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Sydney College of the Arts  
The University of Sydney

MASTER OF FINE ARTS  
2014  
RESEARCH PAPER

STARTING AGAIN: MAKING ART AFTER A SPINAL CORD INJURY

By  
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## **Statement**

This paper is presented as a record of the work undertaken for the degree of Master of Fine Arts at Sydney College of the Arts, University of Sydney.

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## **Abstract**

This thesis explores how one's art practice changes after suffering a spinal cord injury. Throughout this MFA I document how my art practice changed after suffering a broken neck. It asks and answers the question of whether my injury and new limited capabilities will have to lead me away from my previous figurative way of painting. It delves into not just the changes I have had to make physically to continue to paint but also how what's happened to me and the subsequent medical/physical/social repercussions of a spinal cord injury have influenced the theme and content of my latest series of artworks.

## **Starting again: Making art after a spinal cord injury**

### **Introduction**

It's a common belief that there are just two types of paralysed people; those paralysed from the waist down and those paralysed from the neck-down. Quadriplegics and paraplegics. I myself thought this, and in the recovering months after my accident where I became a lifelong member of the quadriplegic club, I came to realise that this wasn't the case.

People I've met since my accident generally think being confined to a wheelchair is the problem, I'm happy to report that it isn't. Sure it gets in the way in certain areas of your life, however you begin to engineer your world around it. I liken it to becoming a vegetarian. Sure after becoming a vegetarian it may spoil eating out at certain restaurants, but you stop going to those restaurants and find new ones to suit your requirements. Sooner or later your 'dining out' habits are engineered to your lifestyle and what was once an issue isn't a problem anymore. Much is the same for wheelchair users. We adapt our homes, find new places to eat, drink, work etc... and issues only arise once in a while.

That's not to say living with spinal cord injury (SCI) doesn't have its problems. These problems vary, are virtually unknown to people living outside of the wheelchair community and are on the whole, I have found, extremely interesting.

Initially I had no idea how capable I would be at creating artwork. I wasn't sure which direction my disabilities would force my artwork to take. When I began the first semester I assumed my thesis would be solely a documentary of what I would be capable of achieving and if I could teach myself a new style. It turned out that I could paint much more successfully than I originally thought and tried to use my artwork to document how I've found being confined to a wheelchair. I've attempted to convey both the ups and downs of life in a wheelchair, and also attempted to educate those living outside the wheelchair community on the real issues people living with SCI face on a daily basis based on my first-hand experience.

One of the largest unwanted side effects of an SCI is the monumental ongoing financial costs to the individual. Many people assume (myself included before my accident) that once you are out of hospital and independently getting from place to place you are as 'fixed' as you're ever going to be, and life, apart from the obvious lack of walking, should pretty much be as it was before. Apart from the obvious wheelchair cost (which I will go into in a later chapter) there are other costs in which there are simply no ways around.

As Oliver et al note: 'The housing needs of people with SCI are extremely complex and difficulties often arise, necessitating a move to alternative accommodation or the undertaking of major adaptations.'<sup>1</sup> A huge cost that anyone with an SCI needs to take on is making sure their home accommodation is right for them. The hospital will not discharge you if this isn't taken care of before you leave the spinal unit. You then have to take this into consideration every time you move thereafter. I have just gone through the process of buying a house and had to factor in the financial cost of making the house wheelchair accessible on top of the cost of the property itself. I am currently trying to juggle my finances in order to pay for renovations so that I can access my back garden.

Another large cost is getting the patient with an SCI back on the road. In my mind this is absolutely essential and in no way a luxury. This is not simply a matter of alternatively using public transport. Sometimes this isn't even an option; not all buses are accessible, bus stops are often in inaccessible locations, and the destination stop can be far from the actual destination. Timing is also a factor. My current commute from Bondi to Lilyfield takes 20 minutes by car, whereas when I used to get public transport it could take between an hour and a half to two hours each way. When everything in your life now takes so much more time and effort than it did before (as it does with an SCI), adding a three or four hour commute onto your day only adds to the stress and pressure to hit the targets you've set for yourself that day. Having a car, then, is essential. People have said that it must be liberating to get a car. And they are right. However, I feel they are using the word without fully understanding the impact it was designed to have at its creation. I liken having a car to what it must have been like when they were first introduced to the world. The general population knew little about



their world other than their immediate surroundings. The people who were fortunate to own a car would have been the envy of everyone. I imagine people with cars traveling far and wide experiencing things most people could only imagine. I felt like now the world has caught up and I've taken a 130-year step back. I can only experience what I can access in the vicinity of where I live. I used to listen to people talking about plans to go here and there, and journeys they've taken, and I'd be bubbling over with envy and frustration at being reminded of more things that I can't do or have to miss out on. Is it liberating? Yes it is. However, that word seems to be thrown around an awful lot and has lost a lot of its impact, I can't put into words what it gives me or how it makes me feel. So yes, buying and converting a car to have hand controls is incredibly expensive, but it is an expense that if you want your 'freedom' or 'liberty', you cannot go without.

### **Bowel and bladder management**

Apart from large financial purchases like wheelchair equipment and a car, there are the ongoing costs of medical equipment. Medicine aside, I now know that continence equipment will be a major drain on my finances for the rest of my life. It comes as a surprise to a lot of people, that people with an SCI have different approaches to their toileting habits than regular able bodied people. Though if people thought about it, it would be obvious that some of the functions thought of to be the most 'natural' and therefore unconsidered might now be differently occurring and in need of much more self-conscious management. Not only is this an embarrassing part of life for the newly injured person, but it's one of the toughest parts to come to terms with mentally: "Loss of bladder control can be an embarrassing humiliating experience for most people. Helping the patient learn how to manage this aspect of his personal care successfully and independently can increase his feelings of confidence and internal control."<sup>2</sup>

It is also recommended that the individual with a SCI catheterizes every four hours. This adds up to another enormous expense: 'For reflex incontinence establish an intermittent catheterisation program (ICP) every four hours. An ICP can maintain the

health of the urinary system by preventing recurrent urinary tract infections from urine stagnation and bladder distension, preventing kidney damage from bladder distension and urethral reflux, relieving the patient of incontinence, and restoring bladder tone and function through periodic emptying.’<sup>3</sup> I catheterise roughly at 7am, 11am, 3pm, 7pm, and 11pm, if I regiment my drinking intake. If it’s a hot day or I have an impromptu coffee break this obviously will equate to me having more bathroom breaks. I buy all my continence equipment from an online continence store [www.brightsky.com.au](http://www.brightsky.com.au), where I pay \$1.30 (approximately \$2372 per year) for my intermittent catheters. If I pick up an infection from unclean accessible toilets (which is quite a common occurrence) or I want to drink any alcohol, it’s more appropriate for me to wear an indwelling catheter, as both of these considerably increase the output of urine. Indwelling catheters are much more engineered than intermittent ones and cost \$8.55 each and the leg bags they connect to cost \$6.90 (approximately \$684 for the catheter and \$552 for the leg bag – based on approximately 80 drinking events of the year). These hugely increase the cost of my continence equipment. Throw in the rough cost of the lesser equipment which must accompany it; sterile lubricant \$314per year, hand sanitiser \$108, antibacterial wipes \$363, and enemas \$635, and the total is in excess of \$5,000 per year. This is an astonishing figure, and gives a whole new dimension to the phrase, “pissing your money away.”



Paula Rego, *The Maids*, 1987, Acrylic on canvas-backed paper, 213 x 244cm, Saatchi Gallery Collection



Pete Conroy, *Pissing Money Away*, 2014, oil on canvas, 102 x 102cm

This idea led me to produce the painting, *Pissing Your Money Away*. In this work I used one block colour for most of the objects in the painting and used overlapping dark glazes to give shadow and form to the central character and scene after looking at

Paula Rego's situational paintings, in which most of the objects depicted are simply constructed from two shades of the same colour.

### **NRMA to the rescue.**

Australia has given a lot to me since arriving in 2008 and never could I be more thankful for it than now I am in a wheelchair. The streets of Sydney are, on the whole, well maintained. They are, in general, tiled smooth surfaces. Compare that to the cobbled, cracked, tree-root infested pathways of my hometown in the North West of England. I have a friend who I went to university with, who suffered very similar injuries to me, who is literally housebound because of the condition of the immediate area around his house. It's a real shame because whilst in hospital you spend months learning how to traverse from A to B only to be discharged and be disallowed the chance to even try due to unmaintained and inaccessible surroundings. As Sommers states: "During rehabilitation, a great deal of effort is expended in teaching and learning the physical skills required to function independently after discharge. Much of this effort is wasted, however, when people leave rehabilitation centres to reside in inaccessible environments."<sup>4</sup>

To this can be added the number of rain-free days in Sydney compared to the UK (when out in the rain, it is monumentally harder to push and nearly impossible to brake) and the sheer number of venues that were made accessible around the time of the Sydney Olympics in 2000. Even after all this there seems to be a lot of bars, stores, businesses going above and beyond their obligatory commitments to accessible provisions. One example of this would be the NRMA roadside assistance service.

I was admitted to hospital on 16 September 2012. After a few weeks of intensive care, acute rehab and general rehab I was informed that my discharge date would be 19 January. When most people have an injury like mine, there are usually many other accompanying injuries, which may mean many weeks of bed rest to allow the body to completely heal before commencing rehab. These are such injuries as lacerations, broken bones, and internal bleeding. Whilst waiting for these injuries to heal the body wastes away, meaning much necessary extra time spent on rehabilitation. As I had my

injury whilst surfing, I was relatively otherwise unscathed and I was out of bed, undergoing physiotherapy much sooner than most. As my physio and rehab ended up going much better than expected, during the second week of December I was informed that I'd now be discharged on 19 December. The day finally arrived and possibly feeling a little institutionalised, I had a panic of the 'what ifs?' I was asking my physio, 'What if this happens?' 'What if that happens?' Then I asked, "What do I do if my wheelchair gets a puncture?" My physio Helen began to laugh and told me "you call the NRMA!" I believed she was joking but she assured me she was serious. I did a little research and sure enough, the NRMA provide a service to come out to fix your tyres if you have a puncture within 24 hours if you're at home, or, as soon as they can if you're out of your house.

It states on the Independent Living Website; "The NRMA offers a courtesy emergency tyre repair service for manual and powered wheelchairs as well as powered scooters. It covers emergency repairs of tyre problems or punctures only. This service is available to all people in wheelchairs or scooters, regardless of whether they hold NRMA membership or not."<sup>5</sup>



Pete Conroy, *NRMA to the rescue*, 2014, oil on canvas, 122 x 102cm.

I was extremely impressed with this additional service the NRMA provides which is why I decided to paint the work featured here '*NRMA to the rescue*'. I think people in wheelchairs are laden down with enough equipment (sterilizing equipment, toileting equipment, medication etc...) without needing to carry around a puncture repair kit everywhere they go. It seems obvious to say but people in wheelchairs are completely reliant on their chairs, like the average person relies on their body. It's a terrifying thought that you may not be able to go anywhere for a few days whilst someone gets your wheel fixed because someone forgot to clean up the drawing pins they dropped. It's not so much that you have to stay in your house; you have to pick one specific place in your house (usually a sofa or a bed), then you are confined to that one place until the local bike shop can fix your tyre. I've only burst one tyre since being in a wheelchair and I happened to be right next to my car when it happened. It didn't affect me that time. However I couldn't help think of what the consequences would be if I was far away from home when it happened. This crucial service provided by the NRMA, for no charge also offers you piece of mind, which is a rarity, especially in the first few years after leaving hospital.

### **Cost of Wheelchair Equipment**

The scenarios I've depicted so far in my work haven't necessarily been the most important or closest to my heart, they are simply the ideas that worked out best when sketching scenarios. I didn't feel that I needed to tell the NRMA story any more than something else, such as spasms, it just turned out that way. Only one subject has cropped up where I've thought, "I've got to bring this to people's attention" and this is it: Wheelchair equipment suppliers in Australia put huge mark-ups on their products. I compared Australian wheelchair products with identical ones in the United States and they are in some cases more than 400% more expensive. Initially I figured this might be right because as someone who grew up outside of Australia knows, everything seems more expensive in Australia. Wages are higher in Australia compared to the rest of the world, so naturally the cost of labour and materials are going to play a part in pushing up the price of equipment compared to other countries. You only have to look at the minimum wage in Australia (**\$16.84**) in relation to the USA (**federal minimum wage**

**\$7.25)** to understand that even though the dollar to dollar exchange rate is roughly 1 to 1, things will always cost more in Australia than in the United States. It did come to light after a little research that a lot of the equipment in Australia is simply ordered from the United States.

I first realised the inflated price of Australian wheelchairs when I was waiting for my wheelchair to be made. A representative came to hospital to measure me up for my first chair. Whilst waiting for my wheelchair to be made my financial situation was assessed to determine what kind of financial contribution I was going to make, I was deemed to fall into the third of three categories which meant I would pay 20% of the overall prices. Categories are means tested and which category you fall into depends on your financial situation, this in turn dictates how much funding or financial assistance you will receive from the charity Enable.

EnableNSW Income Bands for all assistive technology devices except for prosthetic limbs	
EnableNSW Income Bands for all assistive technology devices except for prosthetic limbs	Consumer co-payment
<b>Band 1:</b> Adults on full pension and children under 16 years	\$100 each year accessing services
<b>Band 2:</b> Up to \$42,000 (single) or \$70,000 (couple) + \$2,100 per dependent	\$100 each year accessing services
<b>Band 3:</b> Above \$42,000 (single) or \$70,000 (couple) + \$2,100 per dependent	20% of devices costing \$800 and above. <small>NB. Consumers in Band 3 are not eligible for devices under \$800</small>

*EnableNSW Income Bands for assistive technology devices.*

When your circumstances are assessed, who you live with and what they earn is taken into account. Because of my girlfriends annual income at the time of my accident was over the minimum threshold of \$70,000, I fell into category 3 and was due to pay 20% of the overall cost of the wheelchair.

The chair was supposed be ready when I left hospital, however it took about three months longer than expected. Whilst waiting for my chair to arrive, I was using an old slightly damaged wheelchair that the hospital had loaned me to save me having to rent one, I was getting excited for my chair so I searched for the chair on the Internet to see what it would look like. I asked the physio and occupational therapist at the hospital if they knew the make and the model number that I should be looking for which they did. It was 'Quickie Q7'. It was in talking to the physio at the Prince of Wales Hospital that I learned that the chairs are ordered from the United States and that it was the shipping that was causing the delay. I searched my wheelchair on the Internet and

found that the Quickie manufacturer in the United States sells it for \$1,675. I enquired how much I had to pay what was my 20% going to equate to. I was told my 20% was going to add up to over \$1,400. Somehow a wheelchair that originally cost \$1,675 to buy gets resold to spinal cord injury patients for over \$7,000. This I found to be incredibly surprising. The wheelchair company took \$1,400 from me and they took the rest of the \$5,600 from the Enable fund, which was setup to lessen the financial burden. However, if prices are inflated by this amount, then financially the patient is not much better off. I was trying to understand where these hidden charges extra charges could materialise from. I assume that it's not as simple as ordering a chair in giving it to the patient when it arrives. Maybe, I thought, there must be a lot of effort assembling the chair of fitting it to size and delivering it to the patient – that must be where the extra cost comes into play.

In the end I accepted that there must be a good reason why the chair costs so much more and forgot about it until it was time to make my next purchase and I noticed a common trend begin to appear.

When you have a spinal cord injury there are many things you need to purchase in order to keep the parts of your body that don't work healthy just in case a medical breakthrough were to happen and you got the use of it again. One of these objects is a standing frame. One thing that happens to paralysed people is their legs deteriorate by losing their bone density through not standing upright and weight bearing on them. One way to prevent this from happening is to stand regularly with the assistance of a standing frame. Hanak and Scott explain; "Changes in the skeletal system can lead to various medical complications. Some of these changes can also affect a patient's functional ability.

Bone mass (calcium and phosphorous) is constantly being dissolved and replaced. Much of the stimulus for this process comes from the stress of weight-bearing activities. Following an SCI this weight-bearing ability is usually lost. Serum calcium and phosphorous levels rise and an increased amount of calcium is spilled into the urine. Bone mass continues to decrease, leading to osteoporosis and a greater potential for fractures.

To prevent or minimise any of the complications occurring from skeletal changes, provide the patient with an active therapy program, weight bearing activities on a tilt table or similar device."<sup>6</sup>

Unlike a wheelchair, when you buy a standing frame there is no need for any adjustment or tailoring. Wheelchairs must be a perfect fit for the body, and each and every one is different. Standing frames are a generic piece of equipment. There are only three types of standing frame and accord with an individual's height. If you are below 157cm you get the small stander, if you are between 157cm and 193cm you get the middle stander and if you are over 193cm you purchase the big stander. Very simple, I thought. I was advised by doctors at the hospital that if I was to keep the bone density in my legs I would need a standing frame. I was also advised of the company where I should make my purchase. I enquired which would be the suitable standing frame for me and I was informed it would be the middle standing frame as I'm 180cm. I was given a make and model number and when quoted the price was reliably informed that it would cost \$7,950.

I also found out that these are ordered and shipped from the USA. After a quick search on the Internet for the same piece of equipment, I discovered the same standing frame on an American website being sold for \$2,517 with free shipping (I presume that the free shipping will be for places in the USA but I can't imagine that it would cost an additional \$5,433 to send them to Australia). Also I don't think it's unreasonable to assume that there will be some kind of contract in place which means Australian companies with a contract, buying more than one at a time, are probably getting the standing frames at a reduced rate.



Quickie Wheelchairs – EasyStand Standing Frame. <https://www.quickie-wheelchairs.com/category/EasyStand-Standing-Frames/483>

It's a shame because you leave hospital with a couple of numbers of mobility companies. It is on these people and the equipment that they provide that you have to rely for the rest of your life. Of course you leave hospital needing to know how to look

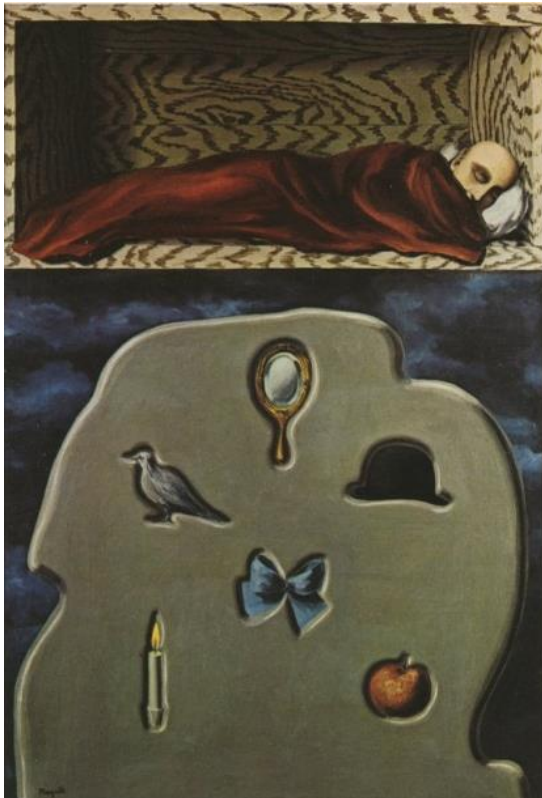


after yourself and exercise your body but surprisingly that's very easy. With the kind of injury that I suffered there's only 20% of your body left that works: your arms, shoulders, neck and head. You can't really exercise your head and neck and you can learn all the shoulder and arm exercise you need to in one afternoon. You don't need to continue contact with the physios or occupational therapist. The only person or people you are going to have to rely upon are the people who supply mobility equipment. Like it or not, equipment now rules your life. So to find out that the only people you are relying on for a brighter future have been taking advantage of you before you've even left the hospital is absolutely heartbreaking!

The tough thing is that you need what you need. The equipment required isn't just a collection of desirable objects, they are essential to maintaining quality of life. Having to choose between pieces of crucial equipment because you cannot afford all of them at once is problematic and emotionally frustrating. It seems to me unfair that specialist supply companies are able to inflate their prices in order to obtain a larger piece of a directed public fund. In a competitive environment, it should be possible for them to reduce their prices, sell more units *and* still be entitled to the same overall proportion of the fund that they currently access. There is always the same amount of money available to these companies year in year out. You are eligible for a new wheelchair every four years, this is because of the limited funds available. I've only had my chair 14 months and the frame is already a bit damaged and bent. If these companies weren't so ruthless, wheelchair users could get a new chair every two years. Equipment companies would not suffer and there would still be the same amount of money up for grabs. The same amount of money would still be funnelled into the wheelchair equipment market, only patients could get more of what they needed sooner rather than later.

From the day you leave hospital there are so many ongoing day to day costs you need to cover, and will need to cover for the rest of your life, that it makes large acquisitions like wheelchairs, standing frames or sports chairs nearly impossible to save up for. That's why I chose to produce this painting '*The Reckless Spender*'. It is part of a series of figurative works that address situations and experiences in a comedic or satirical manner. The painting is an appropriation of Rene Magritte's *The Reckless Sleeper*

(1928), in which the symbols of the subject's dreams are represented by the objects embedded in a tombstone underneath the sarcophagus in which a figure sleeps.



Rene Magritte, *The Reckless Sleeper*, 1928, oil on canvas, 102 x 138cm, Tate collection



Pete Conroy, *The Reckless Spender*, 2014, oil on canvas, 102 x 152cm.

In *The Reckless Spender* I retained the coffin and the tombstone, making the reference immediately recognisable. Magritte's symbolic objects have now been replaced by my own dreams and desires. This time objects that I and every wheelchair user dreams of possessing in order to improve their quality of life. In the painting the wheelchair has already been consumed leaving the rest of the objects such as a sports chair, medicine, continence equipment and standing frame on the proverbial wish list. At the bottom right of the painting I have included a figure chosen to represent the greed of the wheelchair equipment industry. This figure is gorging itself on the needs and the dreams of others to satisfy its own expanding waistline. The reason why the character is such a cartoonish villain is because I wanted him to represent corporate greed. I think most people are familiar with satirical greed illustrations found in the financial section of a newspaper. The imagery of the pinstripe suit-wearing corporate fat cat counting his money has been around for many years now and is embedded in the

public psyche, and instantly recognisable as a character to loathe. The company I bought my wheelchair from was called 'Wheelchair Sales'. I was going to have the Fat Cat figure wearing a Wheelchair Sales company badge however decided against this. Instead, in the interest of subtlety one of the pieces of tombstone which is falling in front of the character is spelling out the letters WS. As its not only Wheelchair Sales that overcharge for equipment this generic greedy character and is representational of all wheelchair equipment providers. He has begun by devouring my wheelchair dream first. Of course that is the first dream to go as soon as you're out of hospital. There is one dream that you cannot do without and that's your wheelchair. Once your wheelchair has been purchased and the Fat Cat has devoured a huge chunk of the funds allocated to you the rest of the objects remain dreams locked away until such a day were the funds can be replenished.

The funds that Enable generate for the patients aren't just for wheelchairs. The funds are for a wide variety of things. For example a patient may not be eligible for discharge because they require a mechanical hospital bed installing in their own home. A lot of time there isn't the money left in the fund to afford this so the patient must remain in hospital until the funds are replenished, which may be a month, two months, six months even up to a year later. As I spent three months living with and speaking to other patients and their family members, it was apparent that the vast majority of family members aren't aware of how the system works, at the time neither was I. All they are aware of is that they will be helped out financially and are very appreciative of that fact. You can't blame them either for assuming that the powers that control the finances of these funds are trying to get the best for their money. Why wouldn't they? Many of the doctors and nurses, physios and occupational therapist at the hospital that I approached this subject with are aware that this is an issue I believe if more family members knew that the reason their loved ones have to stay in hospital for however many extra months isn't because the money ran out but more like the money was squandered, then I feel there may be more outrage and with more outrage there may be a bigger push on these wheelchair companies to not be so ruthless with their prices and the way they conduct themselves when they do business.

I suspect that the reason these topics are so close to my heart isn't just because I'm in a wheelchair myself, but because this experience is so new to me. It is only two years

since my accident and I've had to learn about all these topics the hard way and, all at once. Very little is known publically about the consequences of a spinal cord injury, and my work is conceived as a way for me to communicate some of this unknown territory to others who may not have direct experience in the strangely interesting after effects of SCI.

### **The incident**

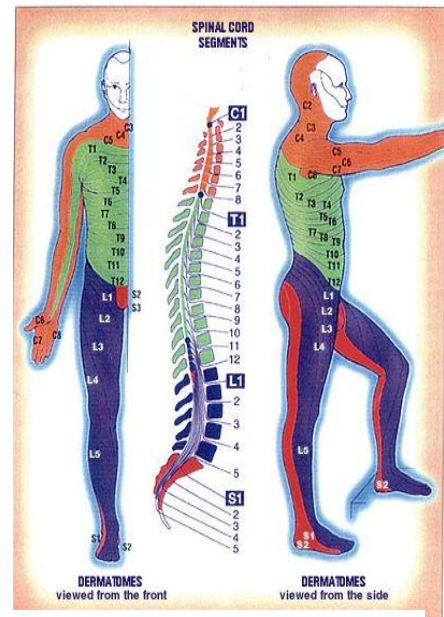
On the 16<sup>th</sup> September 2012 I set out from my flat in North Bondi for a Sunday surf. The weather was horrible, the waves large and erratic and sand bars aplenty. Unfortunately, on my last wave of the day I must have drifted over a sandbar as when I popped up on my board on take-off, I was flipped upside down and landed on my head. I heard a bang and buzz so monumentally loud that I would have been worried about it had I not had bigger things to worry about, namely being totally incapable of moving. I had broken my neck, was instantly paralysed and would later learn the meaning of the word quadriplegia all too well: "Quadriplegia (tetraplegia) refers to loss of motor/or sensory function in the cervical segments of the cord due to neural element damage within the spinal canal. Quadriplegia results in functional impairment in the arms, legs, trunk and pelvic organs"<sup>7</sup>

As I came up to float on the surface I found it impossible to move a single part of my body. I tried to wiggle and shake but nothing would happen. I tried to call for help however my voice had also ceased to work. In between getting rolled around by waves I had a little time to do some soul-searching. If I'm not going to have the use of my limbs any more do I really want to be saved? I stopped trying to call for help and accepted my fate. After a while some movement began to return and I realised that, even though I didn't possess the strength to lift them out of the water, I could turn my hands over under the water, I figured that the movement is coming back, maybe to all of me. I'd seen countless 'Bondi Rescue' episodes on TV, in which someone has a neck injury, gets stretchered away on a spinal board wearing a neck brace, and then they walk back into shot in the next episode carrying a crate of beers to say thank you to the lifeguards who saved them from the water. I thought this could be me and in an

instant was incredibly keen to be saved once again. A man, Chris, who was teaching his daughter to surf, found me floating and pulled me up onto the beach.

The following morning when I came out of the operating theatre I could move my arms a little, my wrists barely, and had no movement in my fingers. I was informed that I had broken my neck and was going to spend the rest of my life in a wheelchair.

This diagram in displays the spine segmented into 4 parts. Cervical (neck), thoracic (back), lumbar (lower back) and sacral (tail bone). They are colour coded to easily explain to the viewer what function will be lost in correlation to which vertebrae was damaged. If the injury is in the blue section, then you lose blue and red. If it's in the green section it's in that section in the green and down, blue and red and heaven forbid you break it in in the orange section because you lose feeling and function in the orange area and everywhere else down.



Spinal Cord Segments; <http://www.horwitzlaw.com/areas-of-practice/spinal-cord-injuries>

It's not necessary to sever your spinal cord to damage it. Some people take a big chunk out of it and make a full recovery, some people merely bruise it and that's enough to damage them permanently. I suffered a burst fracture of my C7 vertebrae which is where my spinal cord took the major damage however the cord must have been bruised above the line because I was showing very little finger function. On asking the doctors would my hands and fingers work again, and would the strength come back to me, I was told everyone is different. Hopefully when the spinal cord swelling goes down I may get some function back but I shouldn't count on it, they said. How much is anyone's guess.

## **Getting on with life and going back to university.**

After a while in hospital it became clear I wasn't going to recover completely, so it was time to rethink what I was going to do with my new life as a disabled person. Luckily I had income protection attached to my superannuation, which entitled me to 75% of my salary for two years following my accident. I've spent my entire life not knowing exactly which artistic career I wanted to pursue; all I've ever known is that I love creating art, looking at art, and being around artistic people. This sense of not knowing steered my subject options at school, determined the college I attended, took me to university in England to pursue an Honours degree in Fine Art, and then led on to me becoming a teacher of Art Education. With this track record in mind, I decided to enrol at Sydney College of the Arts to complete my Masters in Fine Arts. This 2 year MFA would be the perfect time frame considering as I would be technically earning a wage for the two years I would be studying because of my income protection.

I thought that embarking on a MFA would possibly open some doors for me career wise. My intention has never been to become a fine artist, I have simply always dreamed that I could have a career where I went to work every day and drew. I'm not quite sure what the future holds for me financially. Artists, aren't renowned for making too much money, and as the results of Lonsdales study suggests: "People with disabilities have always experienced high rates of unemployment...not only have they been subject to more unemployment but once in work they are often in low-status, low-paid jobs."<sup>8</sup> With this in mind, it will be interesting to see what the future holds for me now I fall into both categories.

When I left hospital I was still learning how to use a wheelchair correctly without falling out and crashing into things all the time. My hands had little to no strength left in them and their range of movement was miniscule. Back in December 2012 and January 2013 I couldn't hold a pen correctly or for long without dropping it, which led to my writing becoming shambolic. How will I hold a brush? There are plenty of orthotic devices that are made for you whilst in hospital which attach devices such as cutlery to your hands; maybe I would need something like that to hold my brush for me.

An artist I've admired for a while is Chuck Close, who happens to share a few life parallels with me since my accident. Close had a spinal injury too. On 7 December, 1988 Close was attending an awards ceremony in New York when he suffered a catastrophic spinal artery collapse which left him paralysed from the chest down. Close is an incomplete quadriplegic whereas I'm a complete quadriplegic. Hazel Adkins explains that, "The degree of a spinal cord injury has been divided into incomplete and complete lesions. An incomplete injury indicates that viable neural tissue crosses the area of injury to distal segments.

The prognosis for recovery of motor, sensory, sexual, and bladder function is better in patients with incomplete lesions. The complete spinal cord injury has traditionally been defined as the observance of no motor or sensory function below the neurologic level of injury."<sup>9</sup> The nerves in and around the spinal cord are so complex and varied in each individual that the results of any SCI (even two exactly corresponding breaks of the same vertebrae) never produce the same physical result. Even though Chuck Close and I have both suffered SCI's the difference between us can't be compared. Firstly, Close seems to be able to move most of his limbs, though without the strength in them to do much at all with them, including holding a paint brush. To overcome this he wears an Orthotic wrist support, much the same as the cutlery device previously mentioned and inserts a brush into the material of the wrist support where it stays. Close tells us, "When you paint you paint with your whole arm, drawing requires wrist and fingers."<sup>10</sup>



*Orthotic brace,*  
<http://www.allegromedical.com/>



*Chuck Close at work,*  
<http://helenellisarttherapy.com/tag/chuck-close/>

Close doesn't draw anymore and often ends up painting with both arms. One arm to paint and one arm to support and steady the other. By the time I started my MFA, 6

months after the accident, I was sure that I could hold a brush and wouldn't need to use a device like Close. For a 'quad', my hands are good, but compared to before the accident they have been massively affected. I have little grip, my thumbs are no longer opposable, I can't make a closed fist, and have lost the ability to spread my fingers. Surely my painting would be wildly affected, I reasoned. What path will my work follow now? Will I have to quit? Become a conceptual artist? Am I now going to become an abstract expressionist? Only time would tell. Close, too, faced similar questions: "When I got out of the hospital I thought, I'll have to make work of a much more conceptual nature, I'll dream it up and I'll get someone else to execute it."<sup>11</sup>

I decided that my written thesis should address how my ability to create artwork has changed and how has my artistic style would have to adapt as a result of a spinal cord injury.



## Semester 1: Complications

I began my first couple of months of the program simply trying to get a painting onto a canvas as a baseline for my research. I wasn't really concerned at this point about the content of my work. I just needed something to paint and in the act of doing so the answers of what would have to change in my practice would, I thought, unfold. I chose to make simple appropriations of some Renaissance paintings. I was ecstatic to find out that, where my painting abilities were nowhere near what they had been before the accident, it became evident that I wouldn't have to change my style, just my approach. This is where I began to notice how my abilities (or lack of them) interrupted my work or prevented me from achieving a goal, and how complications resulting from my SCI had to be worked around. I decided to make the focus of my thesis 'how the after effects of a spinal cord injury affect studio practice'.

“Spasticity is one of the factors that can influence a patient’s functional ability. Although the pathophysiology is not fully understood, evidence suggests that it is partly due to increased central excitability of the isolated spinal cord below the injury, following the release of inhibitory impulses from the brain.” “Almost all patients with cervical injuries will have spasms, strong flexor spasms can lead to the development of contractures, making daily care and positioning different; while a strong extensor spasm can eject a person from a bed or chair causing serious injury.”<sup>12</sup>

When your body experiences outside stimulation that you can no longer feel, you can begin to spasm (usual causes can be an ingrowing toenail, a urinary tract infection, pressure areas, inactivity, pain or discomfort). These can range from a simple scrunching of the toes or a gentle tapping of the foot, to a full on body jerk which throws you completely out of your wheelchair. Unfortunately I suffer from more of the extreme spasms and it can become quite a fight between the 20% that you can still feel and control versus the 80% that you can't.

Pressure sores or rather the avoidance of getting a pressure sore can be very inconveniencing. Grundy and Swain tell us that, “Pressure sores form as a result of

ischaemia, caused by unrelieved pressure, particularly over bony prominences. They may affect not only the skin but also subcutaneous fat, muscle, and deeper structures...Pressure sores are a major cause of readmission to hospital...Regular changes in bed every two to three hours and lifting in the wheelchair every 15 minutes are essential.”<sup>13</sup>

It’s incredibly disrupting and irritating to have to put everything down every 15 minutes and lift up in my chair. There are two different ways of relieving pressure

1. Leaning forward onto knees (recommended).
2. Lifting up off seat using wheels (not recommended by hospital staff).



Photograph of the author demonstrating stretches according to physiotherapist recommendations, June 2014



Photograph of the author demonstrating stretches which are more convenient to perform, however not recommended according to physiotherapist recommendations, June 2014

The worry is if I get even a little bit of broken skin because I haven’t done my pressure relieving, and it goes unnoticed, it will get worse and worse and worse until it requires major surgery to correct.



*Pressure ulcer of the sacrum.*  
<http://plasticsurgery.about.com/od/reconstructiveprocedures/p/All-About-Pressure-Ulcers.htm>



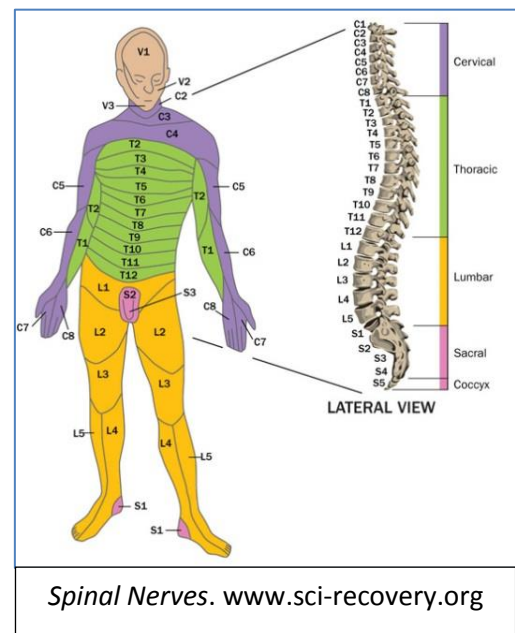
*Pressure ulcer.*  
<http://www.spinalinjurycentre.org.uk/information/008.asp?UType=2&CType=5>



*Pressure sore.*  
<http://sci.washington.edu/info/pamphlets/msktc-stage4-photo.asp>

If I was an able bodied person I would feel when the sore came into contact with a seat or anything else and I would be able to avoid disturbing it. As it is, I can't feel when I'm aggravating the sore, which causes it to develop extremely rapidly. A small blemish or graze usually means 3-5 days in bed on my side. When I was in hospital a fellow patient of mine had been in bed for 18 months trying to allow a pressure sore that had got out of hand to heal up. I find them without a doubt the scariest part of living with an SCI and the most interrupting part of my day.

One of the first big problems I encountered after being paralysed from the chest down is the absence of stomach muscles. It's not the case that you need abdominal muscles like a 'six-pack', it's the muscles around your trunk, the base of your back, your sides, your entire core that you need (see for a diagram of which muscles link to which parts of the spine). These muscles aren't just for sit-ups or exercises, you need them all the time to keep you upright. As a result of this injury my body could be likened to a jack-in-the-box. I continuously need to have one hand on a stable object to prevent me from falling



Spinal Nerves. [www.sci-recovery.org](http://www.sci-recovery.org)

forward or to the side. At all times one arm needs to be tensed rigid across my knees or on something stable whilst my other arm is raised up painting.

I find it strange that is that it is my stabilising arm, rather than my painting hand, which tires first, resulting in a need for many rest breaks. Sometimes I can work for 40 minutes without resting my arm, but if I do, the next stint my arm can only manage twenty minutes, then after that maybe only ten, then five, one and in the end mere seconds. When this happens I have to leave the studio and go and perform some other task to 'reset' my arm. This is as you can imagine, time consuming and coupled with pressure relieving and just generally taking more time to do anything and everything, it can get very very annoying.

The large adjustments I've had to make are impossible to miss, such as canvas size, seating position in front of the canvas, the angles in which I need to sit in order to take work off and on the easel. The smaller adjustments however are much tougher to notice.

With this in mind, I made the decision to buy a GoPro camera so I could record myself performing everyday tasks in the studio, with the hope of identifying subtle changes that I've consciously or unconsciously made to my studio practice. I wanted to view myself as an outsider and break down my movements in a step-by-step fashion to better understand the changes I had made.

### **Example 1 - mixing a generic skin tone.**

#### **Step one - getting the paint out of the tube.**

I make sure my brake is on and close enough to the table. Because I've lost all the strength in my fingers I can't simply squeeze the tube to extract paint. Soft toothpaste is hard enough! First I unscrew the lid using the grip of my little finger. I need two hands for a lot of actions so I must ensure to always have one or both elbows on the table to prevent me from falling forward into the paint. I use the palms of both hands to squeeze out the paint, which only works from time to time. If the paint in question is too thick, I then need to lay the tube of paint onto the table, place my hand or forearm on the tube, and lean on to the tube applying pressure. When a small piece comes out of the nozzle I scoop the paint off with a pallet knife, put it on my pallet and repeated many times as necessary. (End step 1)

The stages that follow this first step are equally as mundane and only go to show the extent of time it takes to execute this daily task. I will report that to mix a basic skin tone it took roughly 40 minutes where it should have taken no more than five, which basically rules me out from using acrylic paints. I was aware that things were taking much longer than usual although I wasn't aware by how much. One way that this injury changes a person is that it gives you much more patience, which in my opinion bodes well for a painter. When everyday tasks take you so much longer than they did before, your tolerance for frustrating pursuits increases massively.

I spent the start of my MFA, between March and August 2013 cataloguing more and more details of how my approach to painting had changed before I came to the conclusion that, apart from a few obvious factors, namely sitting down to paint, problems with balance and taking much more time to perform tasks, nothing has changed enough to write an entire thesis on.

I figured that I am well enough to make art again, and as my current situation is quite emotional and rather unique, I should focus my content on my ongoing personal situation and experiences.

### First Painting

Whilst I spent several months applying paint to canvas in my first semester, I never produced anything that I would have called finished. All my works before this time were more of an exercise in researching 'if' and 'how' I was going to paint. I consider *Me vs. Me* my first completed painting.



Pete Conroy, *Me vs. Me*, 2013, oil on canvas, 102 x 102cm.



Pete Conroy, *Me vs. Me 2*, 2013, oil on canvas, 78 x 96cm.

The largest issue in my life 8 months after the accident was the muscle spasms I was having. *Me vs. Me* used all dark earthy colours and depicted an upper torso, severed from the body reflecting the exact cut off point where my function stops. The top part of the body is gripping the leg of the bottom half, fighting the bottom half attempting

to force it into its desired position. I showed this piece to several people and each person required an explanation of what they were looking at. I also showed other quadriplegics who I play wheelchair rugby with, who instantly understood and identified with the work. This gave me the idea of where to focus my artwork.

What you go through, after an injury like mine, mentally and physically can't really be explained to able-bodied people. I intended to make my work for other quads in the hope that it comes across as a shared acknowledgement to say I know what you've been and are going through. With this in mind, I did a reworking of my first painting. The same set of arms and shoulders wrestling the remainder of the body into place. I also included objects of significance that anyone who has had an SCI would recognise and relate to. For example, the plinth (this is a large leather surfaced bed structure on which every patient does their physio rehabilitation), and the pink sheet, which reduces friction, helps people slide and move on the plinth, as sometimes your muscles are still too weak to move your arms against the friction of the plinth. While listing the common problems and scenarios we have all been excluded from and had to give up, such as stairs, hills, grass and pursuits like camping. The painting turned out as I'd planned however felt to me like a long-winded, painterly way merely of complaining.

The imagery that I was conveying seemed unnatural and forced when I attended to it closely. I like to believe that my nature is that of a very positive person, and whilst I do agree what has happened to me is devastating, I make light of most aspects of it. This was the moment of epiphany. Each week I find myself talking to someone about how my life has had to change and the obstacles I face. When I explain changes I've made or the reason why I've had to, I always try to do this in an entertaining and humorous manner. I would hate for people to think of me as a complainer, or someone who was always feeling sorry for himself, and want my artwork to reflect this. People do seem surprised when I tell them that the wheelchair isn't a problem. They also seem very entertained or intrigued by the other challenges or side-effects of a spinal cord injury which I inform them about. I made a decision to paint the scenarios which people have found most interesting as I've explained them. These paintings are a means by which



to entertain, educate and give a subtle nod to the wheelchair community, hopefully explaining that being in a wheelchair isn't as much of a problem as others may deem it to be.

## Sweden

In July 2013 I took a break from university to fly to Budapest, Hungary and Kalmar, Sweden to meet up with old friends to watch some older friends get married. It was something which had been planned for 12 months and also one of the first events I thought of when in hospital when I was making mental lists of things I'd miss out on or that I couldn't or wouldn't be able to do anymore.

In hospital when it became clear that I wasn't going to be confined to a powered wheelchair, and would be able to use a manual one, I set myself lots of different targets, which when met,

allowed me to consider myself much more independent. I set myself a new goal and put a lot of pressure on myself to make it to the wedding. For some reason, in my mind I thought if I could keep the plans that I'd made before the accident then somehow I, and others, would consider myself less disabled in



some way. I made it to Budapest and to Kalmar, and

Pete Conroy, *The Smooth Smooth Streets of Sweden*, 2013, Oil on canvas, 102x102cm.

encountered issues more or less straight away. It appears ancient Eastern European cities aren't very wheelchair friendly. Lots of cobbled streets translated for me to lots of body spasms, which made my short stay there, as wonderful as it was, a bit of an endurance challenge. After this short trip I flew to the UK to spend a couple of weeks with my parents and entertained family and friends with stories of myself visiting what

was arguably two of the worst destinations for a wheelchair user. I've always been a storyteller myself, and on this trip home was reliably informed that this hasn't changed. My Mum and Dad laughing at stories that 6 months earlier would have made them cry gave me an idea.

I should paint pictures the way I tell stories. They don't have to be depressing and gloomy to get a point across. They could be lively and uplifting and comical, and still get the same message across. With this in mind, I began to plan what I consider to be my first painting of my paralysed themed series: 'A light-hearted look at the after-effects of a spinal cord injury'. I chose to paint *The Smooth, Smooth Streets of Sweden* in vibrant colours. It's a very simple painting of a central wheelchair-bound character, screaming or grimacing whilst travelling over a seemingly endless road made of cobblestones. The objects in the painting, the red barn and wind turbines at sea are typical of the area of Sweden where the wedding took place. There are no hidden messages or cryptic clues. In fact, now I look back at it I believe the painting was more for the friends I reconnected with in Sweden, a painting to say "I'm still good for something...don't feel too sorry for me and definitely don't count me out!" I enjoyed the creation of this work because it seemed more real and honest than the last two. Here I was saying exactly what I wanted to, rather than saying what I thought people wanted to see or hear. What's more, it opened up dialog with people who viewed the work, enabling the viewer to learn something about spasms as a result of an SCI.

### **Wheelchair red carpet**

My next painting related to the special treatment I was suddenly exposed to. It refers to having 'the wheelchair red carpet' rolled out for you because you're surrounded by obstacles and impossibilities at every turn. These are represented by the staircases in front of and behind me, the window that is clearly out of reach and even the small fold in the rug. Often people make such a fuss over you that you feel trapped and under a spotlight. I'd rather either miss out, or put good planning into whatever event or activity I'm about to do and go about it unnoticed, rather than enter a room only to have everybody jump to their feet and begin rearranging a room and causing a lot of fuss for my benefit. It's a tough subject to complain about because people only have



good intentions at heart, but as soon as you have this accident, no matter how confident you are as a person, you begin to worry how you look to other people. So for example, when you go to a restaurant, and the staff walk ahead asking twenty people to move for you, it's much appreciated, however possibly the worst thing that can happen for your self-esteem. It's an impossible position that I find myself in, stuck contemplating whether achieving a goal is worth the embarrassment of being so publicly looked after. A good example of when this has happened is when I couldn't



Pete Conroy, *The Wheelchair Red Carpet*, 2013, oil on canvas, 76 x 92cm.

access a lecture room at university because of a set of stairs. This is just one of those things and not a problem for me, I spoke to the member of staff I needed to, received an apology, and assurance the problem would be resolved for next time. This issue as far as I was concerned was over, however a couple of students who presumably presumed that as I'm disabled, can't look after myself were up in arms about the whole affair. "You can't do that", "This is ridiculous", "I'm making a complaint", activism activism, now now now, blah blah blah"...

These kinds of interfering attitudes make a situation cringe-worthy, and once again, when people believe they are doing you good, are actually enveloping you in the exact type of anxiety-inducing situation you were scared to find yourself in.

People also sometimes manhandle you in your wheelchair. Most of the time because they believe they're helping but also (albeit more infrequently) to move you out of the way. This is a common complaint for everyone I've so far met in a wheelchair: "if somebody actually picked you up and put you down, you would hate it and yet people do not realise that you do not like it...It was one of the few friction areas with my wife...and there are still friends who you really have got to fight them off and almost be rude to tell them to go away...The rule is so simple: if I need help, I will ask and if I don't ask for it, don't push it."<sup>14</sup>

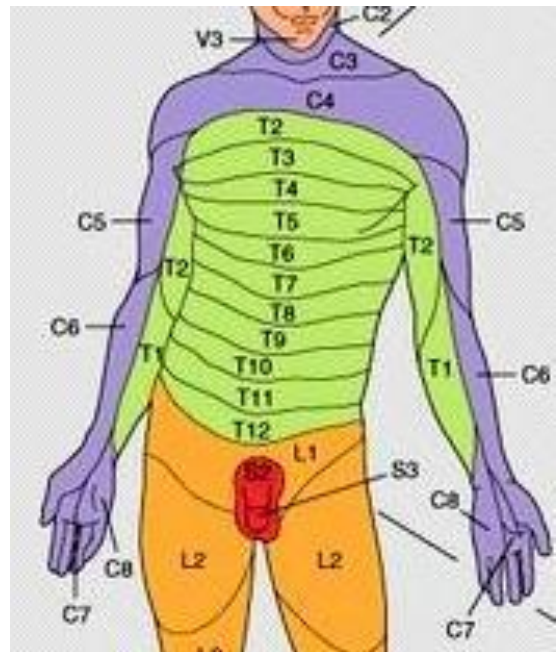
This is the first painting that I began to really emphasise the hands of my main character. Through playing wheelchair rugby and meeting other people with cervical SCIs, I came to notice similarities between all our hands and how our hands come to rest in what seems to be an unnatural and awkward position. As discussed in a previous chapter any break above T1 results in quadriplegia with at least some impaired hand function. Most of the general public aren't aware that we have problems with our hands, and before this accident neither did I. Most people's understanding is that you lose whole limbs at once, and not in increments. The general perception is that you're either paralysed from the waist down, or the neck down. Deciding to over-exaggerate the character's hands and their unnatural resting position, I can begin to open dialog, highlighting the problem certain quadriplegics face regarding their hand function. This has now become a running theme in my work.

### **Burnt Arm**

"As long as the skin is intact, it provides a barrier that protects the individual from foreign organisms or toxins. Problems arise when there is a disruption in the protective barrier, such as trauma or infection."<sup>15</sup>

An open wound on hands or arms is quite a serious matter for a wheelchair user. We use our hands like other people use their feet and wounds easily get infected. Many people are misinformed as to where my sensation stops. The easiest way to explain it is to say that I'm paralysed from the chest down. When people hear this they picture a straight line across my chest where everything above the line works as normal, and everything below the line no longer has sensation or functions. This is close, but not quite accurate. People assume that if you use a manual chair and since your arms are moving that you are a paraplegic, rather than a quadriplegic. As discussed in a previous chapter, when you damage your spinal cord in the neck it you subsequently lose function in parts of your arms. You also lose the feeling in parts too.

Because of the position and shape of my nerves the sensation line across my chest is more like an archway. The upper centre part of the arch comes to rest in the middle of my chest with the walls of the arch extending up and around my armpits. There then remains a section of skin which has no sensation which runs from my armpit, over the inside of my triceps, all the way down to the underside of my forearm and ends on the outside of my little finger (as this includes C8). If you look at the diagram shown it's easy to see where I have function and feeling (most purple) and where I don't (everywhere else).



*Spinal Nerves* <http://www.sci-recovery.org>

Having little to no sensation down the underside of your arms can lead to a few problems. Firstly, as already mentioned previously, I have no stomach muscles available to me so I have to rely on leaning on my knees or on tables etc. The problem arises when my arm has slowly edged towards the end of my knees or the edge of the table. As I can't feel the lip of the table or edge of my knees approaching and I very frequently fall off whatever I am leaning on, usually resulting in a knocked over drink, spilled paint/dinner, or other related mess. This can be quite alarming the first time someone sees this happen and usually leads to stunned silence and looks of concern from whomever I am with at that particular time, but very quickly turns to laughter the more frequently they are witnesses to it happening and they realise that there is no harm done.

One serious issue that has arisen from this happened to me in winter 2013. I was struggling with the cold, for reasons which I'll go into in a later chapter, and had switched on an old column heater to keep warm. Over time I slowly edged the heater closer and closer to myself until I ended up leaning on the heater on to keep warm.

After falling to sleep I woke when I could smell a strange smell in the air. I knew instantly what must have happened. I slowly peeled back my jumper and was horrified when I saw the damage. It was horrendous!



Photograph of the author demonstrating the after effects of a heat induced pressure sore after leaning onto a portable heater, June 2013

The flesh was melted away in three different sections and in the deepest section a small yellowy white object, presumably bone, was visible. A flood of thoughts went through my mind, how deep does it go? Has it burned through tendons? If I move my

arm will it make it worse? It was a really scary moment for me. I'd done all this hard work to remain as independent as possible, I done everything in my power to keep myself out of a power wheelchair, and now



Pete Conroy, *Don't Cuddle That Heater*, 2014, oil on canvas, 152 x 102cm.

if I'd ruined my arm,

I might spend the rest of my life in one for the sake of a warm nap. It was after this incident that I produced *Don't Cuddle that Heater*. As it turned out it was a really bad burn, but no permanent damage was done. Two months of changing dressings and several stained bed sheets made me good to go again.

It was after this experience, whilst explaining my bandaged arm to people that it really hit home just how much people were intrigued to learn about the nuances of a spinal cord injury. Considering how many people weren't aware of this coupled with how many of them found it genuinely interesting were two good enough reasons to make this story a feature of my artwork.

### **Chasing the Shade**

As mentioned in the previous chapter I struggle with the cold. The same is true for heat. It's a running joke with able-bodied friends of mine. When we are out in a group, I frequently have to ask people to move tables into, or out of the shade. A few of them will always joke and refuse to sit down saying, "What's the point? You'll only want to move back in five minutes!" they're usually correct too. Temperature is a strange thing after a spinal cord injury. As Hanak and Scott point out, "Internal temperature control is an interrelated system between the hypothalamus, the autonomic nervous system, and the cardiovascular system. Sweating is another autonomic component of thermoregulation that is disrupted. Instead of helping to cool the body, it now occurs as a response to other sensory stimuli such as a distended bladder. Because of these various changes the person with a SCI will assume the temperature of the environment. Therefore external temperature extremes should be avoided and high fevers treated with external cooling methods."<sup>16</sup> Initially, for the first month or so after the accident, my nerve endings were so jumbled that I couldn't tell the difference between hot and cold. I would sit in front of the air conditioning in a vest until I was violently shaking but not feeling the cold, or sit outside in the sun, get sunburned but not feel warm. Gradually the sensation of feeling heat and cold came back to me... with a vengeance! I'm now extremely sensitive to any slight change in temperature. While this only acts as an annoyance in winter and can be solved with an extra layer of clothing, in summer it can be a life threatening problem. Usually your body sweats automatically when it gets hot, however the signal that gets sent from my skin, through my nerves, up my spinal cord and to my brain stops in my neck and my brain can't receive the signal. This then means that I don't sweat and as a consequence don't cool down. Hanak and Scott explain, "Sweat glands and sebaceous glands eliminate

toxins, lubricate the skin, and regulate body temperature. Sweat secretions dissipate heat as well as remove toxins. The hairs and tiny muscles that surround them assist in thermo regulation.”<sup>17</sup>

The heat seems to take quite a while to affect me, maybe 30 minutes or so. This means if I have been out in the sun and I begin to get heat exhaustion, even if I get somewhere cool, I still have the last 30 minutes of heat to catch up with me.



Pete Conroy, *Chasing the Shade*, 2014, oil on canvas, 152 x 102cm.

When I overheat in the sun, I become extremely lethargic. I go tired and dizzy and incredibly weak. So much so that I find it no longer possible to push myself around in my wheelchair.

My inability to cope with the heat or the cold are two sides of the same coin which is why I produced these paintings, *Don't Cuddle That Heater* and *Chasing the Shade*, one after the other and intend them to be displayed next to one and other when they are displayed.

### **Recent Paintings**

In the case of spinal cord injury a patient's stay in hospital is usually a lengthy one. As you can imagine, during this time of daily rounds by doctors and nurses, medication administered by staff and numerous medical tests, individuals acquire a rather substantial set of medical records. When I was discharged from hospital I took from my file copies of any imaging tests I'd undergone. This left me with a cache of x-ray

photographs, computed tomography (CT) scans, Magnetic resonance imaging (MRI) scans, urological results, and other material.

I'm not totally sure of the reason, maybe I thought it might look cool or a badge of honour of sorts, possibly I thought it would be a good conversational piece, but I printed out an enlarged picture of my x-ray and hung it on the wall. It was in having friends round to our place that I noticed a common theme. When people view my x-ray, everyone has a similar reaction. They pull faces, cringe and grimace. It dawned on me that this isn't the typical reaction to an x-ray.

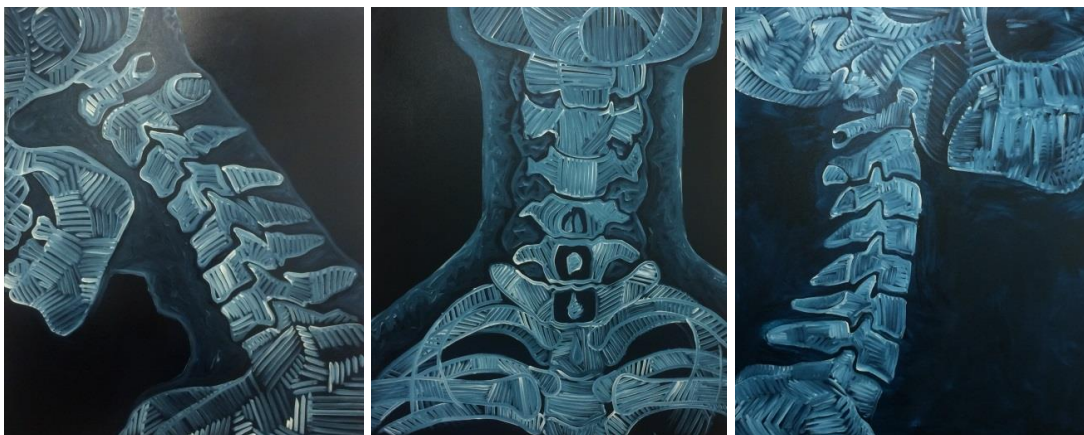
An x-ray is such a cold clinical tool that one doesn't usually have much of a reaction when regarding x-rays. I think this is because all the flesh and bone has been stripped away, somehow taking away the recognisable individual from it. Since the invention of different types of medical machinery, doctors have relied less and less on what patients feel or report to the doctor and more on what they can simply measure. Depending on who you ask this is a good thing or a bad thing, however for x-rays it makes perfect sense. An x-ray is a great example of this. It's very hard to see a person anymore and empathy and emotion ceases to remain, you just see the facts of the injury.

However as I said before, when people look at my x-rays displayed on the wall they grimace. It occurred to me that the reason that it was affecting people more than usual is because the people that see the x-rays at my house are for the most part friends and acquaintances of mine so are well versed in the serious nature and more so the devastating consequences and hardships that this injury causes. Hardships like the several I have covered in this body of work and the many more that I haven't investigated so far.

With the series below, *Boys, Bad Luck and Broken Necks*, I hope to create the same feelings in viewers who don't necessarily know me, and in the public setting of the art gallery. I have decided to portray 3 quadriplegics whom I've got to know through playing wheelchair rugby over the last two years. I have created these portraits from their own scans and x-rays from their time in hospital and the hardware that has been implanted in their necks. I have only chosen to add a few details about the individual, name, age and accident so hopefully the emotional response isn't spelled out for the



observer. To me this will be more an experiment rather than a statement. I hope to find out that if, at the end of my exhibition, now with the viewer knowing much more information regarding the after effects of a spinal cord injury than they did before, do the viewers have more of an emotional reaction to the men and boys that suffered this terrible injury than they would have had previous to viewing my work?



Pete Conroy, *Andy*, 2014, mixed media, 102 x 122cm.

Pete Conroy, *Ben*, 2014, mixed media, 102 x 122cm.

Pete Conroy, *Blake*, 2014, mixed media, 102 x 122cm.

### **Studio Practice**

As I've previously mentioned, I always intended my imagery to contain a more satirical look at the consequences and repercussions of living with SCI rather than the content being self-deprecating or aimed at inducing sympathy. I wanted others also living with SCI to see my work, and to be amused that I have noticed problems that they face every day, that perhaps go unnoticed by others.

I have always been impressed by the way satirical cartoons tell a whole story in a single visual frame. Like building a set for the theatre, everything you need to let you know about where you are viewing should be cleverly placed on the stage to give you all that information. Satirical cartoons often address issues of great social importance and usually from a glib perspective, no matter the seriousness of the topic. I chose to study these cartoons because I wanted to investigate the possibilities of setting scenes and scenarios in which the focus is usually on a central character with surrounding linking imagery. It was whilst looking through these cartoons that I realised that quite



frequently the artist actually does spell the work out for you through the means of speech bubbles, labels on relevant objects and annotations outside the artists frame. I hadn't intended my work to be spelt out to the viewer in any other way but through the visual image, so I turned my search to some more storytelling painters.

I want my artwork to entertain and educate audiences without SCI, but I want others in my position to relate, too. By being involved in the wheelchair community, through pursuits such as wheelchair rugby I have come to learn that a major issue for people who have broken their neck is the impairment and lack of function they are left with in their hands. This is a huge issue for me and was definitely something I wanted to incorporate into my work. Through spending so much time around others with the same injury I came to notice that many of our hands come to rest in the same unnatural position. Whilst some of us have lost full function in our hands and some of us only partially, all of our hands seem to rest in an awkward way. Such a major issue such as lack of hand mobility is an issue that affects everyone who has broken their neck. Since it was such a prominent, though perhaps easily overlooked, observation I thought is something that should be incorporated into my work.

I turned to the work of Peter Howson whose work is well known to me, and is renowned for exaggerating bodies, faces and hands. Much of his early work tells stories of some of the down and out figures from his home town of Glasgow. He is a narrative painter who focuses heavily on the body and the exaggeration of certain parts. His work would prove to be extremely influential in my work.



Peter Howson, *Mechech*, Oil on Canvas, 1997 244 x 204cm.



Peter Howson, *Cleansed*, Oil on Canvas, 1994, 243 x 182.8cm.

In the studio I was struggling with drawing in every aspect of the task. Not only was I having problems producing anything like what I was envisaging, but also struggling to perform even the basic act of drawing its self. It occurred to me that if I was having so much trouble even trying to hold a pencil or make simple marks on the paper without falling forward, creasing the work or dropping my equipment, how would I ever going manage to produce a complete, recognisable image? Eventually I realised that I was putting too much emphasis on 'getting it right' and that I should just throw caution to the wind and get something (rather than nothing) on paper. After looking at Howson's work I realised the vast majority of his subjects have been caricatured, and that my work didn't have to be true mimetic representations. It doesn't matter if the figures I'm trying to represent aren't anatomically sound, it only matters if the parts I over emphasize are the parts I wish the viewers' attention to be drawn to.

I began to create figures and images which were much more pleasing to me. Rather than a mediocre sketch of an individual with a few small anatomical mistakes, my drawings were becoming exaggerated anatomical individuals. Previously if my drawing was a little inaccurate it would be assumed that I'd made a mistake. By over emphasising certain body parts gave the character more of a sense of intentionality. I was getting more confident with simple line drawings and sketches. However, when it came to refining them with light and shadows, texture or highlights, I was again pretty much useless. Due to the lack of finesse in my fingers and hands my work would be smudged beyond recognition, crumpled by myself leaning on it or torn when using rubbers and graphite sticks. It appeared to me that I was spending more time correcting changes I'd applied rather than applying the changes themselves. It's not that I wanted to produce great, finished drawings, but I needed them to be substantial enough for me to have a starting point to work from. Peter Howson, for example, places great importance on preliminary drawings:

"There are certain rules you've got to obey...you can't do it any other way. The drawings got to be good. Even if it's distorted it's got to be good. It's got to have composition, it's got to have a good idea, it's got to have vigour...the colours got to be right and the highlights have to be strong. Then, there's the mid tones and then you get to the reflected light."<sup>18</sup>

Rather than continued overworking of original preliminary drawings, with the attendant danger of losing the image completely I decided to make photocopies of sketchbook pages, thereby enabling me to work over and over my sketches in many different ways on these multiples. In a world where I now make more mistakes in mark-making than before my SCI, this was a good way of establishing the desired image before I started painting. I also came to realise I could have a little more control over my drawings if I attempted to draw a little larger because reliance on hand and wrist facility was reduced as the movement of my whole arm came into play. I upgraded from an A4 sketchbook to an A2 one, which allowed me a little more freedom for error when producing my initial sketch. This posed a small problem, however, as it would no longer be possible to make photocopied multiples.

At this stage in my development I turned for the first time to digital media as part of my process. Having relied previously almost completely on traditional manual mark-making methods, this digital turn involved learning to use software like Adobe Illustrator or Photoshop. Having felt as though I was beginning again in the process of painting, I now felt like I was again starting from scratch. It did, however, turn out to be a good decision. At first, instead of making photocopies I took a picture with my phone camera and emailed it to myself in order to print it out to repeat the previous process. Later, on a long bus ride, having forgotten my sketchbook and photocopies I downloaded a drawing application for my iPad and began to experiment in drawing over the top of a photograph I had taken of one of my drawings.

Though I still use the application in a fairly unsophisticated way, it has become instrumental in the development of my work. The following examples illustrate the general process followed from a simple ideas sketch to completed study for a painting:



#1 First of all a simple sketch is selected, photographed and emailed to where it can be opened up on an iPad or another tablet with drawing capabilities.



#2 This next step is helpful as due to my lack of any core muscles, I always have to have a forearm or elbow resting on my work leading to usually a very smudged messy drawing to work from. In this next step I select a black line tool and draw over my pre existing lines sharpening the drawing and giving a crisp clean look opposed to a smudged pencil line. This is the same as drawing with a pencil with one big difference. The pencil is now my finger and I don't have to focus on not dropping it or readjusting my grip all the time. I can focus solely on the work itself.



#3 These next steps are simply filling areas with blocks of colour then working out where the highlights and low lights are going to appear. This is all similar stages to what I was doing on separate photocopies of my work before, the only difference here being that the changes I'm

curious about are recognised instantly. The most useful of all functions when working digitally however is the 'undo' button which allows my crooked fingers and hands to make as many mistakes as they can which ultimately get rectified in a split second.



#4 Finally I drop in a rough background or colour scheme similar to what I plan for the painting in mind.

I am fully aware these are all very simple stages and may come across rather elementary to some. However, it is only through these simple stages that I have been able to save so much time in my preparation and planning that would otherwise have been used unproductively. I have already noted that it can take twenty or more minutes to mix a certain colour, or the complicated, physical procedures I have to go through to go back to an image and make a correction. This process allows me to work at what seems a much more appropriate pace in the studio.

Initially, when I first began applying paint to the canvas it became evident that I wouldn't be capable of working in as technically refined a way as I did before my accident. At that time I usually tried to blend everything as smoothly as I could. I never tried to paint like a photorealist, but I did tend to avoid anything with too much expressive broken brushwork in it. Now it was a struggle for me to maintain an upright posture and remain composed before the canvas. I couldn't stay in one controlled position for a sustained length of time in order to do much colour blending on the surface. I realised that I would have to adopt a new method, relying more on expressive brush marks.



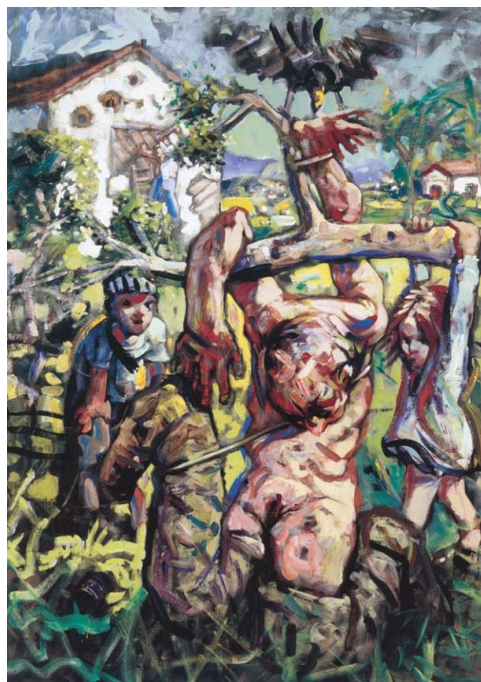
Pete Conroy, *Untitled and Incomplete*, 2012, Oil on Board, 90 x 140cm.



Pete Conroy, *Untitled and Incomplete*, 2012, Oil on Canvas, 90 x 165cm.

Once again, the example of Peter Howson was important in helping me to work through this. Particularly interesting was *Plum Grove*, a painting from the series he made as official British War Artist of the Bosnian War.

What struck me about *Plum Grove*, amongst other Howson paintings, was the way the paint had been used. It had been applied bravely and confidently. It was as if the very physicality of the brush marks had been used like building blocks to construct an illusion of three-



Peter Howson, *Plum Grove*, Oil on Canvas, 213cm x 152cm, 1994



dimensionality. My initial goal was to try to imitate this style. As far as I could tell, Howson generally worked from dark to light, layering his marks as he went, and gradually bringing the highlights out of the painting towards the viewer, both literally and pictorially.

Whilst I wanted to produce allegorical paintings of my own around the story of living with SCI, I didn't know the new personal painting style I had developed, using Howson primarily as model, was going to be successful. With this in mind, and not wanting to waste time going through the long and arduous task of planning out a complicated scene, I instead decided to produce some portraits of friends and family as 'practice'. I simply took a photograph of them in strong lighting and zoomed in on the face. This saved me lots of time composing, drawing and sketching, working with shadows and highlights, and so on. I made these paintings for most of my first year of my study and though I did see some improvement in the technique I was developing, the most tangible improvement was in my ability to sit at the canvas for increasingly longer, controlled periods of time. Strangely, the technique I was trying to practice to enable me to move away from a more traditional painting style provided me with the practice and the skills I needed to return to it.

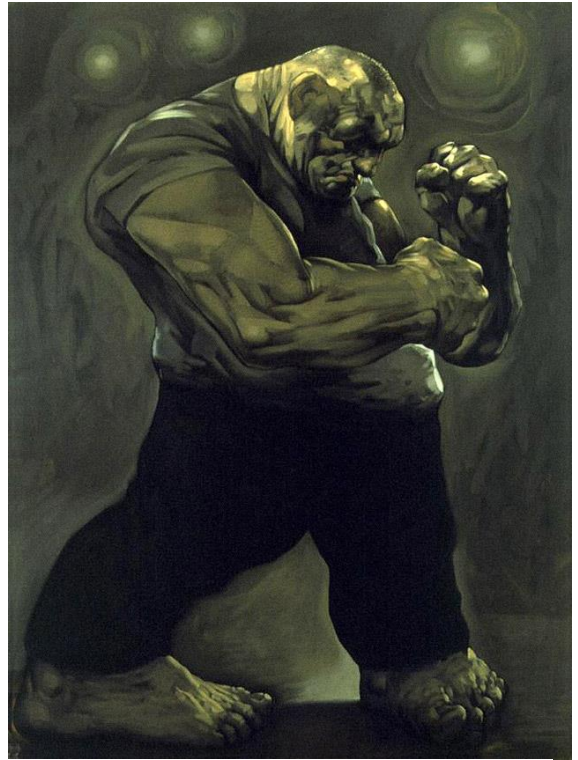


Pete Conroy, *Dad with Detail*, Oil on Canvas, 102x102cm, 2013



Pete Conroy, *Matt with Detail*, Oil on Canvas, 102x102cm, 2013

I revisited Howson's earlier work to see what I could learn. His work from the early 1990s, as opposed to that from about 2000 onwards, was more relevant for my purposes. In the 1990s, Howson's work generally focused on a single main character at a time, much in the way that I wanted mine to. His later work consists of many interwinding, bulging bodies that, whilst still intriguing, was not what I needed for my current work.

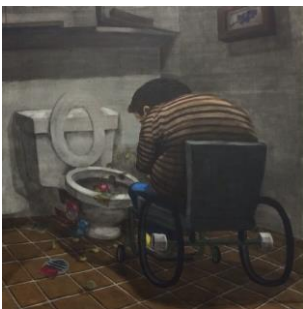


Peter Howson, *Blind Leading the Blind VI (Boxer)*, Oil on canvas, 1991.

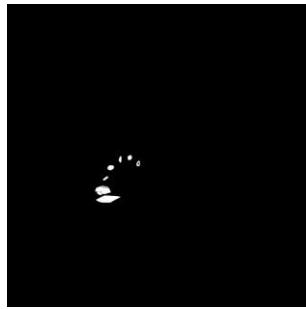
The central figure in all of Howson's paintings dominate the space they inhabit and are frequently contorted into strange, twisted and unnatural positions. I like the effect that Howson sometimes uses where he seems to leave an outline around his subject. I have tried to emulate that technique in my works, *The Smooth Smooth Streets of Sweden* and more so in *Don't Cuddle That Heater*, which have unfortunately left them looking more cartoonish than I would have liked.

It is also evident that Howson revisits the same image many times over in search of perfection. A brief Google search of his name will prove this where you can see images of a very similar character drawn and painted over and over again. I didn't have the time during my MFA to reproduce the same work over and over again however in my future studio practice it is something I intend to try in order to see if repetition of the same or similar subject matter will produce more interesting and refined imagery.

After completing my first few paintings, *Chasing the Shade*, *Don't Cuddle That Heater* and *The Smooth Smooth Streets of Sweden*, I didn't feel as if my work was as dynamic as it could be as the paintings used nearly all neutral colours and not enough darks and lights leaving them a little flat. I decided to take another leaf out of Howson's book and increase the contrast of light and dark between the central figure and his surroundings. Once again I turned to digital technology in order to plan *Pissing Money Away*.



#1 First, I took a high quality photograph of the work in progress and opened it in the Adobe Illustrator application on iPad (figure ??).



#2 I next covered the image with a semi transparent layer of black to deepen the overall image (figure??)



#3 The next stage was to overlay another semi transparent black however not including the foreground and mid ground. Here I havent included the toilet bowl and the character.



#4 Here I layered one final transparent black over the entire painting. This allowed the central character to become much more of a dominant focus similar to in Howsons work.



Again like before this technique allowed me to see more or less exactly how my painting would react to 3 sessions of glazing. It allowed me to realise just how deep to go on each and where to apply for me to achieve the exact results I desired. I have learned new techniques since the accident and had to re-learn known techniques however the introduction of digital media into the planning of my paintings has by far been the most valuable, because it has enabled me to speed up my entire studio practice from the preliminary drawing studies to the final glazing options.

### **In Summary**

The aim of this research was initially to find out how my painting style and approach to painting would have to change. Thinking back on it now, even though I believed at the time that I had a positive outlook on the future, I clearly had a rather negative one when it came to my art practice. My thesis was never to see if I could get back to where I left off, it seems I had written off my abilities completely before I started and was content to find out what will be will be. I'm still improving with each passing week and although still not quite at the level I was before I feel it is only a matter of time until I achieve that level and surpass it.

I never thought in my wildest dreams that my disability would be the subject matter of my artwork rather than my disability becoming a boundary of what I could achieve with my artwork. I've only committed to writing the bulk of this paper in the last few months and when truth be told, it wouldn't have been possible to write about what I have done any earlier. I had to live these experiences to firstly, understand them and secondly, to absorb enough information from books and the situations themselves enough to write about them.

In reading the medical textbooks that I have, I have come to realise that there is so much more to be said on this subject. There are more paintings to be done and more lessons to be shared with the people who view my work. More than this though is the emotional side that I now feel that I am ready to embark on.

When you, all of a sudden, without warning, have to change the role you play in society, you become acutely aware and concerned about how you are perceived. My work over the last 18 months has been educational and hasn't dwelled on me personally. It has been focused on 'people' in wheelchairs and what 'we' as a subculture of people deal with on a daily basis. Earlier on in this paper I have touched briefly on how I'm not a moody person and I shouldn't try to create miserable work for miserable's sake. However some of the experiences I have had and some of the emotions I have felt have been more than miserable. Much more! I don't think I was ready to tackle this emotional side of what's happened for one very specific reason. I didn't want to alienate myself any more than I already have. This feeling is paralleled, to an extent, with how you feel in hospital. When you first get injured you're terrified. Terrified by your own thoughts of "is it over for me?" "Will I ever do this or that again?" "Do people want a burden around?" but most of all you're scared of everyone leaving you. You're so scared that you pretend to be happy. I saw it in everyone on that spinal ward. When nurses mess up, when doctors forget appointments, when relatives say the wrong thing, when more bad news is delivered, you pretend to be this super, upbeat, confident character because you want to behave like everyone else wants you to behave because you're terrified of drifting into the shadows and out of people's lives. That was the same with my artwork, I didn't want people to roll their eyes when they saw another piece of my work that explains what a sad experience it all is. I felt people might view me even less as a person than they might have done post-accident because of a whining attitude running through my work.

The important people in my life know about and have seen me at my low points and at the same time, they know about my achievements. I'm very hesitant to share my achievements. It enrages me to look at some of the mundane posts people force upon us on social media. Gym updates, photos of a meal someone's just made, constant bombardments of other peoples motivational quotes passed off as their own...I feel embarrassed to share what I've done for fear of appearing to be a 'social media attention seeker'. But I have achieved a lot in this last two years, I've travelled around Europe, got engaged, bought a house, began a new sport, renovated a house, been on a television show, planned a wedding, had a bachelor party in Las Vegas, travelled Australia representing NSW wheelchair rugby, completed a Masters in Fine Art not to

mention getting my artwork back on track. I might have achieved more in this last 2 years than I have in the previous 20 and I'm still scared to tell people about it for the same reason...I'm worried it will lead to people judging me on top of how they may already unconsciously judge me due to disability.

Well, the decision has been made. I've been excited to finish this year so I can leave this wheelchair themed story being. But I can't leave it behind before it's been told in full. There are as many 'ups' as there are 'downs' to be discussed, not to mention further lessons to be taught. As this is a new chapter in my life physically, which I'm going to have to see through until the end, I have come to the conclusion that I can't stop telling my story through my artwork until all the areas of this story has been told.

## Endnotes

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- <sup>1</sup> M. Oliver, G Zarb, J Silver, M Moore and V. Salisbury, *Walking into Darkness; The Experience of Spinal Cord Injury*, [Houndmills, Basingstoke, Hampshire: THE MACMILLAN PRESS LTD, 1988], 102.
- <sup>2</sup> David Grundy, Andrew Swain, *ABC of Spinal Cord Injury; fourth edition*, [Tavistock Square, London: BMJ Publishing Group, 2002].
- <sup>3</sup> Marcia Hanak, Anne Scott, *Spinal Cord Injury; An Illustrated Guide for Healthcare Professionals*, [New York: Springer Publishing Company, Inc. 1983], 67.
- <sup>4</sup> Martha Freeman Summers, *Spinal Cord Injury; Functional Rehabilitation*, [Connecticut: Appleton & Lange, 1992], 313.
- <sup>5</sup> Independent Living Website - <http://www.ilcnsw.asn.au/items/2310>
- <sup>6</sup> Marcia Hanak, Anne Scott, *Spinal Cord Injury; An Illustrated Guide for Healthcare Professionals*, [New York: Springer Publishing Company, Inc. 1983], 94.
- <sup>7</sup> Marcia Hanak, Anne Scott, *Spinal Cord Injury; An Illustrated Guide for Healthcare Professionals*, [New York: Springer Publishing Company, Inc. 1983], 18.
- <sup>8</sup> Lonsdale, S. *Work and Inequality* [London, Longman 1986], 123.
- <sup>9</sup> Hazel V. Adkins, *Spinal Cord Injury*, Robert Stevenson House, [Edinburgh: Churchill Livingstone Inc. 1985], 12.
- <sup>10</sup> Chuck Close Comment, 2005, San Francisco Museum of Modern Art 'Chuck Close on his Physical Challenges' <http://www.youtube.com/watch?v=TlwCC6bIDDs>, accessed 29.10.14
- <sup>11</sup> Chuck Close Comment, 2005, San Francisco Museum of Modern Art 'Chuck Close on his Physical Challenges' <http://www.youtube.com/watch?v=TlwCC6bIDDs>, accessed 29.10.14
- <sup>12</sup> Marcia Hanak, Anne Scott, *Spinal Cord Injury; An Illustrated Guide for Healthcare Professionals*, [New York: Springer Publishing Company, Inc. 1983], 90.
- <sup>13</sup> David Grundy, Andrew Swain, *ABC of Spinal Cord Injury; fourth edition*, [Tavistock Square, London: BMJ Publishing Group, 2002], 31.
- <sup>14</sup> M. Oliver, G Zarb, J Silver, M Moore and V. Salisbury, *Walking into Darkness; The Experience of Spinal Cord Injury*, [Houndmills, Basingstoke, Hampshire: THE MACMILLAN PRESS LTD], 1988. 58.
- <sup>15</sup> Marcia Hanak, Anne Scott, *Spinal Cord Injury; An Illustrated Guide for Healthcare Professionals*, [New York: Springer Publishing Company, Inc. 1983], 81.
- <sup>16</sup> Marcia Hanak, Anne Scott, *Spinal Cord Injury; An Illustrated Guide for Healthcare Professionals*, [New York: Springer Publishing Company, Inc. 1983], 19-20.
- <sup>17</sup> Marcia Hanak, Anne Scott, *Spinal Cord Injury; An Illustrated Guide for Healthcare Professionals*, [New York: Springer Publishing Company, Inc 1983], 81.
- <sup>18</sup> Peter Howson Comment, 1991, Talking Pictures – Episode 5 <http://peterhowson.co.uk/#popup-762>