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THREADS OF SURVIVAL

Megan Griffiths

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THREADS OF SURVIVAL

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Threads

A theme or characteristic running throughout a situation or piece of writing.¹

Hanging by a Thread: To be in a very dangerous situation or state: to be very close to death, failure, etc.²

Survival

The state or fact of continuing to live or exist, typically in spite of an accident, ordeal, or difficult circumstances.³

The dissertation and artworks for my Masters degree are from the four stages of my "ordeal" – pain, medication, addiction and withdrawal. The start of this entire saga (for it seemed like a long-running soap opera at the time) was the pain that came with a lumbar discectomy. As my pain increased over time, I went from codeine to morphine and eventually oxycodone. In the space of 20 days in January 2019, I went from taking 60mg of oxycodone per day to taking 480mg per day.

In March that year, two significant events happened. Firstly, after a fall I was X-rayed on my right side. The doctor came back to me with the stunning diagnosis that my right hip had been destroyed by osteoarthritis in less than three years, and that I needed an immediate hip replacement before my hip collapsed. I really thought he was exaggerating how badly I needed the operation; however he wasn't, and I got my operation only six weeks after diagnosis.

The second thing that happened, as a result of the anaesthetic assessment I had had for my back operation (yes – I still needed that as well!), was that the anaesthetist indicated that he was unsure how well they would be able to control my pain post-operatively as I was on such a high dosage of narcotics. The sudden requirement for me to have an urgent hip replacement operation induced my GP to reduce the amount of oxycodone I was taking.

The result of this was that the first day after I started taking a reduced dose I ended up in the Emergency Department having my first taste of withdrawal symptoms. Between then and July, I got a taste of a multitude of withdrawal symptoms, some mild and some nasty.

In the week before Easter in April 2019, I had my hip replacement, and my initial relief that a lot of my pain was gone was tempered by having excruciating pain above my right knee after surgery. This seemed to be some type of muscular pain, but despite all the narcotics I was given nothing helped. The first 48 hours of pain were the worst, but I had the same excruciating pain on moving my right leg for about a month.

This then, was where I was at when I started on my *Threads of Survival* journey.

PAIN

An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

International Association for the Study of Pain⁴

Lying in bed in the hospital in severe pain, when I closed my eyes all I could see was black with red lines. This was the basis for my artwork on pain.

After a period of recovery, I decided to express what I had experienced in hospital through a small artwork consisting of six A5 sized pages in a concertina format. I used a black cotton background and red thread, cord and ribbon for the lines. I hoped that this might help me get over the experience. This book became the maquette for my larger work *Six Days of Pain*.

The panels each represent one of the six days I was in hospital – from Monday (when I had surgery) to Saturday. The six panels show a visual scale of the pain I was in. The density of the colour represents the amount of pain I felt, while the height of the panels represents time. Each piece was then stretched onto a canvas. Stretching these as one would a painting elevates them to be viewed more as an artwork than a textile work – but, for me, the stretching symbolises the tension that comes with the pain, as if I am on tenterhooks waiting for the pain to return.

The background material was a viscose/lycra blend. It had a slight stretch, but was backed with interfacing to keep it stable. I collected a selection of the brightest red threads, ribbons and cords that I could find, including some with sparkle, and these were then either sewn or couched onto each of the six panels.

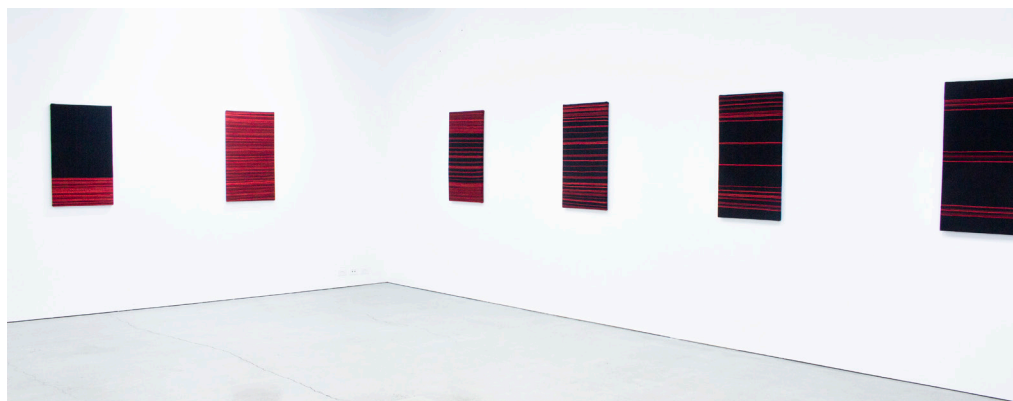


Figure 1. Megan Griffiths, *Six Days of Pain*, 2019, fabric, threads, ribbon, cord, 960 x 3300mm. Photograph: Tracy Griffiths.

Why do people create art showing their pain? By sharing their art with the world, artists are able to work through their pain, externalising it, lifting pain out of the ordinary and giving it value. Pain as a theme is not new, but my project about the depiction of my pain is mine alone. Early art depicting pain mostly show scenes from the Bible, or the lives of later saints and martyrs. Artists did not paint their own pain, but rather the pain of others. In the twentieth-first century, art about pain is more personal. Some artists have used self-portraits to show personal pain, while other artists have used more abstract art to show concepts of pain.

MEDICATION

Sometimes I say the medication is even tougher than the illness.

Sanya Richards-Ross⁵

When I first had back pain I was given paracetamol and ibuprofen. Paracetamol is classed as a multi-purpose pain medication, and very rarely has side effects. Ibuprofen is a NSAID – a nonsteroidal anti-inflammatory medication – which some people can take easily, and others suffer severe side effects.

When these two pain medication no longer controlled the pain, I was given codeine, which belongs to the class of drugs called opioids. These originated from the opium poppy. The first opioid was created in 1760 and called “laudanum.”¹⁶ This ubiquitous substance was prolifically used throughout the Victorian era. Once codeine no longer worked, I went onto morphine, and finally to oxycodone. The strength of opioid drugs is measured in morphine equivalents: morphine = 1, codeine = 0.15 and oxycodone = 1.5. There is no cap on the daily dose of these drugs that can be prescribed.

One of the most difficult things I had to cope with was how often the dosage of my prescriptions changed, especially oxycodone. I had so much trouble remembering to take the pills at the right times and in the correct amounts that I bought two things to help; the first was a notebook divided into days, documenting the times at which the long-acting and short-acting pills were to be taken. The second was a smart watch so I could programme in the times to take the medications each day.

My artwork *Scripted* came about from my interest in what medications I had taken. I put the list of medications in a spreadsheet, adding a new column each time my prescription changed. The result, when shown in size order, looked like a skyscraper – the more medication I took, the taller the building. I decided to call this *Scripted*, as a play on the fact that prescriptions are also called scripts and that script is another term for handwriting, which is why I chose a font type that looked handwritten. The final piece is 7.5 metres long, with almost 50 columns. The drug names are embroidered by backstitch onto the background; however, due to the size of the piece and the 2020 lockdown, only part of the length was embroidered. The final piece had the look of the skyline of a major city, with the lists of medications looking like 3-D tower blocks, especially those housing “Big Pharma” companies.

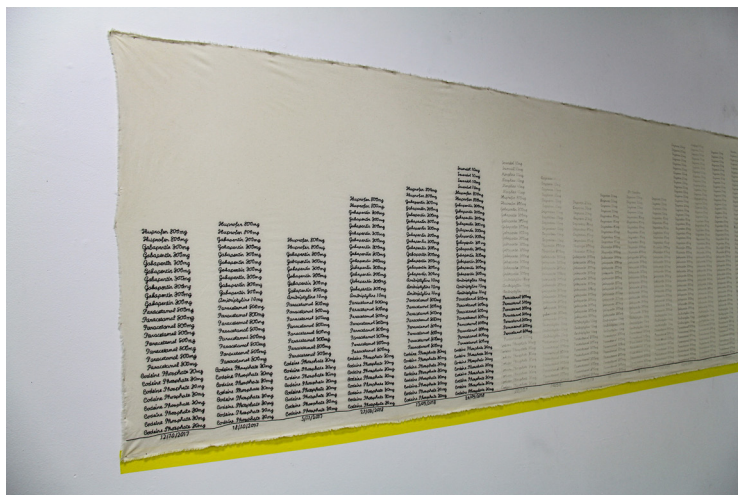


Figure 2. Megan Griffiths, *Scripted*, 2020, calico, black thread, safety tape, 7500 x 970mm. Photograph: Pam McKinlay.

ADDICTION

"As with other opioids, tolerance and physical dependence tend to develop upon repeated administration of oxycodone."

That one small sentence, buried in the middle of the 14-page Medicine Data Sheet (MDS) for OxyNorm (also in the MDS for OxyContin, Morphine and Codeine) is the only comment Medsafe – New Zealand's medicine and medical devices safety authority – makes about the possibility of addiction to these opioid medications. Despite many comments and beliefs over time that various Opioid medications are not addictive, ALL OF THEM ARE! Of course, it depends on the strength and how long the medication is taken as to whether a person becomes addicted. Codeine can be taken in large amounts for long periods of time with no problems for most people, while oxycodone only needs a short amount of time to become addictive.

In the 1800s, the search began for the 'Holy Grail' of pharmaceuticals – a drug with the painkilling properties of morphine, but without the addiction.⁷ The drug we now know as heroin was first created by Englishman CR Alder Wright 1874. Nothing further was done with it until 1898 when a chemist called Felix Hoffman, working for German company Beyer, independently recreated diacetylmorphine or heroin while attempting to produce codeine.⁸ It was named for the German word *heroisch* (heroic) due to its painkilling effect on users.⁹

Although Beyer claimed that heroin was non-addictive – it was widely sold as a cure-all for both adults and children – it didn't take long for stories of tolerance, dependence and addiction to show up.¹⁰

In 1980 a letter to the New England Medical Journal stated: "We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction."¹¹ This statement was misconstrued and, over time, became 'gospel' for doctors prescribing narcotics.

Enter the next big drug to make claims of minimal addiction: oxycodone. With doctors now feeling free to prescribe opioid medication due to assumed minimal addiction, and drug company Purdue's aggressive marketing, doctors went on a spree of prescription writing, with minimal physical examination of patients.¹² These drugs were often sold on the street for cash, leading to an explosion of addiction in all social classes. Between 2007 and 2012, West Virginia, a state with 1.8 million people, received 780 million hydrocodone and oxycodone pills – enough for 433 pills for every person, regardless of age, in the state. In the same period, 1700 people died from hydrocodone and oxycodone overdose.¹³ Thus the term "hillbilly heroin" was coined. In 2015 it was estimated that two million Americans were suffering from opioid use disorder from using prescription pain medications, and that up to 80 percent of heroin addicts had first become addicted from using painkillers.¹⁴

Although I knew that codeine and morphine could be addictive, I naively assumed that tailing off any opiate painkillers would be no different from tailing off the occasional dose of steroids I got for bronchitis. In short, a pain (as a seven-day steroid course could take another 14 days of tailing off), but nothing more than that. When my GP suggested oxycodone, I had sufficient qualms about possible addiction that I asked about the possibility. The response was a standard reply: "If you are taking oxycodone for pain rather than recreationally, you are unlikely to become addicted."

So, when did I realise I was addicted? Like many people in this predicament, I never realised I was addicted until I started to tail off the medication. To be precise, I was suffering from 'dependency' rather than actual addiction – my body craved the drug, but my mind did not. For me, addiction was something I had never even considered. It was only after starting to decrease the dosage of oxycodone that I found I had a problem. While it was easy for me to visualise *Six Days of Pain*, *Scripted* and *Under my Skin*, my only concept of *Fools Gold* was that I had been caught or hooked by something unseen and unheard.

I decided to create a net and looked at what thread would be suitable. I chose a thread that was almost see-through and made up of multiple strands woven together. Because of the material the thread is made from, it sparkles when light shines on it.

For many people on drugs, chasing the next high is all they can think about – but chasing a high is like looking for gold, but finding only fool's gold (iron pyrite). There is no substance to the high, and as soon as it finishes the person affected is looking for another high. With these thoughts, and the thread I chose sparkling in the light – enticing and hooking the viewer – I decided to call this piece *Fools Gold*. The second part of this piece consists of medication containers from the course of medication I took during 2019. The opioid medication hangs below a shelf with fishhooks dangling beneath (Figure 3) – the larger the hook, the more addictive the medication. The remaining medication packets are piled up along the shelf.

WITHDRAWAL

*You want a description of hell?
I can give it to you.*

Elizabeth Kipp¹⁵

When withdrawing from an addictive drug, your body takes no account of whether you are both mentally and physically addicted or only physically addicted. Withdrawal symptoms are the same – with no quarter given. After the anaesthetist's report following my first visit to the orthopaedic surgeon in February 2019, my doctor took to heart his comments that I was on such a high dose of oxycodone that it would be very hard to adequately relieve my pain after surgery. My doctor talked to me about the tapering off of oxycodone – it was no different from tapering off steroids. One week of taking a steroid had resulted in three weeks tapering off it. No problem. She mentioned no possible side effects, so I expected none.

The morning after my first reduction in dose, I remember feeling rather hot as I arrived at a café for coffee, but shortly after getting my drink I started getting cold. I remember putting on my jacket, but that making no difference. My head was in such a fog I couldn't do anything. I couldn't even drink my coffee. I was shivering uncontrollably. I suddenly realised that I was probably suffering from withdrawal and decided to contact my doctor. However, that day, Monday, was Otago Anniversary Day, so no doctor. I ended up going to the Emergency Department, but only started to feel better after it was time for my next dose.



Figure 3: Megan Griffiths, Detail of *Fools Gold*.
Photograph: Pam McKinlay.



Figure 4: Megan Griffiths, *Fools Gold*, 2020,
thread, medicine containers, shelving, fishing line, fish hooks, size variable.
Photograph: Pam McKinlay.

My biggest fear was that each time I reduced the dose (once a week), I would have the same side effects. Luckily, I did not, but throughout the tapering off period I had problems with insomnia, chills, depression, involuntary twitching, poor concentration, suicidal thoughts and depression, an inability to feel pleasure, chronic fatigue and the feeling that my skin was crawling. While I did not get all these symptoms every day, I certainly had some each day, especially involuntary twitching. While Mondays were always the worst, they were never as bad as that first Monday.

My doctor told me that once I reached 10mg of oxycodone, my body should have forgotten all about the medication and I could stop with no further problems. I was a bit wary of that advice, considering I was still having some withdrawal symptoms, so I tapered down to 5mg (from a starting point of 960mg). I stayed on 5mg for two weeks, working up the courage to finally stop. This I did on Sunday 28 July and, while I was expecting some reaction, I did not expect the reaction I got.

For the next four days I was in hell. I could not sleep, I was constantly thinking about suicide, my arms and legs constantly twitched, but worst of all was the feeling of something crawling under my skin. While I could almost control it during the day, at night it was hell. I could not sleep, I moved from bed to chair and back again, but nothing I did could stop the crawling feeling. I felt I was going mad!

Each day was a fight not to take more medication to quell my symptoms. Unbelievably, when I woke up on Friday, after finally falling asleep, the worst was over. The crawling feeling and the twitching had stopped, but it was still some months before the final vestiges of the drug wore off.

This feeling was what led me to my fourth artwork, *Under My Skin*. When I look back on my own experience of withdrawal, the one thing that stands out in my memory is the crawling feeling. I had never felt anything like it before, and I hope I never feel anything like it again. However, feeling it is one thing, being able to transform it into an artwork is another matter entirely.

I conceived the crawling feeling as like worms crawling under the skin, and I started looking into techniques to show this. I was able to create the effect I wanted by using twin needles to sew the 'worms' on dyed cheesecloth. Once I had completed the sewing of the 'worm' overlay, I turned my attention to what would go underneath. I decided on a female figure, and used a tracing of my own body as a starting point.



Figure 5. Megan Griffiths, *Under My Skin*, 2020.
Photograph: Pam McKinlay.



Figure 6: Megan Griffiths, *Under My Skin*, 2020, detail view, thread, fabric, wool, nylon net, cheesecloth, 1940 x 925mm. Photograph: Tessa Watson.

I used a background of stiff netting, overlaid with a full-sized figure in cotton fabric that was a shade darker than the overlay. The figure was drawn onto paper which was overlaid by the cotton fabric, then the figure was couched onto the netting around the edges using wool and the same thread as the overlay. The paper was then removed, and the fabric outside of the couched figure was carefully cut away, leaving the bare net behind. The final piece was framed in such a way as to stretch the overlay and sandwich the two layers together, while still being see-through.

I had never thought of my studio work as art therapy and did not set out to engage with this practice. However, in hindsight, my project did act as a form of therapy. I could not properly process and free myself of the experience of addiction without making it public – *getting it out there*, so to speak. Julia Kristeva said in a recent interview that as “a reader of [Simone] de Beauvoir, I understand freedom ... as the capacity to transcend oneself with the help of others: within the complexity of one’s ties to others.”¹⁶ In reaching out to others, in telling people through my studio work and my writing about my addiction experience, I started to feel less burdened, lighter.

Thinking back now, the slowness of my making served a purpose. The fact that most of the studio work is – and may very well remain – in an incomplete state, also seems to serve a purpose: I went through a process, finished work is not essential.

Megan Griffiths graduated from the Dunedin School of Art with a Masters of Fine Art (with Distinction) in 2020. She continues her art practice from home, and has had several pieces in a Central Otago gallery. Her *Six Days of Pain* has been purchased, and will shortly be on public display in the board room of the Dunedin Symphony Orchestra.

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