challenge provoking an intense life rhythm, fate as a challenge.

The French painter of the end of the XIX century Henri de Toulouse-Lautrec (1864-1901), suffered from the inborn bone deformation since his early childhood. Trying to establish himself as “an absolutely normal” man, the artist took active part in Paris night life, he was a regular in loud entertainment clubs, he not only ignored the private drama, pain and physical suffering when choosing plots for his paintings, but challenged them with his mode of life. We also find this idea in memories of his biographer Henri Perruchot: “Hiding his pain and sadness in the farthest recesses of his soul, he kept laughing and joking. He’d take anything but pity! “Look at him, that face of his: that potato nose and what a fat butt. No one can call him handsome!” Being very vulnerable, Lautrec advanced mockery, hurried to make fun of his clownish appearance. This bravado was his self-defense, but it was also his courage. Injured into the very heart, he accepted his fate as a challenge” [Perruchot \(2019\)](#).

Good examples of modern research of his art and life are the following articles: “Toulouse-Lautrec, su enfermedad y su arte” [Fortoul \(2024\)](#), “The syndrome of Toulouse-Lautrec” [Valdes-Socin \(2021\)](#).

There is no doubt about a strong connection between the disease, the pain and the emotions of the person. Professor Benedetti gives examples based on the rule “The stronger the negative emotional condition is, the more intense is the pain». A series of experiments had been carried out. Their goal was to determine how negative emotions relate to pain: «during the experiments many different strategies had been used to call negative emotions, such as demonstrating film episodes, reading out texts, playing special kinds of music, spreading unpleasant smells, demonstrating slide-shows of images” (“dal punto di vista sperimentale sono state utilizzate molte strategie per indurre emozioni negative, come scene di film, la lettura di testi, l'ascolto di tipi particolari di musica, l'esposizione a odori sgradevoli, presentazioni di immagini”) [Bettelheim et al. \(2024\)](#). Professor Benedetti found out that after having been exposed to these influences, the person’s perception of pain becomes more acute and the anxiety rises. Another part of the experiments was based on playing the music the patient likes and it proved the counter fact: “Positive emotions have a strong influence on the perception of pain” (“Le emozioni positive hanno una potente influenza sulla percezione del dolore”) [Benedetti \(2019\)](#), a kind of a pain relief effect. In this way, the professional activity, art that is also one of the most pleasant kinds of human activities and a wonderful way of self-expression, giving meaning to one’s life, changes the perception of the own disease and gives positive emotions no matter how severe the physical suffering is.

Another important aspect of creative work is that it helps to distract the artist not letting them fix on their own suffering. Benedetti describes another experiment that helps to understand the way human brain perceives pain when all the attention is directed onto the pain itself and how does the situation change when there is the sound of the loudspeaker in the room: “while in the first case the lateral and medial pain systems show high activity, in the second case the lateral system, and, especially the post-central gyros show declining activity” (“Mentre nel primo caso i sistemi laterale e mediale del dolore mostrano grande attività, nel secondo caso il sistema laterale, particolarmente l'area somestesica primaria, mostra una ridotta attività”) [Benedetti \(2019\)](#). This research could explain why Toulouse-Lautrec felt better provoking himself, creating the highly intense rhythm for himself, the kind of intensity most people could not bear, moreover on the long term: no balanced schedule of work and rest, always amongst noise and movement, without good quality sleep. Most likely, this mode of life was essential for the French artist because the distraction reduced the level of his physical and mental pain. The statement of Lisa Galli, the scientist, even though it was made about the situation of getting a diagnosis by a person, helps to understand the possible feelings of the artist: “...The emotions people may experience at these moments are many and diverse. Sharing them with somebody helps to determine the personal resources that can help to move from the passive position of a person that lives through this event to the active role of the one who interprets this fact, processes it and tries to figure out what it is” (“...Le emozioni che si provano, in quei momenti, sono molte e differenti tra loro. Ragionarne con qualcuno permette di far emergere quelle risorse personali che consentono di passare dalla posizione passiva di chi subisce un evento, al ruolo attivo di chi quell'evento lo interpreta, lo elabora e cerca di venirne a capo”) [Galli \(2009\)](#). Unfortunately Lotrec’s recourses were not inexhaustible.

Another means of distraction for Toulouse-Lautrec became alcohol. Beginning with 1887 he began to drink a lot but in the beginning he could “devour an amazing ammount of alcohol and still keep his clear mind” (“(...) a ingoiare fantastiche quantità di alcol e rimanere con la mente lucida”) [Hanson and Hanson \(2016\)](#). However, over the years it became more and more difficult for him to keep himself under control: “His look became more and more repulsive, his face, once pink, now yellowish and swollen, his vivid eyes were now bloodshot, his big nose – deformed and colorless, his body disgustedly fat, with ridiculously small legs, his clothes – wrinkled and dirty” (“Il suo aspetto divenne sempre più repulsivo, il viso, una volta roseo, giallo e gonfio, I vividi occhi iniettati di sangue e imbambolati, il grande naso informe e scolorito, il corpo disgustosamente grasso, in che accentuava la piccolezza delle gambe, i vestiti squalciti e sporchi”) [Hanson and Hanson \(2016\)](#). It is still a mystery for many art critics, how someone on the last stage of alcoholism could perform the finest lithographies with his hand, obviously, quite steady. Toulouse-Lautrec mostly ignored his personal drama, pain and physical suffering when he chose plots for his paintings. In the end of his life the artist gave up, but in the beginning of his artistic carrier he was definitely driven by the active strategy.

Besides alcoholism the artist suffered of syphilis. At a certain point he just stopped treating it, which worsened his physical condition. In February 1899 Toulouse-Lautrec was placed into the clinic for treating nervous diseases and alcoholism. After he was discharged his relatives and friends had false hopes for his recovery: first he drank little, he occupied himself with work, but then

another breakdown occurred. In August 1901 he became paralyzed – first his legs and then the rest of his body. On September 9 he died not having reached the age of thirty seven.

4) Perception of pain/suffering as its research, recreating it in an allegorical world.

Caspar David Friedrich (1774-1840) the painting “The Stages of Life” finished in 1835 is one of the best works of the German artist. It was painted in the years between the first and the second heart attacks he suffered in 1825 and 1835. The other name of the picture is “The Five Ages”. This is the allegorical picture based on the comparison of the voyage of a ship and a human life way. The characters are regular people: two men, two children and their mother or their nanny. In front of them is a seascape with five ships – just as many as the people ashore are. All the characters are occupied with quite earthy affairs: the children are playing with a flag, the mother or the nanny is trying to get their attention talking to them, the younger man is saying something to the older man pointing at the children, his back towards the sea, the older man is the only one in the picture who is looking at the ships. He is the closest to the end of the earthy life symbolized by the ships. Being at different distances from the shore, they represent different stages of human life. There is an opinion that the old man in the picture is the artist himself and the other characters are members of his family.

Caspar David Friedrich, the representative of the early romanticism, painted in different genres but he gave preference to landscapes, most of which were symbolic and thermalized death, transience of life, the often plot are cemeteries. Despite of the most pictures’ sad topics there is an urge in them to research and to understand the laws of this world and the place of the man in it. They are an attempt to recreate the pain through allegory.

Caspar Friedrich is creating his famous work in the period between the two heart attacks he suffered. Overcoming his limitations and thoughts of death, Friedrich is transforming his position into the active self-analyses. E. Levinas reminds us that suffering deepens the person into passiveness, which, can be called upon by the urge to understand, to analyze the changes in the own condition, the desire to undertake something, to resist the proximity of death and to become activeness. “Knowledge turns every passiveness into activeness thanks to enlightenment” [Levinas \(1998\)](#). This position can be seen in Casper Friedrich’s creative choice. Its characteristics are not only self-analyses but also plots of his pictures – his dialogue with the allegorical characters.

5) Living through disease/pain overcoming it, keeping the imagination busy, and channelizing the suffering.

Painting and graphics of Francisco Goya (1746-1828) keep raising heated debate among art scientists. There is no definite interpretation of the concealed meanings of his portrait genre works. There are no doubts that various political changes that took place in Spain, that were followed by violent bloody wars had a great influence on the artist’s work. However, in the frames of our research, we will examine other triggers that are related to severe diseases of the artist. To some of the artist’s diseases there is no definite evidence. One that does not come into question is Goya’s deafness that became apparent, supposedly, in 1793: “He got almost deaf, had constant headaches that make him practically disabled” [Yakimovich \(2018\)](#). Doctors see his deafness as a consequence of a disease, probably a series of brain strokes, viral encephalitis, malaria, syphilis, Meniere’s disease, Susak’s syndrome or poisoning with lead contained in the white lead the artist coated his canvas with. There are also many assumptions about the artist’s psychical condition, among which schizophrenia, bipolar disorder, posttraumatic stress disorder, etc. Among the latest articles to the topic of long lasting physical and psychical diseases of Goya especially interesting are the following: “Francisco de Goya y Lucientes: Genio y neuropsicopatología” [Palacios-Sánchez \(2021\)](#), “Sacks, giants, owls, cats: It’s a mad world in the graphic art of Francisco de Goya (1746–1828)” [Symmons \(2021\)](#) and “Sparks over Saturn: A Revision on Francisco de Goya’s (1746–1828) Disorders” [Vigil Morant \(2018\)](#). Because of an unknown physical disease Goya risked to lose not only his hearing but also his eyesight. Luckily, it restored. Doctors tried to help the artist using modern at that time methods of treatment including electro-therapy. “The artist himself began mentioning at that time that he is afraid to go mad. He referred to his suffering that brought him to frenzy. There is a tendency to think that he meant his physical suffering during the first stage of his disease in 1793 when he was in a serious condition during half a year. Most likely he could not forget, could not stop fearing that piercing pain inside his head and the feeling of a world swinging, floating and promising to collapse” [Yakimovich \(2018\)](#). The artist paints such works as “Yard with Lunatics”, “Fire”, “Assault of Thieves”, “Prison Interior”, “The Death of the Picador”, the series of graphical works “Los Caprichos”. In the beginning of the XIX century Goya tends to seclude, fencing himself from his former social circle. In 1820 he suffered another attack of disease. He managed to overcome it thanks to the efforts of the outstanding doctor of that time – Eugenio Arrieta. Goya painted the picture “Self-Portrait with Dr. Arrieta” in 1820 in gratitude for his healing. Again, there is no detailed evidence about the character of the disease. We can only guess the severity of the disease by the agonizing pale face of the artist in the picture. The doctor’s face by contrast has a healthy color, his look is firm and concentrated. With his left hand doctor Arrieta is holding the artist’s body; in his right hand he has a glass, most likely with medicine. In the background, behind the figures of the artist and the doctor, one can distinguish dead and half-dead figures, most likely, the characters of the nightmares that tortured the artist during his disease.

Among the works of first period of the 20-ies are the so called “Black Paintings” from “The House of the Deaf Man”, that Goya painted the walls of his house with. They were depicting his horrid visions and phantasies called by severe diseases and maybe also by the terrifying social situation in Spain that was changing rapidly but remained just as hopeless as ever, the situation the artist witnessed throughout his life. “These, so-called, Black Paintings contain some wildest and grimmest imaginings art ever knew” [The Week. \(2021\)](#). Maybe the artist was driven by the urge to pour out, to channelize the pain in these horrid pictures on the walls of his house.

Secondly, there are artists, whose position towards the disease, pain and physical suffering in their life and art can be designated as a passive strategy. Let us characterize the embodiment forms of such a strategy into the lives of the selected artists.

Perceiving disease/pain – as self-pity systematic returning and reproducing of traumatizing events.

A vivid example is Frida Kahlo (1907-1954), a very famous Mexican artist of the XX century, who was not trying to conceal the drama of her life full of physical suffering. All the severity of her pain and long torturing travels from one operating table to another is in her painting. “I am painting myself because this is the subject I know the best” [Burrus \(2022\)](#) Frida told the world so much about her unbearable suffering that it seems difficult to add something to it, but, nevertheless, every year since her death and up to nowadays appear books, articles and documentaries based on the story of her life. Among the latest translations into the Russian language are: “Viva la Frida” by Christina [Burrus \(2022\)](#), “Frida Kahlo” by Achille Bonito Oliva and Martha [Bonito Oliva and Zamora \(2022\)](#), “Nothing is Black” by Claire [Berest \(2024\)](#), “Frida and the Colors of Life” by Caroline [Bernard \(2022\)](#).

The hospital walls first occurred in Frida’s life when she was six years old. Poliomyelitis had bound the girl to bed for nine months and left Frida lame for the rest of her life, her right leg remained thinner than the left one. The girl tried to conceal it with trousers and loose clothes.

On September 17, 1925 Frida got into a terrible accident together with her friend and her first love Alejandro Gomez Arias. “I took the place on the side, near the handrail, Alejandro was next to me. The next moment the bus crushed into the tram heading to Xochimilco. It unexpectedly popped up from around the corner. This was very strange. The crash was not rapid, it was rather slow, but all the passengers got injuries. Especially me... From a strong push we all flew forward and the handrail pierced me like a sword is piercing the bull” [Burrus \(2022\)](#).

Frida was brought to the Red Cross Hospital in Mexico City, where the girl’s body had to be literally reassembled by parts: “Triple spinal fracture, clavicle fracture, fractures of the third and of the forth ribs, dislocation of the left shoulder, triple fracture of pelvis, perforation of stomach and of vagina, eleven fractures of the right leg, dislocation of the right foot” [Burrus \(2022\)](#). A month after the accident Frida, enclosed into a plaster corset, was brought home. She stayed in bed immobile for three months. A Year later she will return to being immobile. Her mother will place her into a special canopy bed with a mirror inside, will order a special palette for her and the only kind of occupation for her bound to bed daughter will be painting her own reflection. It is then when she paints one of her most significant works – “Self-Portrait in a Velvet Dress”, 1926 that represents the emergence of the unique style of Frida Kahlo. When she is twenty she decides to devote herself to painting, having refused of her initial dream of studying medicine because of her illness. The specialist she asked for advice about the perspective of earning money with painting was Diego Rivera, who later becomes Frida’s big love. Their relationship, full of contradictions and challenges lasted for twenty seven years. For the first time they got married on August 21, 1929, for the second on December 8, 1940. Frida tried to bear their child three times despite of the doctors’ protests. But all the three ended tragically. Depicting her stay in hospital after the loss of the second baby Frida created her work “Henry Ford Hospital” (1932) and “Frida and Cesarean Operation” (1932). This same year the artist’s mother died. The loss of her mother and her child found reflection in the painting with a looped plot “My Birth” (1932): Frida’s mother gives life to her and she, in her turn, gives life to herself.

Later on Frida will undergo one more surgery. Most of her surgeries were necessary to treat the old traumas, the consequences of the accident. Long periods of immobility, long stays in hospitals, wearing heavy medical corsets, physical pain torturing her all her life and, as a result, psychical suffering that was strengthened more by external factors, such as Diego’s infidelities, were all embodied in the artist’s paintings: “What the Water Gave Me” (1938), “Sleep (Bed)” (1940), “The Broken Column” (1944), “Without Hope” (1945), “Tree of Hope, Stay Firm!” (1946), “Self Portrait with the Portrait of Doctor Farill” (1951), “Viva la Vida” (1954), etc. After another surgery on her spine Frida got addicted to morphine and other painkillers forever. They helped to calm down the unbearable pain, even if only a little. After a series of surgeries in 1950 Frida found herself in a wheelchair. In 1953 she suffered the amputation of the right leg up to her knee. A couple of months before that her first personal exhibition was organized in Mexico She was brought to the exhibition in an ambulance car and placed into a bed in the center of the gallery.

Balancing between life and death in both, literal and figurative ways was accompanying Frida along her artistic way and ended on July 13, 1954. In her diaries Frida wrote that she had 22 surgeries. Obviously this heavy weight of suffering made Frida fixate on constant reproduction of self-pity in her creative work, on stimulating and strengthening the pain.

Disease/pain as depression, demonization of pain and change of psychical condition.

The works Pier Augusto Tagliaferri (1872-1909) painted in 1909, the year his father, whom he felt strongly connected to, was suffering of pains from traumas he got in an accident, were the reflection of the artist’s feelings. The son is creating the portrait of the parent “The Mysterious Portrait of the Father” as if taking it out of a nightmare “(...), he seems to come from one of the extraordinary stories of Poe: with his hallucinating eyes, feverish expression and long hair covered with yellowish seaweed, looks rather like a distorted image of Neptune” “(...) che pare uscito da uno dei racconti straordinari di Poe, per via degli occhi allucinati, l'espressione febbricitante e i lunghi capelli incrostati come di alghe giallognole, da sembrare al contempo una stralunata raffigurazione di Nettuno”) [Sgarbi and Algranti \(2005\)](#).

His anxiety and massive stress found a way out in his pictures with demonic plots: “The Nightmare”, “At Night”, “The Winter Night”, “The Grey Weather”, “The Dammed”, “Decent from the Cross”, “Naiads”. It has to be mentioned that also before that year his

art was full of frightening images reproduced by the mind attacked by ghosts and nightmares. He was "(...) tortured by the question about his own destiny, by the temptation not to be lonely and not merely a painter" ("(...) assillato dalle domande sul proprio destino è dalla tentazione di non ritenersi solo e semplicemente un pittore") Sgarbi and Algranti (2005). We find interesting reflections about living through personal pain and feeling for other people's pain in the «The Blue Book» Wittgenstein (1999) by the Austrian-British philosopher Ludwig Wittgenstein (1889-1951). Wittgenstein puts the examples referring to physical pain into a strong connection to the grammar and to the semantic figures of speech. Pain in this sense is a phenomenon that is hard to transmit, almost immeasurable and unpronounceable: "What does it mean to know that something hurts you hear? The word "here" refers to a certain location; but what kind of a space is this location in? And how do we mean this localization at all?" Wittgenstein (1999). Most likely this was exactly the phenomenon Pier Augusto Tagliaferri experienced: it is so hard to detect what you feel when slain by pain, the many nuances are intertwined into a bizarre world. The psyche of the artist was not ready to solve such complex tasks.

In his article "Reflections on the Sidelines of the Exhibition "The Evil"" Sgarbi and Algranti (2005) Gianfranco Bruno places pain, suffering and existential discomfort into the concept of Individual Evil. If this Evil is strong enough it can lead to "the loss of identity by the individual" ("la perdita dell'identità dell'individuo") Wittgenstein (1999) and provoke serious psychological problems.

One can be more or less sure about their own pain: "I tend to say that only my own perception is true: "I know what I see, what I hear, I can feel the pain, etc., but none of these I know for sure of the other. I can't know it because I am me and the other is the other"" [52, p. 80]. The pain of the other can only be "taken for granted": "Even though, we don't know if other people feel pain, we definitely believe in it, when we, for example, empathize with them. It is quite clear that we couldn't have empathized with them if we didn't believe they feel pain: so, isn't this faith something philosophical, metaphysical?" Wittgenstein (1999) We take our individual perception of the surrounding reality for objective, but this way of thinking "leaves us with many disparate individual perceptions of different people" Wittgenstein (1999). Most likely, it is this very sensibility that is characteristic to Tagliaferri. Coinciding of his own pain and the pain of his father he felt so attached to, provoked the irreparable. Pier Augusto Tagliaferri committed suicide when he was only 37 years old. Obviously, he could not identify himself in the real world anymore.

Perceiving disease/pain – as a presentiment, a prediction, awaiting the death.

Amedeo Modigliani (1884-1920), the representative of expressionism, was specializing in portrait painting; there was also a period when he created sculptures. The only self portrait of the artist was painted in 1919, a couple of months before his death, that he foresaw and shared his sensations with the others: "Modi told his friends that he is dying. Many didn't take it seriously. Many times before he fell seriously ill, coughed, spitted blood, but he always got well again, and again he drank and took drugs and loved women" Sichel (1998).

It has to be mentioned that ever since his early years the artist was followed by diseases: Plevritis in 1895, typhoid fever in 1898, then another plevritis, foci of tuberculosis in his left lung in 1900. In 1909 and in 1912 Modigliani who lived in Paris at that time went to Italy to visit his family and to restore his health. In 1920 became deathly ill with tuberculosis meningitis.

In the layout of positions described by psychologists and philosophers (especially the one by S. Freud where he defines the conflict between the attraction to life and attraction to death), Modigliani swung the pendulum to the very extreme of the passive position: he lived waiting for death, told his friends that he was dying and drew out the premonitions with alcohol and drugs. This artistic strategy of anticipating the pain is best reflected in that only self portrait of a half-dead person with an unnatural blush burning out the remains of life – the one he painted a couple of months before he died.

The Swiss artist Böcklin (1827-1901) had a similar kind of a presentiment not about himself but about many other people. His work "Plague" painted in 1898 became the inevitable prophecy. The artist predicted the most horrible epidemic of the XX century. The picture shows the allegorical image of Deathly Plague racing through the city flying on the winged dragon and reaching its victims with a huge scythe. Art scientists consider his other work "Cholera" to be a preparation for it. Böcklin drew it in 1876 during the epidemic in Florence.

There is no data about physical disease of the artist but some artistic works were inspired by the topics of disease, pain and physical suffering. What is especially important for the present research is that such a hard topic in the artist's work can be prophetic.

Thirdly, in the course of the research it came out that it is necessary to distinguish the third kind of a position an artist can take towards the pain. The idea of this position is that the artist accepts a dual strategy – active and passive, applying them separately and contrarily in life and in art. This is not the mixture of positions; this is the choice of different strategies for different forms of activities in life and in art. Let us characterize the forms of embodiment of this position in art and life of the selected artists.

Dual position: disease/pain – as a refusal to accept the situation, not willing to take treatments as signs of the passive position; and rampant workaholism when in the active position.

The eye disease had a very negative effect on the creative work of Claude Monet (1840-1926), continuously changing the artist's painting during the period from 1912 to 1922. He tried his best to ignore the problems with his eyesight and kept postponing the surgery. He finally decided to entrust himself to surgeons only years after suffering horrible inconvenience. Monet had cataract caused by age-related changes that in their turn were the result of nuclear sclerosis, one of the symptoms of which are hardening and yellowing of the core of the lens. In the end vision deteriorates because as the disease progresses, the hardened and yellowed lens lets through less and less light. How did Monet technically manage to cope with this problem? There are two possible answers

to this question. The first one – losing the ability to distinguish clear colors, not to mention tones or color transitions due to the yellowing, darkening and blurriness of his look Monet arranged his palette by labels on the paint tubes. “It was harder and harder for him to distinguish colors, but, as he confessed in one of his later interviews, he compensated it «trusting the labels on paint tubes and systemizing the colors on the palette in a special way” [King \(2021\)](#). The second one – he trusted the intuitive choice of colors, the habit and the many years’ experience. After all, Monet devoted most part of his long life to art.

In 1923 after the eye surgery he finally agreed to, red and orange colors and green-blue tones began to dominate the artist’s painting. Sometimes the artificially enforced blue compensated the yellowed look at the model. The blurring tended to abstraction, the canvas were darkened, the paintbrush – gross. The works created during the progressing eye disease are absolutely incomparable to the characteristic impressionist manner of the artist who transmitted “impressions” so easily and precisely. The artist proved it himself having destroyed many of the rough paintings with sharp shape, color scheme and light solution, realizing what a failure they were.

The Stanford University Ophthalmology Professor Michael F. Marmor devoted his books and articles to studying how did eye sight problems influence the late art of Claude Monet and Edgar Degas. His method involves the imitation of the impact that this or the other eye disease may have. The basis for the experiment was a set cards used for the visual acuity test. First the method of Gaussian blur has been applied to the images on the cards up to the very last readable line in accordance with the visual acuity level. Then, for the case of Monet, based on the clinically proved data, the cataract had been imitated through eliminating the blue color and adding the yellow. This had been followed by darkening the image. In this way they got an image corresponding to the world vision of the people who suffer of luminescent cataract with vision acuity of 20/200. Increasing the blurring and applying certain filters of graphics editors to Monet’s art work, one can obtain the results corresponding to the different stages of his disease [Marmor \(2006\)](#), [Marmor and Ravin \(2009\)](#), [Marmor and Ravin \(1997\)](#). Among other research there are articles of different authors: “Monet. The Cataract and the Water Lily” [Scholtz et al. \(2022\)](#) “Cataract and the painting of Claude Monet” [Lanthony \(1993\)](#), “Painting and the eye” [Nagy \(2018\)](#).

Rejection of pain, refusing to devote time to it, ignoring the doctors’ attention is Claude Monet’s position adopted for life. However, his position in art is obviously the contrary. How could the artist with the progressing deterioration of vision keep painting and believing that the manner of transferring «impressions» is close to his usual style? From a broader perspective one should take for the main reason his devotedness to his work and true love for painting. Even exposing himself and his family to hardship and hunger he has not left it or changed for an occupation that would guarantee a more or less stable salary. Furthermore, one should not forget that one of the dominating character features of the artist was determination (or stubbornness), that was clearly seen already in his youth and becomes even stronger with the years. On the 7th of July, 1922 Claude Monet writes: “...I work a lot and I would like to paint everything in the world before I get blind ...”. [Venturi \(2020\)](#). He really worked a lot.

A similar life position towards a disease was characteristic to Camille Pissarro (1830-1903), who was an experimenter in painting techniques. Just as Monet, he got vision problems in his advanced age. There is an opinion that the artist’s eyes were infected with kind of a disease that causes tearing. This made working in the open air practically impossible for him. However, he had found a solution that brought some variety into his late works introducing mainly architectural motives, and, sometimes even his beloved agricultural landscapes: he put his easel by the windows of different apartments and hotel rooms. Pissarro traveled a lot. Yet, the artist had to come up with transmitting the real world on the canvas from behind the glass that separated him not figuratively, but quite literary from inspiring models. Maybe it was the window frame that enabled Pissarro to depict all the variety of architecture of the cities and countries he visited, all the fuss of the streets, the fast pace of the crowd so effectively and so geometrically correctly in the flat space of each new canvas.

We find it important to mention that in the present research we do not claim to examine the creative contribution of the artists into the world treasury of art. This contribution is precious. In this work we examine the attitude of the master to pain/disease, and in this regard, both – C. Monet and C. Pissarro had a passive position: not to notice and not to react to pain or disease in their lives. It is possible that this position became dominant for them because the artists encountered disease in the old age, when most of their resources had been spent. The more valuable it is to see the artists’ urge to transform the pain into the creative energy, to paint a lot giving themselves completely to their work.

Duality in perception of disease/pain – as a necessity to depict it, as a precise statement of the process; crossroads of two kinds of pain – physical and social.

Ferdinand Hodler (1853-1918) immortalized the decay of his beloved Valentine Godé-Darel from cancer in the prime of her life. The young porcelain painter found out about her terrible diagnosis in 1912 when she was pregnant. In 1913 Holder and Godé-Darel’s daughter Pauline was born. By 1914 Valentine hardly gets up from bed, rapidly losing her strength. The artist visits his beloved every day and makes many sketches during these visits. Valentina’s pale face becomes increasingly lifeless; looking at these portraits one gets an impression that at a certain point the artist began depicting the Death. Sunken eyes, mouth half-open, movement of muscles – all transfer the torturing physical suffering of the ill. On January 24, 1915 Valentine Godé-Darel died. The next day Hodler painted her last posthumous portrait.

The complex position of Ferdinand Hodler in the chain “active-passive” gets a dual interpretation: the artist overtakes a purely passive task if stating what was happening, but he accomplishes it actively: he creates many sketches and paintings during Valentine Godé-Darel’s life and even after her death. The duality is also found in the emotional condition the artist transfers in his works and the emotions he actually experiences: in his artistic works he shows the physical pain and the act of creativity itself is called upon by the social pain of losing a close person. This duality is due to the fact that Ferdinand Hodler was suffering of mental (social) pain and of a void from the loss of his beloved, not of a physical pain as all the other great artists whose cases are selected for this work. So, E. Levinas divides suffering into two categories – mental and physical, considering the second one to be the most torturous as it closely bounds the person to being, distancing them from diluting in transcendental on one side, and makes realize the proximity of the death, unknown and mysterious, on the other. “If moral torment can be stand with dignity, which is already liberation, physical suffering of whatever kind, in contrary, is the impossibility to detach oneself from this very moment of being... In physical suffering there is no asylum, it is the direct exposure to being... It is impossible to flee or to retreat... It is being trapped in life, in being ...” [Levinas \(1998\)](#).

The list of creative positions famous artists facing the pain chose could probably be continued. The research did not pursue the goal to detect them all. The volume of a scientific article is not enough for that. The goal of the research is to reveal the basis for different positions great artist chose, to understand what principle wins and why does it win in an artist’s life and art and what is art in this process.

The founder of psychoanalyses S. Freud highlighted the personal conflict of choice between two kinds of attractions: destructive – passive, and constructive – meaning life, activating all vital resources, making Life outweigh. This is how activity develops: it is being constructed by means of reality replacement, creation of a «healthy life» on their canvas, just like Kustodiev did it: “seeing the joy of life – I am just glad that I live, that I see that blue sky and the mountains – I am thankful for that”. Or like Renoir: when he was painting nothing existed for him but painting. Despite of the advanced stage of his disease he was humming the songs he took over from his sitters. Toulouse-Lautrec was diving into the vivid night life of Paris spurring himself to create more. Munch found a “healthy resource” in pain to overcome it. The outweigh of the destructive attraction, in contrary, results into freezing, death in life, passiveness, as it was with Frida Kahlo who deepened into self-pity and reproduced this pity on her canvas, or with Tagliaferri who fell into depression, suffered a change of psychical condition himself and transmitted it onto the characters of his paintings. In case of dualism the two contrary positions are equal: undoubted active position in work, urge to paint even when painting threatens the family with hunger, even though the painting of that period is to be destroyed by the artist himself as unworthy; but the life position becomes passive when encountering the disease: freezing, refusing to notice the pain and to react on it, painting almost only by feel (Monet and Pissarro). All these can be defined as an endless spectrum of perceptions. Researching the nature of pain perception by a creative personality provides proofs to this statement. The perception of pain is very subjective, very individual, it can be strengthened or weakened influenced by many factors. As Gulnara Khaidarova puts it “of course, perception and transformation of pain depend on the level of personal development of an individual, on their cultural level, on the means of cultural interaction with the others that they learnt. It can vary from a negative reaction on pain as on an irritant to a culturally reflected position towards the pain. This is a very large spectrum of perception” [Khaidarova \(2013\)](#).

Now let us get back to the question we formulated to ourselves in the beginning of the research: does pain always bare a negative charge and, as a result, always have a negative impact on a personality and their art. A spectator perceiving the art that reflects pain is getting a variety of emotions, including positive ones. Moreover, seeing the pain can have a positive impact by “dignifying and educating” the spectator. Mankind well remembers the testament of the ancient Greek philosophers and the theory of catharsis suggested by Aristotle in particular. According to this theory, “through fear and compassion the soul of a spectator purifies in a tragic action” [The Gospel: The Books of the Holy Scriptures of the New Testament \(2017\)](#). Modern researches claim: “Positive emotions have a strong impact on the perception of pain” (“Le emozioni positive hanno una potente influenza sulla percezione del dolore”) [Benedetti \(2019\)](#). Anxieties raised by the power of art and real pain coincide in these circumstances and form that very catharsis from both – perceiving art and the creative process itself. (B. Kustodiev, A. Renoir).

But there is also an opposite way a creative person can behave. They give their whole attention to the pain itself, the artist deepens into pain, cherishing it, forming negative emotions that human brain perceives as stimulating of pain, strengthening it (see Benedetti’s experiments), and, as a result, developing apathy to life and resulting into “negative art” (F. Kahlo, E. Tagliaferri).

Finalizing the research the authors systemized the data of their analysis in the table that contains the strategies in life and in art of the great painters, who encountered pain/disease themselves or suffered through the pain/disease of their close people.

Table 1. Strategies of life and art positions towards disease, pain chosen by selected artists of the XIX-XX centuries.

Table 1

Table 1 Strategies of Life and Art Positions Towards Disease, Pain, Physical Suffering Chosen by Selected Artists of the XIX-XX Centuries
Strategies of life and art positions towards disease, pain, physical suffering chosen by selected artists of the XIX-XX centuries.

1. Active strategy, types:	2. Passive strategy, types:	3. Dual strategies, types:
1.1. disease/pain – as an active resource for creating new works (E. Munch)	2.1 disease/pain – as self-pity, perceiving oneself as a victim, systematic reproducing	3.1. disease/pain – as unaccepting the situation, refuse of treatment, acute workaholism (C. Monet, C. Pissaro)
1.2. disease/pain – as a stimulus to create an exaggeratedly healthy reality by means of paintings, joy of life trough overcoming destructive conditions (A. Renoir, B. Kustodiev)	traumatizing events, deepening into loneliness (F. Kahlo)	3.2. disease/pain – as a necessity to capture it, as a precise statement of the process, without a possibility to change anything, crossroads of two kinds of pain: physical and social (F. Hodler)
1.3. disease/pain – as accepting reality as a stimulating challenge, fate as a challenge (H. de Toulouse Lotrec)	2.2. disease/pain – as depression, demonization of pain, change of psychical condition (A. Tagliaferri)	
1.4. disease/pain – as a research, self-analyses, recreation in an allegorical world (K. Friedrich)	2.3. disease/pain – as premonition, prophecy, awaiting death (A. Modigliani, A. Böklin).	
1.5. disease/pain – as overcoming, art as a way to keep imagination busy, channelize the pain (F. Goya).		

DEDUCTIONS

Summing up the multi-aspect research that aimed to understand what is living through pain and being put on test by it for a genius creative person, a painter, by identifying ways they reflect these conditions and emotions on their canvas, defining features of the emotional reaction to perceiving pain and living through disease/pain in case of every artist selected for the research, characterizing the transformation of the creative task of a painter depending on their perception of pain and the way they construct their life strategy and their artistic credo, came to the following conclusions.

- 1) The present research is an attempt to answer the question, what is living through pain and perceiving pain for a creative person. Following the J-P Sartre in his comprehension of pain [Sartre \(2000\)](#), makes it possible to understand the process of “assimilation” and adapting to the pain by a person, and, especially by a creative person. If the habits, the thinking patterns of an artist had been brought forth by pain, they will be reflected in his art by many aspects: the choice of an attitude to themselves, to art, to the others, to the goals and tasks for their life and art, and, as a result, to the choice of an ideological justification of their position, the preferred themes and plots.
- 2) There are many psychological, social, mental, cultural and physical factors that influence artists, when pain break into their lives. These multiple factors and their numerous combinations explain the variety of positions the great people choose in relation to art and to life burdened by pain. All this variety can be reduced to two forms of perception of life and of a creative task: the active and the passive one.
- 3) Basing on the works of art scientists, doctors, philosophers, psychologists, and, to a greater extend, on the works of J-P Sartre, E. Levinas and S. Freud, we can make a conclusion that for artists encountering pain it is, most likely, the pain itself that is the trigger of pleasure, satisfaction by art, lust for life, Eros, in case they choose the active position. If the artist takes a passive position, the pain triggers deepening into loneliness, «morbid fascination», savoring the pain, self-pity, destructive attraction, demonization of pain, falling into psychically unstable conditions.
- 4) Physical pain and suffering are rarely destructing factors for the creative personality and/or, at least, they don't lead to the rejection of creative work. They shape certain behavioral patterns, including creative behavior, called «strategies» towards forms and norms of life and art that in this way or another influence the choice of goals, themes or plots for painting and graphical works. This choice is far not superficial, it is very sophisticated: so, if the artist chooses to refuse of «materializing» the topic of pain on the canvas, «exiling» this topic from their art and the field of their concerns when the pain is physically present – this choice becomes the creative credo, as it was for B. Kustodiev and A. Renoir. It is hardly possible to ignore pain

completely. Even if it is not present on canvas, it is still present in life. It is an artist's conscious position, formed by this attitude to pain.

- 5) If the personality type of an artist is closer to the neurotic one (by Freud), they tend to reproduce the misery in their thoughts even if it remained in the past, coming back to it again and again as neurotics usually do. The manifestations of such conditions can be found, for example, in the art of E. Munch and F. Kahlo: E Munch paints a lot, attempts to register pain and death fueling himself and his urge to return to the subjects of his own diseases and the deaths of his close people again and again as a way to relieve himself from this pain through his art; F. Kahlo devoted almost all her works to remembering her miseries, reproducing them again and again in every painting.
- 6) Characterizing pain as a trigger for the person's behavior as an emotional charge, one can state that even negative emotions can have a positive impact "dignifying and educating", helping to achieve catharsis from the creative process and, what is especially important for an artist, from the creative process itself.
- 7) The creative process has a capacity to transform the emotions and feelings called by pain into a generator of some very important effects that can help the artist to live, to escape from pain, to express themselves. The following effects of this kind have been identified during the analyses: the pain killing effect, the discharge of a dominant and the dopamine effect. So, the discharge of a dominant can be found, for example, in the creative work of J. Goethe. The book "Sorrows of Young Werther" was written under the heavy weight of an obsessional condition caused by an unanswered love. The writer kind of «gave it away» to his work, so that it doesn't suppress him. This is also the effect Edvard Munch, Francisco Goya and Frida Kahlo profit from in their art. It feeds their art in different ways: Edvard Munch is painting a lot, really a lot of pictures that depict death, pain, diseases in the urge to give it all away to the canvas, to get rid of it, calling the pain «a healthy resource». Most likely, Munch was also well familiar with the dopamine effect of art. Francisco Goya used a similar strategy in his art, giving part of his pain to his canvas. The series of the "Black Paintings" on the walls of his house could be a proof for it. Frida Kahlo uses the dominant discharge effect during her whole life, but new traumas and new surgeries force her to come back to the topic of pain again and again and to reproduce the traumatizing events of her life.

As for the painkilling effect, a good example would be the life position chosen by Henri de Toulouse-Lotrec. He made the rhythm of his life so rapid, that he had absolutely no time to stop and to think it over. Mocking himself was an efficient self-defense mechanism. With his life and art he kind of challenged the pain and the disease.

The art of Auguste Renoir had a dopamine effect for the artist himself: he changed to the better and began humming songs when he painted. Even greater was this effect in the art of Boris Kustodie: he was glad to see every sunray, crunching and whiteness of snow reproduced by his memory on the paintings revitalized these images for the artist. Profiting from the dopamine support is also characteristic to Claude Monet.

- 8) A creative personality can find significant resources to resist pain and disease in the art itself and in the reflection about their condition, in communication with a partner, let them be real or imaginary (K. Friedrich), for example, with the characters of their paintings (E. Munch), mythologized, allegorical (. Friedrich, A. Böcklin), or with an absolutely real one, for example, with the doctor (F. Goya). In this way, the reflection and the urge to understand becomes the key to transition from the passive position to the active one. The active position, in its turn, helps to resist disease and devastation, to stand up against the hard period of life. The hunger for creativity encourages artists to paint even in the most difficult circumstances complicated by destructive conditions. So, B. Kustodiev, being bound to bed in his small room tunes his imagination to the spirit of the festive celebrations he saw long time ago and reproduces this spirit in the nature of his native land or in the healthy and happy characters. For Renoir the disease became a powerful stimulator for the concealed energy. He invests this energy into work. The artist does not stop painting despite of everything. When the disease progresses and his hands, deformed by arthritis, cannot hold any tools anymore, he asks to tie paintbrushes to his hands. Because of his eye tearing disease Camille Pissarro keeps painting behind the window frame – all for the sake of continuing his life in art. Edvard Munch finds «a healthy resource» in numerous deaths of his close people and in his own pain and uses it for keeping up and for his art.
- 9) And, finally, the most important life-affirming conclusion: the research of lives and art of the selected great masters proved, that there are more artists who preferred the active position and perceived pain as a trigger to search satisfaction in art, thirst for life, chanting the beauty of life no matter what. Therefore, professional activity and art that is one of the most pleasant, fostering self-expression kinds of human activities change the perception of disease/pain, giving the artists positive emotions and helping to resist, no matter how hard the physical suffering is.

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REFERENCES

- Aristotle. (1927). *Poetics* (N. I. Novosadskij, Trans.). Academia.
- Benedetti, F. (2019). *The Pain: Ten Key Points to Understand it*. Carocci.
- Berest, C. (2024). *There is no Black and There Will Not Be* (A. Koval'Chuk, Trans.). Mann, Ivanov i Ferber.
- Bernard, C. (2022). *All the Colors of Love* (S. Poljakov, Trans.). Arkadiya.
- Bettelheim, E., Liu, J., Dazzan, P., and Turkheimer, F. (2024). *Painting Schizophrenia: An Empirical Investigation of the Self-Portraits and Portraits of Edvard Munch* [Preprint]. Preprints.org. <https://doi.org/10.20944/preprints202406.1631.v1>
- Bonito Oliva, A., and Zamora, M. (2022). *Frida Kahlo* (M. Fedorova, Trans.). AST.
- Bruno, G., Grøgaard, S., and Trabucco, L. (2018). *On the Path Along the Abuse: Readings by Edvard Munch: Art History and Psychoanalysis*. Nicomp L.E.
- Burrus, K. (2022). *Viva la Frida* (O. Terent'eva, Trans.). Mann, Ivanov i Ferber.
- Cooke, A. (2024). *The Scream: Lament as a Way to Hear Silence Into Speech*. *Pastoral Psychology*, 73, 431–444. <https://doi.org/10.1007/s11089-024-01130-1>
- Dahl, E., and Rolfen, T. S. (2024). *The Phenomenology of Pain and Pleasure: Henry and Levinas*. *Journal of French and Francophone Philosophy*, 31(1–2), 46–67. <https://doi.org/10.5195/jffp.2023.1050>
- Fekete, A., et al. (2022). *Does Art Reduce Pain and Stress? A Registered Report Protocol of Investigating Autonomic and Endocrine Markers of Music, Visual Art, and Multimodal Aesthetic Experience*. *PLOS ONE*, 17(4), e0266545. <https://doi.org/10.1371/journal.pone.0266545>
- Finger, S., and Sirgiovanni, E. (2024). *Edvard Munch's Crisis in 1908 and French Medicine: His Doctors, Treatments, and Sources of Information*. *Journal of the History of the Neurosciences*, 1–24. <https://doi.org/10.1080/0964704X.2024.2357059>
- Finger, S., and Sirgiovanni, E. (2024). *The Electrified Artist: Edvard Munch's Demons, Treatments, and Sketch of an Electrotherapy Session (1908–1909)*. *Journal of the History of the Neurosciences*, 33(3), 241–274. <https://doi.org/10.1080/0964704X.2023.2295201>
- Fortoul, T. (2024). *Toulouse-Lautrec, His Thickness and his art*. *Revista De La Facultad De Medicina, Universidad Nacional Autónoma de México*, 67(3), 52–56. <https://doi.org/10.22201/fm.24484865e.2024.67.3.07>
- Freud, S. (1969). *Selected Works* (E. Zhiglevich, Ed.; Vol. 1). Overseas Publications Interchange Ltd.
- Freud, S. (2006). *Psychology of the Unconscious* (A. M. Bokovikov, Trans.; A. M. Bokovikov and S. I. Dubinskaja, Eds.). OOO Firma STD.
- Freud, S. (2021). *Collected Works* (Vol. 22). Vostochno-Evropeiskii Institut Psikhooanaliza.
- Galli, L. (2009). *When Life Changes Color: React to Pain and Illness*. Mondadori.
- Goethe, J. W. (2020). *The Sorrows of Young Werther*. AST.
- Gromova, E. (Comp.). (2010). *Gallery of Geniuses: Kustodiev* (O. Medvedkova, Ed.). OLMA Media Gru
- Hanson, L., and Hanson, E. (2016). *Henri de Toulouse-Lautrec*. Odoya.
- Johnson, M. I., et al. (2023). *Pain Through the Perspective of Art and Creativity: Insights from the Unmasking Pain Project*. *Frontiers in Pain Research*, 4, 1179116. <https://doi.org/10.3389/fpain.2023.1179116>
- Khajdarova, G. R. (2013). *The Phenomenon of Pain in Culture*. Izdatel'Stvo Russkoi Khristianskoi Gumanitarnoi Akademii.
- King, R. (2021). *Mad Enchantment: Claude Monet and the Painting of the Water Lilies* (A. Glebovskaia and A. Zakharevich, Trans.). Azbuka; Azbuka-Attikus.
- Kinodo, J.-M. (2012). *Reading Freud: The Study of Freud's Works in Chronological Perspective* (O. Zhuravlev, Trans.; N. I. Kigaj, Ed.). Kogito-Tsentr.
- Lanthy, P. (1993). *Cataract and the Painting Of Claude Monet*. *Points de Vue*, (29), 12–25.
- Lee, W. H. M., Gholamrezaei, A., and Pourkazemi, F. (2023). *Effects of Visual Arts on Persistent Pain: A Systematic Review* [Preprint]. Medrxiv. <https://doi.org/10.1101/2023.05.24.23290506>
- Levinas, E. (1969). *Totality and Infinity: An Essay on Exteriority* (A. Lingis, Trans.). Duquesne University Press.
- Levinas, E. (1998). *Otherwise than being, or beyond essence* (A. Lingis, Trans.). Duquesne University Press.
- Levinas, E. (1998). *Time and the Other: The Humanism of Another Person* (A. Paribka, Trans.; B. Ostanin, Ed.). Vysshaya Religiozno-Filosofskaya Shkola.
- Levinas, E. (2000). *Selected Works: Totality and Infinity*. Universitetskaya Kniga.
- Marmor, M. F. (2006). *Ophthalmology and art: Simulation of Monet's Cataracts and Degas' Retinal Disease*. *Archives of Ophthalmology*, 124(12), 1764–1769. <https://doi.org/10.1001/archophth.124.12.1764>
- Marmor, M. F., and Ravin, J. G. (2009). *The Artist's Eyes: Vision and the History of Art*. Abrams.
- Marmor, M. F., and Ravin, J. G. (Eds.). (1997). *The Eye of the Artist* (2–25). Mosby-Year Book.
- Maïdi, H., and Karavanova, E. (2021). *Trauma and Symbolization in Edvard Munch: Art and Psychoanalysis*. *Annales Médico-Psychologiques, Revue Psychiatrique*, 179(9), 792–796. <https://doi.org/10.1016/j.jamp.2021.09.001>
- Munch, E. (2021). *Diaries and Letters* (E. Rachinskaja, M. Makaridina, and E. Vorob'eva, Trans.). AST.
- Nagy, Z. Z. (2018). *Painting and the Eye*. *Developments in Health Sciences*, 1(1), 2–9. <https://doi.org/10.1556/2066.1.2018.02>
- Ness, A. (2021). *Edvard Munch: Biography of the Artist* (E. Rachinskaja and A. Turuntaeva, Trans.). KoLibri; Azbuka-Attikus.

- Palacios-Sánchez, L. (2021). Francisco De Goya and Lucientes: Genius and Neuropsychopathology. *Medicina*, 43(2), 318–325. <https://doi.org/10.56050/01205498.1610>
- Peraica, A. (2022). Anthropocentrism and Solipsism in Photographic Self-Portraits of Edvard Munch. *Photographies*, 15(2), 187–203. <https://doi.org/10.1080/17540763.2022.2060287>
- Perruchot, H. (2005). Renoir's life (S. A. Tarkhanova and Ju. Ja. Jakhnina, Trans.). Rusich.
- Perruchot, H. (2019). Van Gogh, Monet, Toulouse-Lautrec: Biographies of Great Masters. AST.
- Renoir, J. (1970). Auguste Renoir (O. Volkov, Trans.). Iskustvo.
- Sartre, J.-P. (2000). Being and Nothingness: The Experience of Phenomenological Ontology (V. I. Koljadko, Trans., Preface and Notes). Respublika.
- Scheler, M. (2020). About the Essence of Philosophy: Works from Different Years (A. N. Malinkin, Trans.). Tsentr Gumanitarnykh Initsiativ.
- Scholtz, S., Becker, M., MacMorris, L., and Langenbucher, A. (2022). Monet: The Cataract and the Water Lily. In *Curiosities in Medicine* (207–209). Springer. https://doi.org/10.1007/978-3-031-14002-0_56
- Schopenhauer, A. (2001). Collected Works (Vols. 1–6). Teppa-Knizhnyi Klub; Respublika.
- Sgarbi, V., and Algranti, G. (2005). Evil: Examples of Cruelty: Exhibition Catalogue (V. Sgarbi, Comp.; F. Ambrosio, Ed.). Skira.
- Sgarbi, V., and Algranti, G. (2005). Evil: Exercises of Cruel Painting: Exhibition Catalogue (V. Sgarbi, Comp.; F. Ambrosio, Ed.). Skira.
- Sholokhova, S. A., and Yampolskaya, A. V. (Comps.). (2014). (Post)Phenomenology: A New Phenomenology in France and Beyond. Akademicheskii Proekt.
- Sichel, P. (1998). Amedeo Modigliani (E. Shal'nevoj, Trans.). Feniks.
- Sontag, S. (2014). Regarding the Pain of Others. OOO Ad Marginem Press.
- Symmons, S. (2021). Sacks, Giants, Owls, Cats: It's a Mad World In the Graphic Art of Francisco de Goya (1746–1828). *Forensic Science International: Mind and Law*, 2, 100061. <https://doi.org/10.1016/j.fsml.2021.100061>
- The Gospel: The Books of the Holy Scriptures of the New Testament (Edition No. 01.481). (2017). Svet na Vostoke.
- The Week. (2021, April 17). Francisco de Goya: The Black Paintings. The Week.
- Valdes-Socin, H. (2021). The Syndrome of Toulouse-Lautrec. *Journal of Endocrinological Investigation*, 44(9), 2013–2014. <https://doi.org/10.1007/s40618-020-01490-4>
- Venturi, L. (2020). The Impressionists: Diaries and Letters (P. V. Melkova, Trans.). AST.
- Vetlesen, A. J. (2010). Philosophy of pain (E. Vorob'jova, Trans.). Progress-Traditsiya.
- Vigil Morant, J. (2018). Sparks Over Saturn: A Revision on Francisco de Goya's (1746–1828) Disorders. *NeuroRegulation*, 5(2), 52–56. <https://doi.org/10.15540/nr.5.2.52>
- Vollard, A. (1995). Renoir (N. Tyrsa, Trans.). Respublika.
- Wittgenstein, L. (1999). The Blue Book (V. Rudnev, Trans.). Dom Intellektual'noi Knigi.
- Yakimovich, A. K. (2018). Goya. Molodaya Gvardiya.