

Beyond Medical Pathography: Iconographic Pathography as Transfigured Storytelling

KRISTEN DRAHOS

Baylor University, USA

Kristen_Drahos@baylor.edu

*In this article, I argue that iconographic pathography provides a transformational form of storytelling for ill persons and the communities around them. This work addresses the reduction of illness narration to clinical vocabularies. It targets often excluded communities—chronic and terminal narrators—as well as promotes ethical practices of creative and collaborative inclusion for ecclesial communities. I use Devan Stahl’s *Imaging and Imagining Illness* as an example of this distinctive form of pathography, first differentiating it from other narrative forms of the genre as well as contextualizing its decentralized narrational form with criteria drawn from icons’ emergence within early Christian art. I claim that such decentralized narration changes the trajectory of self-understanding for the ill person as well as the ethical response required for those who bear witness to such narratives.*

Keywords: pathography, icons, narrative, illness, church

Introduction

NARRATIVE and illness intersect to shape the identities of ill persons and those in the world around them. Regardless of whether they recognize it, ill persons who seek treatment from Western medical professionals encounter a clinical experience of illness narration. Most will deal with some version of what Johan A. Schioldann describes as a “clinical pathography,” a genre that narrates “historical biography from a medical, psychological and psychiatric viewpoint.”¹ In this analytic mode, pathography interprets biological heredity, personality, personal history, and

¹ Johan A. Schioldann, “What Is Pathography,” *PubMed* 178 (2003): 303; see Annemarie Jutel and Ginny Russell, “Past, Present and Imaginary: Pathography in All Its Forms,”

Kristen Drahos is Assistant Professor in Great Texts and Theology at Baylor University. Her research interests explore various cruciform dimensions of Catholic thought, continental philosophy, and literature. She is particularly interested in questions related to beauty, doubt, death, and suffering.

Competing interests: The author declares none.

psychological factors and their interplay with the social and historical context that surrounds the individual in order to evaluate the causes of illness and outcomes that may pertain to ill persons. Pathography extends the scope of the physician's viewpoint beyond the parameters of a single, clinical visit to include the patient's medical contextualization and larger patterns of family, lifestyle, and decision-making, which helps doctors better assess causes and remedies to improve patient outcomes. It operates as a scientific tool for understanding the impact of illness, articulating findings through the clinician's gaze.

What goes largely unacknowledged with such writing, however, is the way that its use has come to eclipse the ill person. As Elaine Scarry notes, the medical world "narrates the patient's pain, but also doubts the patient's pain and interprets the pain via medicine and its language."² The "pursuit of a diagnosis to legitimise their suffering" can put patients at risk for limitation by the very medical community that offers a vocabulary and grammar for their illness.³ For some, the clinical images that widen the medical gaze to enable physicians to peer beyond what is normally visible, simultaneously support a purposely narrowed vision for understanding patients' experiences. Medical narration shapes and delimits not only how doctors and ill persons interact, but also

Health 27, no. 5 (2023): 888. Definitions vary, yet all prioritize the clinical gaze. Narrow and early historic definitions, like that of Robley Dunglison in 1853, articulate it only as a "description of disease" (cited in Jutel and Russell, "Past, Present and Imaginary," 888.) Some recent authors, like Osamu Muramoto's "retrospective diagnosis," continue using clinical definitions oriented around the patient's disease. See Osamu Muramoto, "Retrospective Diagnosis of a Famous Historical Figure: Ontological, Epistemic, and Ethical Considerations," *Philosophy, Ethics, and Humanities in Medicine* 9 (2014): 2. Anne Hawkins broadens the definition somewhat. She classifies the genre as a "form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death"; Anne Hunsaker Hawkins, *Reconstructing Illness: Studies in Pathography* (West Lafayette, IN: Purdue University Press, 1993), 1. Hawkins's use of "autobiography" in addition to "biography" ostensibly suggests a wider domain that includes patient narration. However, even in *Reconstructing Illness*, the clinical domain folds patient-given narration into the clinical mode, which reverts to the clinician's assessing perspective. See also Oliver Sacks, *Awakenings* (New York: Random House, 1999).

² Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985), 6–7.

³ Jutel and Russell, "Past, Present and Imaginary," 892; as Jutel and Russell note, without a diagnosis and clinical validation, "a person is left in a liminal state, betwixt and between, leaving them sometimes bereft of coherent ways to understand, to fix or to accept their situation. . . . Pathographies are sometimes driven by the need for an explanation to fill the vacuum." Yet as Arthur W. Frank and Elaine Scarry point out, the utility of medical frameworks can become hindrances as well as aids to illness experiences and narrations. What may be a relief at one point can become restrictive or dominating as well.

the ways ill persons understand themselves, see and experience their bodies, interact with others in community, and the way others interact with them. As Arthur Frank points out, the very use of the word “patient” puts the ill person under the domain and control of the medical profession.⁴ Good patients submit willingly to and abide by the authoritative knowledge of the doctors who analyze and prescribe care for their problems. Medical narration of the patient constricts the future’s hopes—a good outcome becomes merely the physical restoration of the patient’s body.

Devan Stahl’s collaborative, edited volume, *Imaging and Imagining Illness*, challenges the limitations found within the clinical use of pathography as a genre of illness narration, reimagining the way images interact with the form and purposes of storytelling.⁵ Stahl rejects the clinical consolidation of this genre’s writing as much as the narrational perspective presumed by the clinical assessor’s gaze. To do so, she embraces a distinctive collaboration where artistic images and storytelling fuse in dialogue, eventually widening to invite communal participation that makes the borders between narrator and artist, image and story, and individual and community porous. Although Stahl’s narrative incorporates medical images, what fundamentally differentiates her pathography is the relation of storytelling to the image-creation of her sister’s art and its interaction with a wider community. In my article, I claim that Stahl introduces a collaborative form of writing, developed through a dialogue of storytelling and image formation, that serves as a model for transforming pathography and challenging the hegemonic authority of clinical accounts. Moreover, while I show that Stahl follows some of the work done to reclaim patient-narratives, such as the pathographic storytelling supported by Frank, I argue that her work, through its adaptive embrace of images and its interaction with divine grace, opens a new avenue for narration with a specifically religious character—namely, I make the claim that Stahl offers a way to consider pathography as a collaborative form of narrative iconography. I propose that she provides a sacramental structure to storytelling that offers a new moment of divine indwelling in the world. I do not argue that all pathography is iconography, nor that all pathography ought to be iconography. My position, rather, is that the iconographic version of pathography is particularly relevant for Christians to understand, value, and engage the experience of chronic suffering in their midst—within their own parishes as much as in

⁴ See Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago, IL: University of Chicago Press, 1995), 10.

⁵ See Devan Stahl, ed., *Imaging and Imagining Illness: Becoming Whole in a Broken Body* (Eugene, OR: Cascade, 2018).

dialogue with neighbors from other faith traditions or nonfaith communities—as they further embrace the power of storytelling. Such storytelling has much to offer, even generating parallel, collaborative dialogue between storytelling and art in secular contexts where the icon's specific relation to the porosity between immanent and divine domains is not recognized.

In this article, I argue that iconographic pathography offers a new and transformational form of storytelling for ill persons and the communities around them. In the first section, I show that iconographic pathography begins by transposing narrative authority—not only from the medical hegemony of clinical pathography, but also from the central position of the ill person as narrator. I differentiate this dialogic form of storytelling from Frank's pathographic storytelling, and I relate it to icons' emergence from, and ongoing relation to, the communities around them. I argue that decentralized narration changes the trajectory of self-understanding for the ill person as well as the ethical response required of those who bear witness to such narratives. Next, I claim that this genre dynamically embraces and reimagines how narrative relates to images, and especially medical imaging. I assert that Stahl showcases a specific example of how this process transforms image and story, much in the way icons reshape the idea of image and Christian art. I argue that such storytelling challenges the alienating experiences associated with clinical diagnoses and medical images. I offer a way to imagine a collaboration between images and narrative, and I propose new ideas for integrating them within local communities. Third, I argue that iconographic pathography exerts a sacramental encounter that reshapes the community that engages them, much as icons of Cosmas and Damian and Symeon the Stylite opened a sacramental domain for transfiguration. I show that art and illness narratives are powerful tools for sacramental, rather than merely humanistic, change. Without replacing the latter, this iconographic storytelling mediates divine grace and alters ill persons and the groups who surround them. Finally, I conclude with practical constructive suggestions for expanding iconographic pathography within local communities. I present it as a way for local ecclesial bodies to embrace sacramental storytelling and the grace that follows within the church and to open space for transformative dialogue with other religious and secular communities.

Expanding Narrative Authority

Authors such as Arthur Frank and Devan Stahl reclaim pathography from the clinical gaze. Narrative pathography, which Frank explores in detail in the *The Wounded Storyteller*, uses pathography as a form of recovery of the medical determination that begins with the diagnostic event. Frank writes,

“The truth of stories is not only what *was* experienced, but equally what *becomes* experience in the telling and its reception.”⁶ This genre does not represent a rejection of modern conceptions of medicine and the technical expertise and treatments available to ill people. Rather, it stands as a post-modern genre that reasserts the significance of the ill person as a narrator of her own experience.⁷ Narrative pathography is particularly meaningful for recontextualizing the interaction between prolonged, chronic, or terminal experiences of illness and one’s former conceptions of life. Illness inherently interrupts and alters such narratives. The story a person has told about his or her life—its past events, the present moment, and where one is going in the future—are all changed. The medical diagnosis inserts a deconstructive element into the storyteller as a coherent narrator, which splits her narrative trajectory between what came before diagnosis (health and one way of living) and what comes after (medical prognosis, new modes of living, and possibly death).⁸ The narrator must now confront the ways her diagnosis impacts self-perception, decision-making, and what she envisions for her future.⁹ Whether a diagnosis offers relief that gives a name and organizational framework for understanding the body’s symptoms that have made their presence known for an extended period of time, or whether a diagnosis springs like a mousetrap that one didn’t realize was even set and waiting, diagnosis changes the pattern of existence. “Serious illness is a loss of the ‘destination and map’ that had previously guided the ill person’s life.”¹⁰ Described as a narrative wreck, “the illness story is wrecked because its present is not what the past was supposed to lead up to, and the future is scarcely thinkable.”¹¹

⁶ See Frank, *The Wounded Storyteller*, 22.

⁷ Frank distinguishes between premodern (communal storytelling that shaped individual understanding and experiences of illness), modern (medical and technical understanding of illness as disease with diagnosis, treatment, and restorative cure as primary), and postmodern (personal and distinctive uses of narrative to reclaim the subject’s self-understanding and decision-making in the midst of modern medical interpretations); Frank, *The Wounded Storyteller*, 4–5.

⁸ See Arthur Frank, “Reclaiming an Orphan Genre: The First-Person Narrative of Illness,” *Literature and Medicine* 13, no. 1 (1994): 13.

⁹ Frank points out that one finds three forms of narrative tension building in such reconstructive efforts: between what is public and private, between medical and nonmedical, and between what belongs to the telling of illness and the telling of life outside the illness. See Frank, *The Wounded Storyteller*, 3–4. Each narrative split challenges the narrator to make decisions about how to tell her story, embracing and melding division, confronting and rejecting parts of the division, using elements from these divisions as tools for self-creation, or some combination of these modes.

¹⁰ Frank, *The Wounded Storyteller*, 1.

¹¹ Frank, *The Wounded Storyteller*, 55.

Pathography in Frank's terms salvages, to an extent, narration from the language and limited *telos* of the medical community. The narrator is now the wounded person rather than medical professionals. The ill person is empowered to demand "to speak rather than being spoken for and to represent oneself rather than being represented or . . . being effaced entirely."¹² Whatever speech has been used to give voice to the experience of the ill body—the body that is not mute but "is inarticulate"—must encounter the medical vocabulary that goes with diagnosis, but pathography as narration allows the ill person to react to, assess, and continue to reassess how they understand themselves, their relation to their bodies, the treatment they undergo, and the people surrounding them.¹³ Frank argues that storytelling matters. Particularly for those whose illnesses do not have the clarity of physical resolution, telling stories by the metric of measuring the body's restoration can be infuriating, demoralizing, or simply depressing. Such stories trace "the edges of a wound that can only be told around."¹⁴

In narrative pathography, such as that presented by Frank or scholar Therese Jones, storytelling empowers the narrator, giving her "awareness, acceptance, and even celebration of the body's complexity, irreducibility, and ambiguity; she is now able and willing to do what Nancy Mairs suggests—hold all such ambivalences in her head."¹⁵ For Frank, ill persons as narrators stand as responsive in two senses—first, responding in a phenomenological sense to the worlds that they inhabit and that are given to, or thrust upon, them through their illnesses; second, responding to their experiences by speaking their narratives to others, who become bound to them as listeners. Such narration, however, continues to return focus to the ill person as narrator, who integrates and interprets personal experience through vocabularies given by medical, professional, and social expectations. In effect, suffering gives birth to the wounded storyteller—one who is "only created in the telling of the story" but who, nevertheless, is the one from whom, through whom, and around whom storytelling revolves.¹⁶

Devan Stahl's book introduces a change to that paradigm. As in many pathographic accounts, Stahl's work opens with a description of the overwhelming experience of diagnosis, specifically her diagnosis of multiple sclerosis (MS). She recounts an MRI scan that resulted in "hundreds

¹² Frank, *The Wounded Storyteller*, 13.

¹³ See Frank, *The Wounded Storyteller*, 2.

¹⁴ Frank, *The Wounded Storyteller*, 98.

¹⁵ Therese Jones, "'The Becoming of My Life . . . ' Liminality, Pathography, and Identity," in *Imaging and Imagining Illness*, 54.

¹⁶ Frank, *The Wounded Storyteller*, 165.

of computer-generated images of my body, from my lower spine to the top of my head.”¹⁷ Images are paramount in her story—the encounter with MRI images suffuses the narrative Stahl offers of her initial diagnosis. What took a neurologist “thirty seconds” to diagnose upon viewing her scans sends Stahl into an initial interrogative spiral. By the middle of her first chapter, however, images take on new meaning for Stahl’s narrative. Sharing her experience with her sister, an artist, Devan and Darian Stahl reimagine diagnosis and medical images.¹⁸ These images, rather than being the origin of ongoing discontinuity, become avenues for a new way of understanding herself and being with others.

Devan Stahl’s body—specifically with reference to the medical images of it—becomes fertile ground for a re-narration of the reality of and meaning of the pathography eventually offered in her book. The focus of her narrative emerges as a response to her diagnosis and imaging. Devan, though, does not centralize narrational authority around her experience in her storytelling. In sharing her story with her sister, she calls forth a response from Darian—not only as the one who listens to her story, but also as a contributor to what is meaningful in Devan’s storytelling.¹⁹ Like Devan, Darian Stahl looked at MRI scans and struggled to see her sister in the MS narrative. “I couldn’t see *her*,” she writes. “I could not recognize my own sister in a single image.”²⁰ Even scans of Devan’s face and eyes did little to help, “No, she was not there either.”²¹

For both Darian and Devan, diagnosis and the clinical experience of illness challenged the presumed role of the self as narrator, but neither were positively impacted by the experience with medical images in reconstructing

¹⁷ Devan Stahl, “Living into My Image,” in *Imaging and Imagining Illness*, 3.

¹⁸ This process begins with turning to sixteenth-century woodcuts, which Devan Stahl describes as anatomy set “in a theological backdrop.” What were depictions of flesh and bone are given “rich meaning and context” that set them apart from Stahl’s “sterile illustrations I was accustomed to seeing in the images of my own body produced by medical imaging technology.” Stahl, “Living into My Image,” 12.

¹⁹ At the end of his volume, Frank argues for witness narratives as a form of storytelling that gives the narrator a particular form of power to interpret their illness experience, from its embodied beginning to its present moment. Witness narration begins with the testimony of the ill person as a narrator. See Frank, *The Wounded Storyteller*, 139. Moreover, the shape of witness makes storytelling inherently dynamically dyadic. Where chaos narratives separate the narrator from others, even when others are present to listen, witness narratives require not only that a listener be present, but also that they respond to the story given. There is a responsibility given to the listening party—they cannot be passive observers. Rather, a testimonial witness “*implicates* others in what they witness” (emphasis in original). Frank, *The Wounded Storyteller*, 143.

²⁰ Darian Goldin Stahl, “Lived Scans,” in *Imaging and Imagining Illness*, 22.

²¹ Stahl, “Lived Scans,” 22.

narrative meaning of Devan's chronic illness. For Darian to find Devan in the medical images, which erased the person she knew as Devan as much as showcased her sister's body, she had to take part in imagining—reimaging—the medical media before her.²² Using her body as well as Devan's imaging, Darian fused the two in artistic presence through various depictions. While Devan's "neurologist seemed to consider Devan as simply the sum of her scans," Darian responds to demands for justice that extend beyond the borders of her sister's body.²³

As Darian embraced Devan's scans in art, she contributed her own body as part of the artistic project of making visible the narrative meaning of Devan's experience. Devan, in turn, received the very imprint of her sister's body—and its changes to her narrative—weaving them into her own story of living with illness. Her story becomes more than her narration and more than her scans. It is now being told with and through the voice of another and with the contribution of her sister's body. Narrative and image form a dynamic dyad in these initial chapters. Moreover, Devan expands the collaborative telling of her story with the volume she initiates. A book that begins with narrative and image extends into dialogue with a community of academic interlocutors who are confronted by the combination of the history and narrative of Devan Stahl alongside the transformed medical media presented by Darian Stahl. More than the body—Darian's body, Devan's narrative, and the engagement of the collaborative viewers—is necessary to write the truth of this story of living with MS.

At the end of *The Wounded Storyteller*, Frank cements the wounded narrator's voice by establishing the sacrality of the singular storyteller as the site of divine encounter and the wound as the ongoing locus of sanctification. Recalling Jacob who wrestles with God, the wounded body presents an immanent domain of encounter with God—"Peniel is a place where Jacob may have thought God was absent; he learns in his wounding that God is present" and through his wounded body, he continues to "rediscover the ground" of sacred encounter with God.²⁴ As Frank suggests, the wounds of illness present

²² Darian Stahl describes her work as the use of print-based artwork, such as stills or inkjet on film, as well as extended published books of her art, as means to combine Devan's "MRI scans with domestic spaces"; Stahl, "Lived Scans," in *Imaging and Imagining Illness*, 24.

²³ See Stahl, "Living into My Image," 23. Justice in this sense goes beyond rights, duties, or ends specifically related to the images of Devan's body and their use by medical professionals. Darian's work suggests a deeper and holistic approach to justice, taking into account the way medical diagnoses can do violence to one's sense of self, one's relation to one's body, and one's relation to others in their community.

²⁴ Frank, *The Wounded Storyteller*, 182.

a sacred site for encountering God. However, as storytelling shifts into an iconographic form of narration, as Devan Stahl begins to do through her interaction with her sister's transfigured art, the narrational domain of storytelling expands, pressing against a singular location of narrational authority and the illness narrator as the sole focus of holiness in wounded sacrality. Looking at Byzantine iconography, one finds a similar phenomenon. Icons do not develop out of a story that the icon's subject tells directly. Rather, as Rowan Williams points out, the theory and practice of making Byzantine icons began with the "practice of verbal representation,"²⁵ where icons were born from a relation to communal storytelling about Christ in the gospels and the saints who emulated and revealed his presence to the world at large. The "histories" (*historie*) behind icons, though largely invisible to those who view them today, embraced the way that various members told stories about saints, especially related to accounts of healing and intercession.²⁶ Icons' narratives shifted as various communities took part in giving voice to the icon's identity and in interpreting its meaning in relating to its image.

This decentralization of narrative authority counteracts the overwhelming narratives of modernity that write over the wounded narrator. Unlike clinical hegemony, the icon's *historie* presents ongoing contextualization, which foregrounds receiving and collaboratively participating in the icon's narrative. Icons invite the flexing shift of dialogue, and icons prioritize what Frank alludes to—namely, that wounded sites are sacred places for encountering God. One sees this exemplified in artistic subject selections in early Christian art, which often featured miracles, and in particular miracle scenes from the gospels that put God's power on display within the wounded spaces of human existence. Lee M. Jefferson attributes such decisions to various needs of the community.²⁷ First, life in a harsh environment where stories of miraculous

²⁵ See Rowan Williams, *Lost Icons: Reflections of Cultural Bereavement* (Edinburgh: T&T Clark, 2000), 184. Or, as C. A. Tsakiridou claims, the confluence of art, literature, and theology worked like a grammar in Byzantine art. "Rather than exclude creative and original expression, they set the parameters within which it could resonate with collective experience"; C. A. Tsakiridou, *Icons in Time, Persons in Eternity: Orthodox Theology and the Aesthetics of the Christian Image* (Burlington, VT: Ashgate Publishing, 2013), 209.

²⁶ For more on the way the *historie* of icons emerge, see David Ekserdjian, *The Italian Renaissance Altarpiece: Between Icon and Narrative* (New Haven, CT: Yale University Press, 2021).

²⁷ The Christian apologists of the church in the first two centuries roundly condemned artistic representations of God that might risk idolatrous practices, forsaking anything that might resemble the artistic pagan practices of their neighbors. Full-scale theoretical condemnation, however, did not mean that Christians completely forsook religious art. On the contrary, as scholars such as Moshe Barasch, Lee M. Jefferson, and Patricia Cox Miller point out, from the third to the eighth century religious art began to proliferate

healings occurred spawned hope for those who suffered, giving rise to many early icons. Miracle stories, like the restoration of the paralytic, often received preferential treatment. Johannine stories, where Jesus's clearly divine power was amply visible, likewise received greater depiction than their synoptic counterparts.²⁸ In each case, the needs and decisions of the community played significant roles in shaping artistic content—both subject and style—and the narrative direction of its presentation. Moreover, ongoing shifts of a community's needs over time further impacted the narrative meaning of the image.²⁹ Although later forms would emerge that solidified specific formulations of content and style, particularly as icons were interwoven with Orthodox architecture and indoor liturgical practices, early icons emerged dialogically with the communities who created them.³⁰ In effect, an icon was not merely a story

and express “new motifs and . . . new, specifically Christian, ideas.” Moshe Barasch, *Icon: Studies in the History of an Idea* (New York: New York University Press, 1992), 99. The iconoclast debate of the eighth and ninth centuries emerged out of a thick combination of theoretical apologetics and the practical dimensions of religious art. This contentious history, however, significantly impacted the way icons as images related to communities and the subject matter they presented. See Patricia Cox Miller, *The Corporeal Imagination: Signifying the Holy in Late Ancient Christianity* (Philadelphia: University of Pennsylvania Press, 2009), 317; Lee M. Jefferson, “Miracles and Art,” in *The Routledge Handbook of Early Christian Art*, ed. Robin M. Jensen and Mark D. Ellison (New York: Routledge, 2018), 309.

- ²⁸ The Gospel of John played a twofold role of amplifying God's great, and often miraculously healing, power, as well as differentiating that power from the “magical” power of other local gods. Other symbolic choices, such as Jesus carrying a staff when raising Lazarus or the oversized scale used to depict his countenance, helped link divine power to Moses and the history of God dwelling with the world and guiding it to a land of blessing. See Jefferson, “Miracles and Art,” 310–14, 316–19.
- ²⁹ For example, later political defenses of icons, such the *Three Apologies against Those Who Attack the Divine Images* from John of Damascus, greatly contributed to their narrative meaning within communities. See Barasch, *Icon*, 187–88.
- ³⁰ Nicholas Denysenko points out that icons related to specific miraculous occurrences or “wonderworking” such as gushing myrrh or healing oils, not only were part of a specific community's spiritual and liturgical pattern of life, but such icons would even “go on the road,” expanding the meaning of “wonderworking” through their greater reach and range. See Nicholas Denysenko, “Introduction,” in *Icons and the Liturgy, East and West: History, Theology, and Culture*, ed. Nicholas Denysenko (Notre Dame, IN: University of Notre Dame Press, 2017), 2–5. For the consolidation of ritual to indoor practices, see Robert F. Taft, “Icon and Image East and West,” in *Icons and the Liturgy, East and West: History, Theology, and Culture*, ed. Nicholas Denysenko (Notre Dame, IN: University of Notre Dame Press, 2017), 19. As Leonid Ouspensky and Anton C. Vrame note, certain characteristics remained stable and made saintly figures recognizable, such as St. Basil's balding head with a tuft of hair and long black beard. However, such stability simultaneously granted flexibility to a variety of portrayals of St. Basil in iconic depiction. See

about an event in the past, but rather an exchange between a community in need, the meaning of the gospel, and God's presence in its midst.

Such decentralized authority impacts everyone involved in the narratives. First, it returns agency to ill persons, who have gifts to offer their community and the power to engage in collaborative creativity. Where Frank focuses on agency's singular restoration, decentralized narration emphasizes the growth and new capacities that cooperative sharing generates. As with icons, narratives change by being given away. Darian, in turn, is invited into a new form of ethical response to her sister. Darian receives her sister's diagnosis narrative, as she would with Frank's model. Yet she also knows Devan beyond the story her sister tells of her MS experience, and she is drawn into collaborative generosity where she begins to contribute creative fruits from unreserved encounter. This shared narrative promotes a new form of ethical response through recognition, generosity, care, and collaborative creativity.³¹ No longer is the illness narrative merely the story of one individual. Now, it is a story that interweaves with the living fabric of those who engage it. It makes demands that those who receive an illness narrative not sit on the sidelines, but rather take part in the storytelling as well.³²

As Jeffrey P. Bishop writes, "Devan is made new in giving them."³³ This expanded domain remains open in Devan's volume, and it expands beyond the dyadic reciprocity of the sisters to a wider set of interlocutors. As with early

Leonid Ouspensky, "The Meaning and Dialogue of Icons," in *The Meaning of Icons*, ed. Leonid Ouspensky and Vladimir Lossky (Crestwood, NY: St. Vladimir's Seminary Press, 1982), 37; Anton C. Vrame, *The Educating Icon* (Brookline, MA: Holy Cross Orthodox Press, 1999), 68–69.

³¹ Here "ethical response" fits within a responsibility ethics framework, in contrast with teleological and deontological frameworks. As H. Richard Niebuhr argues, responsibility frameworks are especially important in response to suffering "because suffering is the exhibition of the presence in our existence of that which is not under our control . . . it cannot be brought adequately within the spheres of teleological or deontological ethics." H. Richard Niebuhr, *The Responsible Self* (Louisville, KY: Westminster John Knox Press, 1999), 60. For more on these frameworks, see pages 47–68.

³² This collaborative creative experience sets iconographic pathography apart from the witness narration of Frank's wounded storyteller. In Frank, witness narration also involves an ethics of receptivity and response. It opens a "pedagogy of suffering" that implicates those who listen to ill narratives. See Frank, *The Wounded Storyteller*, 143. The narrative, however, remains within the domain of the wounded narrator, and the ethics of response prioritizes protecting the narrator and the fragmentary and particular nature of illness stories. Witness narration exhibits an ethics of care for the wounds of ill narrators, without imposing restoration, but it does not suggest an ethics of collaborative narrativity or an ethics of care through narrative creativity.

³³ Jeffrey P. Bishop, "Icons of the Body, Darker Gifts of the Flesh," in *Imaging and Imagining Illness*, 106.

Christian communities, the variety of viewpoints interacts with and changes the landscape of the narrative at hand. Yet like the domain of the icon's community, none overwhelms or drowns out the subject, Devan, and the needs within her embodied story. Devan's story may take on a new form by being told through an icon's framework, but even more it is Devan, not a reduction via medicine, that emerges in the shared authority of those who offer their voices in turn. Narration becomes, as Rossella Certini asserts, a "critical *re*-thinking of our *being-in-the-world*, the ability, that is, to connect our thoughts with the pragmatic side of human existence."³⁴ For Certini, this "vital force" transforms words into "emotions that heal," creating an 'ontological connection between *logos* and *pathos*."³⁵ For Stahl's volume, word and art alter the horizons of meaning for the storyteller and her community, and so generate new creations beyond bodily and emotional horizons that change the way words and medical images interact, the way illness stories are told, and the way that communities listen to and respond to illness stories in their midst. The "vital force" of what Darian and Devan give continues the trajectory of giving and creativity by inviting others in turn to collaboratively engage in transformation as well.

Story and Image

Narrative pathography that embraces an iconographic form reconceptualizes the relation of narration and images. In Stahl's specific case, medical images become the unlikely yet fertile medium for the emergence of a new kind of image. Many narrative pathographies struggle to integrate medicine's findings on account of the foreign and sequestered domain that the medical world creates. As Stahl's first chapter attests, her medical images showcase jarring yet vital parts that she must grapple with in her illness narrative. Normalcy inverts—Stahl sees strange bright spots in brain matter rather than a face she recognizes. She is forced into a new perspective as her anatomy is transected. What reveals the body alienates the viewer. Moreover, the body presented to her in scans is primarily created and controlled by the medical community where doctors interpret images by using specific terminology and evaluation standards. Regardless of whether one's illness involves medical imaging, engaging medical professionals creates analogous inversions, upheaval, and interpretive overhaul. Stahl's book, though, offers an example of changing that dynamic. Iconographic narration matters precisely because it refuses this model of alienation without negating the experience of "otherness" that

³⁴ Rossella Certini, "Illness, Narration and Healing: Women's Perspectives," *Studi Sulla Formazione* 22 (2019): 154, emphasis in original.

³⁵ Certini, "Illness, Narration and Healing," 153.

medical images throw into sharp relief. It opens a new door to transforming medical foreignness, whether linked to medical images or the medical world of illness more broadly.

Byzantine icons similarly present human bodies that contain jarring proportions and confounding gazes, and which offer new alternate languages for engaging their meaning. Williams offers the reminder that an icon was “never meant to be a reproduction of the realities you see around you; it is not even meant to show what these realities will ever look like.”³⁶ In an icon, the two-dimensional figure halts the gaze of the viewer with its strangeness, and an inverted subject–object relation takes place.³⁷ Unlike pictures, the icon offers a “full-face address” that “confronts the viewer with a vivid evocation of another person with whom the viewer is invited to interact.”³⁸ These relations go beyond mere contemplation, as a viewer might describe when engaging a piece of art. Interactions with icons revolve around prayer, touch, transport, kissing, liturgical uses, and ritual engagement.³⁹ Icons establish “a play of identity and difference” that avoids “circumscribing or confining the subject in the art without forfeiting their ability to harbor the transcendent.”⁴⁰ They facilitate encounters with God’s divinity precisely through the dissimilar similarity of their subjects. This dynamic interplay makes space for an icon to host something beyond what art conveys, changing image to icon. The amalgamation and intertwined nature of these features makes limiting the definition of an icon to a two-dimensional panel painting on wood difficult. For Robert Maniura, an expansive understanding of the nature of the icon—related to the concrete artistic image but fundamentally exceeding that image in a variety of ways—directly references the idea that an icon goes beyond a minimalist definition. Although such a classification is useful as a starting place for understanding the genre, icons reference a “conceptual register” and “tension

³⁶ Williams, *Lost Icons*, 2. Initially, artistic destabilization and promotion of “intellectual uncertainty” was a vital part of safeguarding the divinity and holiness portrayed from idolatrous attachment. See Miller, *The Corporeal Imagination*, 144–45. See also Vrame, *The Educating Icon*, 87.

³⁷ For more on the distinction between “mimetic, detailed representation” and icons, see Andrzej Dudek, “On Some Aspects of Word, Image and Human Values as Reflected By Russian Orthodox Icons and Western Religious Paintings,” *Politeja* 5, no. 44 (2016): 70.

³⁸ Robert Maniura, “Icon/Image,” *Material Religion* 7, no. 1 (2011): 51.

³⁹ See Maniura, “Icon/Image,” 52.

⁴⁰ Miller, *The Corporeal Imagination*, 143. Elena Kravchenko and Vrame point out that such practices may seem strange to those unaccustomed to viewing icons in a larger context. See Elena Kravchenko, “Black Orthodox ‘Visual Piety’: People, Saints, and Icons in Pursuit of Reconciliation,” *Journal of Africana Religions* 8, no. 1 (2020): 92. See also Vrame, *The Educating Icon*, 86–89.

with materiality of the icon as object” and “mental phenomena” that look back to its origin (subject and community) and forward to its impact on those who engage it (its audience).⁴¹

Medical foreignness and the medical image present an inverted, but related, case of halting the gaze of the viewer. Like the icon, medical images destabilize the viewer. They put the viewer off balance precisely because they are not “good pictures” in expressing what is recognizable about oneself. As Stahl’s case shows, interacting with the medical community creates a break between her experience of self and the image she is given. For Byzantine icons, their use of (mis)proportion, the gaze of the icon’s figures, and their dramatic interplay of gold and color all contribute to the aesthetic destabilization they command, prompting a necessary unmooring that opens space for transformative experience.⁴² For Devan Stahl, her MRI provoked not only narrational instability, but her disequilibrium opened her to share her story and pictures with her sister. Her sister, similarly off balance through story and images, responded in turn through art. Through the first stages of iconographic pathography, what was initially estranged and estranging was transformed into what would unite two storytellers and their bodies, via narrative and image, without collapsing their difference or what might enter through that creative investment.

Like the icon, Darian changes the typical representation of medical images. Not only does she transfer their context from the domain of the medical community, but she radically reimagines what the images show as they highlight spinal curves, the bright spots of brain lesions, the dissection of the body through sliced imaging. In consequence, what is portrayed is far more than figures in a painting.⁴³ Like the eyes of an icon, which Williams describes

⁴¹ Maniura, “Icon/Image,” 50–51.

⁴² Peter Brown points out that prior to the fourth century, artistic representations of divinity (distinct from the cult of relics) were precisely material representations of what is immaterial—divinity. See Peter Brown, *The Cult of Saints: Its Rise and Function in Latin Christianity* (Chicago, IL: University of Chicago Press, 1981), 51. As Miller notes, however, the landscape between divine immateriality and the materiality of the world, and in particular the world of the saints and their artistic representations, became increasingly porous and ambiguous as time went on. Following the fourth century, Christian imaging of the body underwent a momentous shift via iconography, “involving alterations both in notions of what was possible for an embodied self and also in possibilities for divine intervention in the world. Now a human being (or that person’s body part or picture) could play an active role in the physical or spiritual salvation of a fellow human being.” Miller, *The Corporeal Imagination*, 118.

⁴³ Robert Taft notes that what was highly symbolic (albeit not abstract, allegorical, or metaphorical) in early icons becomes even more concrete and narrative-driven by the Middle and Late Byzantine periods. In consequence, figures such as Patriarch Photibus

as “bearing down” by “shedding” light and energy, Darian’s reimaging is creative and dynamic. In Byzantine icons, “Artists infused form and space with an ambient luminosity and tried to bring things and persons to a state of living presence, consistent with the transcendent realities of the Christian cosmos.”⁴⁴ As Darian infuses her body into the medical images of Devan’s body and illness, new forms emerge that carve new spaces for integrating illness within self and communal understanding.

By weaving two portraits together—narrative and artistic—iconographic pathography provokes uncertainty about how this story will be narrated, about who the narrator in fact is, and about how the presence of the body appears to us and changes us. As Bissera Pentcheva suggests, icons provoke “ceaseless action,” unlike the inert portrait.⁴⁵ Bishop writes, “In giving us this book, Devan and Darian permit this icon of the body to challenge its readers to reconsider their own experiences with the darker gifts of the flesh, passing the gift along, regiving them again and again, in a non-identical way.”⁴⁶ The sisters too engage a “ceaseless action” through re-narration of illness and image. While Darian’s art transforms Devan’s scans, it takes both sisters’ interactive work to constitute the icon that can form those confronted by its gaze. Their work, like an icon, must be engaged with patient receptivity that “allow[s] yourself to be ‘worked on’” and “looked at.”⁴⁷ Illness and images are no longer simply part of the clinical experience—they have a place and work to do in a much larger context.

The final contributor, Jeffery Bishop, describes Devan and Darian’s interactions as giving more than art—“in giving us these icons of the body, in giving herself to us in this way, we are made new by these icons. And Devan

described the Virgin’s lips in a mosaic in St. Sophia as “made flesh by the colors,” and Emperor Leo VI comments that a mosaic icon of Christ “appeared to be not a work of art, but Christ himself.” Taft, “Icon and Image East and West,” 16.

⁴⁴ Tsakiridou, *Icons in Time, Persons in Eternity*, 213. As Miller notes, saints take on an “uncanny (im)material presence in the painting . . . a physical presence that seems to be materially substantive without ever quite achieving corporeal solidity”; Miller, *The Corporeal Imagination*, 144.

⁴⁵ Bissera V. Pentcheva draws from Basil of Caesarea for further solidification of the conceptualization of *eikon* as performance. He notes that Basil’s writings were suppressed in the Iconoclasm controversies between 730 and 843 CE. See Bissera V. Pentcheva, “Vital Inbreathing: Iconicity beyond Representation in Late Antiquity,” in *Icons and the Liturgy, East and West: History, Theology, and Culture*, ed. Nicholas Denysenko (Notre Dame, IN: University of Notre Dame Press, 2017), 61. For a historical overview of the iconoclastic controversy, see Vrame, *The Educating Icon*, 22–29.

⁴⁶ Bishop, “Icons of the Body, Darker Gifts of the Flesh,” 105.

⁴⁷ Rowan Williams, *The Dwelling of the Light: Praying with the Icons of Christ* (Norwich: The Canterbury Press, n.d.), xviii.

is made new in giving them. And in giving me this opportunity to comment, to set aside my various gazes, Devan makes me a changed man, a richer man, a new creation. She gives new purpose to my own being.”⁴⁸ As Bishop notes, Stahl’s volume offers a glimpse of a genre that weaves together narrative, image, and communal transfiguration. The image, or artistic rendering, within this expression opens space for grace to move outside of the strictures of language, even if its meaning reenters a linguistic domain in receptivity, reflection, and interpretation. Like traditional iconography, realism, symbolism, and narrative collide, where the complex emergence of an icon’s presentation offers “the concretizing of the symbolic” that moves “toward greater narrative explicitness.”⁴⁹ Iconographic narration becomes an “unexpected guest” that refuses reduction to an “imperceptible element [within] our lives,” introducing instead “a terrestrial movement that phenomenologically redefines all human dimensions.”⁵⁰

Communal Transformation

Icons are not stable portraits or pictures. An icon is dynamic and alive in the community surrounding it, and it changes those who engage it. They are channels of transfiguration that make “the abstract concept of *theosis* a personal reality . . . without resort to theological manuals, essays, or patristic texts.”⁵¹ Two hagiographical stories of icons of the saints Cosmas and Damian support and nuance this view.⁵² In one story from the *Life of Saint Theodore of Sykeon*, Cosmas and Damian take an uncannily active role in healing St. Theodore, who prays to the saints in their icon for help. In the story, the saints “emerge from the icon ‘looking just like they did’ in the painted image.”⁵³ They engage in various medical activities (pulse taking, diagnostic questioning) as

⁴⁸ Bishop, “Icons of the Body, Darker Gifts of the Flesh,” 106. Bishop’s claim aligns with the idea that the aim of iconic catechesis is not only to “nurture, instruct, and direct” the faithful, but “the goal of iconic catechesis is for each person to become an icon, a living image of God, a person who lives in continual fellowship—communion—with God, reflecting . . . ‘iconic knowing and living.’” Vrame, *The Educating Icon*, 63.

⁴⁹ Taft, “Icon and Image East and West,” 17.

⁵⁰ Certini, “Illness, Narration and Healing,” 154.

⁵¹ Vrame, *The Educating Icon*, 93. Vrame goes further to argue that the icon’s process of *theosis* offers a particular “iconic knowing and living” that “inform[s], form[s], and transform[s] . . . so that each person can manifest the divine presence in his or her life.”

⁵² Miller argues that hagiography is not a discrete limited genre revolving around the literary lives of saints. Rather, it functions “as a set of discursive strategies for presenting sainthood” that emphasizes the “liveness of saints in an ‘in-between’ material medium” that transects the material and the spiritual. Miller, *The Corporeal Imagination*, 118–19.

⁵³ Miller, *The Corporeal Imagination*, 119.

well as spiritual interventions (flying up to heaven on Theodore's behalf). As Patricia Cox Miller describes it, the saints in the story are "perched between materiality and transcendence"—they resemble their portraits, yet they are free to fly to heaven to do intercessory work.⁵⁴ In this story, the spaces between elements amplify power's mediation. The saints' power is not direct, but appears in figures that emerge in visions from their icon's imaging. Healing begins only after petition, assessment, and heavenly intercession. Bill Brown adds that the vitality of a story's power emerges not in spite of, but rather through the "oscillation between animate and inanimate, subject and object, human and thing."⁵⁵ The hagiographer teaches the "reader how to 'see'"—not only that "saintly presence does (not quite) incarnate divinity"—but also that the icon mediates a transformation through a dynamic relationship that moves between illness and health, heaven and earth, individuality and community, and art and life.⁵⁶

By writing St. Theodore's story, the hagiographer participates in the transformative expression of this icon, making hagiographical narratives part of the saints' very representation.⁵⁷ Mediation does not require "dematerialization, but precisely rematerialization in verbal images that convey how a body touched by transcendence can be palpably present in the world."⁵⁸ Icons affirm "a long cultural expectation that the boundary between human self and divine other was an edge that connects, rather than divides, the transcendent and earthly realms."⁵⁹ At the end of the volume, Devan writes, "I challenge Darian not to think of her work as merely translation, but as transubstantiation. Darian not only represents my body but also becomes a part of my body. The result is not simply a modified MRI, although art retains the MR image, the result is a new body. Darian may see her art as representing my embodied narrative, but its impact circles back to me, continually transforming me and demanding new representations, which emerge because of our

⁵⁴ Miller, *The Corporeal Imagination*, 125.

⁵⁵ Quoted in Miller, *The Corporeal Imagination*, 120. See Bill Brown, "Reification, Reanimation, and the American Uncanny," *Critical Inquiry* 32, no. 2 (2006): 199.

⁵⁶ Brown, "Reification, Reanimation, and the American Uncanny," 199.

⁵⁷ See Miller, *The Corporeal Imagination*, 120. The icon is shown to be more than an image through the "dialectic of immanence and transcendence" that "match[es] the delicate balance of human and divine in the saints themselves"; Miller, *The Corporeal Imagination*, 121. Such narratives "destabilize conventional identity" of the saints they portray by making the encounter with petitioners, like St. Theodore, part of their identity and part of the meaning and "historie" that accompanies their icon. Miller, *The Corporeal Imagination*, 125.

⁵⁸ Miller, *The Corporeal Imagination*, 128; emphasis in original.

⁵⁹ Miller, *The Corporeal Imagination*, 147.

collaboration.”⁶⁰ Transubstantiation, or the graced change of the substance of bread and wine to Christ’s body and blood, changes what is at hand and given to members of the church body at communion. For Devan, what Darian returns with her art has changed the very substance of Devan’s story as an embodied person with MS, and this graced offering continues to effect dialogic change as narrative and new artistic representations pass between the sisters.

In giving the gift of her shared narrative, explicitly to her collaborators and implicitly to her readers, Devan continues this circular pattern of offering and suggests a way for reimagining what interacting with illness means for the church at large. Her narration is not a form of therapy, nor is its objective to articulate new doctor–patient practices for the medical community.⁶¹ On the contrary, her storytelling shows that narration might have another gift to offer—a practical and concrete channel through which grace operates between members of Christ’s body. The combinations of image and story, like the image of Cosmas and Damian, are not stable offerings. They share their authority with one another to create a new communal space of interaction. Their presentation, like the saint’s icon, creates an opportunity for interactive engagement and transformation with the interlocutors in subsequent chapters, as well as the readers of the volume. The aim of this volume and projects that follow in its wake are not the practicality of utility, but rather the reality of the sacramental—making visible transformational grace that changes those it touches.

Another story of Cosmas and Damian presses the reader to reconceive what a sacramental domain means for the church. In this account, a woman painted icons of Cosmas and Damian on her walls after a trip to Constantinople. Falling desperately ill with stomach pains, she scrapes the icon’s painted plaster into a cup and adds water, drinks it, and after a visitation by the saints she is cured and returns to health. Here the saints’ arrival is held in tension with the woman’s consumption of image via fragments of paint and plaster. Eucharistic overtones suggest that what she ingests is more than the materials that made it. In this instance, the very medium of plaster and paint, and not merely the non-corporeal image of Cosmas and Damian, calls forth the healing power of the saints and provides the context for a transformative and eucharistic encounter. The icon offers a primary, rather than merely secondary, encounter with the saints. It “present[s], and not

⁶⁰ Devan Stahl, “Reflections,” in *Imaging and Imagining Illness*, 118.

⁶¹ For more on illness narration as therapeutic, see Karen Nelson et al., “Exploring the Impacts of an Art and Narrative Therapy Program on Participants’ Grief and Bereavement Experiences,” *Journal of Death and Dying*, 2022, <https://doi.org/3022282211117-302228221111726>.

merely to represent[s], saintly presence and power.”⁶² All the more, though, does the woman participate in this eucharistic moment, where she acts not only in a priestly capacity with prayers and offering, painting the initial icon and scraping plaster into her cup, but also as the congregant who receives the saints’ arrival and their mediation of Christ’s healing. As Stahl writes in her conclusion, “Monstrosity sets one apart, makes a person alien and aberrant,” but by making pathography expansive, interactive, and dialogic, its iconographic form becomes embedded within a broader community where transformative sharing configures every member of the community as simultaneously open in receptivity and kenotic in generous contributions.⁶³ Although no contributor went so far as to ingest paint or printed pages, the others in the volume took in the sisters’ dynamic interaction. As with the woman in the story, Stahl’s form of pathography promotes eucharistic transfiguration. Illness narratives are not marginal for ill persons, but part of the living fabric of communities. Such sacramental offerings demand participation—the very nature of their open narrational authority invites the sisters to “take and eat” of their offering as well. They move illness from marginal spaces to the center of the Body of Christ.

Icons, like sacraments, have the power to traverse temporal and geographical boundaries, and they too can engender a new space for recursive communal transformation. In a story of Symeon the Stylite the younger, Symeon encounters a priest and the priest’s ill son at the base of his pillar, pleading to remain close in order to receive healing from Symeon’s holy presence.⁶⁴ Symeon sends the priest away, telling him to take a token (*eulogia*) made from the dust at the base of Symeon’s pillar, which would offer a complete cure when “you look at the imprint of our image . . . [and] it is us that you will see.”⁶⁵ In this narrative, the icon emerged directly from an encounter with the priest who approached Symeon on his stand, and its efficacy developed in relation to those who experienced a divine encounter with the image created from the encounter.⁶⁶ The priest and his son are linked to the icon itself in a dynamic relation—the icon’s formation and power comes directly out of

⁶² Miller, *The Corporeal Imagination*, 131.

⁶³ Stahl, “Reflections,” 117.

⁶⁴ Several of Symeon’s stories portray a dynamic tension between the saint and “spiritual images” of himself that channeled divine healing power. In one instance, Symeon appears to a blind man in an apparition, while in another he appears as a “spiritual image’ . . . speaking with a human voice.” In a third apparition, he performs surgery. See Miller, *The Corporeal Imagination*, 113.

⁶⁵ Miller, *The Corporeal Imagination*, 128.

⁶⁶ Miller draws attention to other significant ambiguities in this story. The dust Symeon advises be turned into an icon might refer to an allusion to Genesis and the dust of the

the encounter with the priest's request and his engagement with Symeon's image as he returns with faith in his son's healing. Pentcheva points out that "the stylites themselves model and legitimize their power on the example of eucharistic liturgy."⁶⁷ In Symeon's case, the process of imprinting matter with Spirit, transforming the inanimate into animate linked directly to the sacramental reality of transformation.⁶⁸ Moreover, the icon's power in the narrative does not come from a point of reference in the past, but rather it points toward the future (the event of the priest's son's healing). Like those who occasion it (Symeon, the priest, and his son), the icon's temporal horizon effects a destabilizing shift. Here the solidity of a past event as the icon's reference is exchanged for a link to an event in the future, which gives the icon its power precisely as though the priest's son's healing had already taken place. Although the priest and his son are certainly made new through healing, the icon itself is literally "made new" as well in the story—in its creation from dust, in its reference to what will come to be in the future, and finally in its incorporation into the meaning of Symeon as a saint whose healing makes present the divine.

The interactions of Devan, Darian, and eventually the contributors of the volume parallel the emergence of Symeon's icon through the interactive space of dialogic experience. Moreover, the meaning of this pathographic narrative emerges in the shaping of its iconic frame. The transformational power of Symeon lay not in a prefabricated image, but rather in the token created upon the occasion of the priest's visit and the viewing experience of the priest and his son from a distance. In Stahl's book, the iconographic form emerges and reveals transformational power through the occasion of narrative sharing that surrenders returned authority. Moreover, in the slip between narrative and image and the ongoing transformation that provokes re-narration and new imagination, iconographic pathography facilitates encounters with the power of Christ in gracious, sacramental transformation and unification. The story told remains itself, but it is also renewed with each embrace of collaboration. Contributors participate in the iconographic offering by opening themselves to transformation as they engage with the Stahl sisters and one another, as well as offering their own lives back through their contributions. The book that emerges is unified—not merely as a single volume, but as a shared space

earth, yet it is also that which has been in closest contact with Symeon, and likely contains skin and other small parts of the saint's body. Moreover, the image the saint gives is two-dimensional, seeming to dispel any idolatrous concerns, yet it also effects healing power and presence, partaking "of that ontological instability, an oscillation between subject and object, human and thing" in the bifocal representation (visibility of the divine through a human image). Miller, *The Corporeal Imagination*, 129.

⁶⁷ Pentcheva, "Vital Inbreathing," 64.

⁶⁸ See Pentcheva, "Vital Inbreathing," 65.

of interactive storytelling that changes the pathography it repurposes. Just because its impact cannot be empirically measured or quantifiably calculated, but rather known and seen through the attestation of narration, does not make grace and its effects any less real.

Conclusion

Although those in the church at large may not be talented artists like Darian, more interactions where art relates both to illness narration and to encounters within larger communities would open new horizons for members of Christ's body to transubstantiate the "dark gifts of the flesh."⁶⁹ On a practical level, such efforts would need to begin to unfold in a voluntary and dialogic encounter. Illness narratives would need to be received with gratitude by various members of a local church community with the purpose of going beyond witness and into iconographic interactions.⁷⁰ In consequence, image-based work would follow initial narration, opening to a wide variety of media and skill levels in the work of transfiguring story into image. The broader work of dialogic narration may be written, as Stahl's book exemplifies, or it may become part of an oral reception within particular communities.

Admittedly, such work is not part of ecclesial bodies at present;⁷¹ however, much as Elena Kravchenko describes, in the experience of Black women who

⁶⁹ This expansion both draws close to and expands the idea of icons, much as Beat Brenk argues happened in Egyptian monasteries where images normally found in church apses entered the monk's cell. Here, the monk's "private encounters" with images "imitates a Church," joining the isolation of the monk to a greater community. See Beat Brenk, *The Apse, the Image and the Icon: An Historical Perspective of the Apse as a Space for Images* (Wiesbaden: Dr. Ludwig Reichert Verlag, 2010), 87. Likewise, the narrative icons open and integrate the private domain of illness experiences to other members of the church at large, while simultaneously offering these experiences as sacramental and transformative for that same larger body.

⁷⁰ Communities could consider creative ways to recognize and help any members who are unable to narrate their own stories due to physical or mental differences, ways that acknowledge the space held open for the ill person's narration (even if it is never given) and that value the collaborative gifts that shared narration offers.

⁷¹ Dairan Stahl and Stella Bolaki model a version of this kind of work with their "Book as Body" workshops, which "use the artist's book format as a bodily proxy, that is, to employ it to sensorially materialize a symptom or experience outside the body so that it may become a shareable and tacit form of communication." Books become sculptural mediums to help ill persons share their experiences of illness stories, and in particular to help medical professionals. Stella Bolaki, "Interactions between Medicine and the Arts," ed. Wolfgang Schütz and Katrin Pilz, *Wiener Klinische Wochenschrift: The Central European Journal of Medicine* 132, no. S1 (September 2020): 21, <https://doi.org/10.1007/s00508-020-01706-w>.

convert to Orthodox practice the integration of icons into everyday life that seems strange at the outset not only “become[s] familiar,” but starts to “feel right” over time.⁷² Local efforts should be made to make spaces where illness narration and medical images are interactive with more than one narrator. As Kravchenko points out, icons grow to be deeply meaningful and “constant companions” whose presence supports practices of prayer, forgiveness, attention, and healing in the communities she studies.⁷³ Those who suffer chronic illness dwell with their embodiment and its ruptures every day. Iconographic pathography refuses to push the meaning of suffering into the ecclesial forms of restitution. Such pathographic storytelling would open Christians to a new way of understanding Christ as “healer” by offering additional experiences of transformational love that are not circumscribed by the limits of bodily restoration.

Moreover, such work primes Christians to embrace gifts emerging from surprising collaborations. Although there is much to recommend them within local parish life, such dialogic experiences could expand into interreligious exchanges and secular moments of encounter. Even if the divine religious character of the icon shifted, the shape of decentralized narration in dialogue with art might bring forth surprising benefits from the collaboration. At minimum, they could facilitate dialogic openness between diverse community members as they learn to listen and respond with language that goes beyond the medical limits of restitution narratives. Maximally, both narrator and community would be transformed by the ongoing space of encounter. As scholars who are studying long COVID note, online forums provide not merely a “rich description of the diverse manifestations of a grave new illness,” but also communities that themselves “become a springboard for action” related to medical recognition, best clinical practices, communal support structures, and more.⁷⁴ Although not established as iconographic sites, these communities have already begun to scaffold communal spaces for sharing that could incorporate iconography’s dialogic expression, either through its religious expression or through a secular analogue.

Iconographic pathographies change the modes of encounter and how persons dwell with illness. Chronic sufferers, both in the church and at large, gain new agency and voice, while those around them are called to relate dynamically to the wounds within their midst. Not only would adopting such work

⁷² Kravchenko, “Black Orthodox ‘Visual Piety,’” 93.

⁷³ See Kravchenko, “Black Orthodox ‘Visual Piety,’” 93.

⁷⁴ Alex Rushforth et al., “Long Covid - The Illness Narratives,” *Social Science and Medicine* 286 (2021): 1, 6.

nourish those who suffer, but it would transform the entire body of Christ as storytelling promotes dynamic and ongoing space for surprising changes wrought by encounters with grace.