

Pain, neurology, and art. A look at the life and work of Frida Kahlo

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ABSTRACT

Frida Kahlo's painting and neurology are closely related. The artist expresses her diseases in her paintings with great authenticity: she experienced poliomyelitis during childhood and suffered severe trauma when she was young, causing permanent paresis of the right leg and chronic, intense vertebral pain. The diary she kept for 10 years represents a true clinical history, including intimate reflections and several drawings depicting the progression of her various symptoms, as well as her indomitable personality. This fascinating woman was able to transform her feelings into true art. Frida Kahlo's creative passion led her to be considered the great female Latin American painter of the 20th century.

KEYWORDS

Acute infantile paralysis, art, Frida Kahlo, neuropathic pain, poliomyelitis

Introduction

This article aims to reflect on the life and work of Frida Kahlo, whose paintings exude a special expressive power, constantly and reliably reflecting the diverse neurological symptoms and the experiences that tormented her; this points to the possible importance of suffering in creative production.

Development

Frida Kahlo Calderón (1907-1954), born in Coyoacán, was a beautiful woman of exceptional talent who became an icon of Mexican painting and Latin American art. Frida was of Indian, Spanish, and Jewish ancestry, but always showed a special passion for Aztec culture.

We reviewed several biographies of the painter, art articles, and reviews of numerous exhibitions of her art in several countries. In this search, we can highlight her

diary, "an intimate self-portrait," according to the cover of the book, which also includes a beautiful biographical note by the great master of Mexican literature, Carlos Fuentes.¹

We also found scientifically rigorous articles on the different epidemics that hit Mexican and Spanish cities and regions; these were devastating in the pre-vaccine era.³⁻⁵

Frida soon became familiar with the neurological processes affecting herself and her family. As a child she witnessed her father Guillermo Kahlo's numerous grand mal seizures. When they went for a walk, she would always carry a small bottle of ether which she made her father inhale to try to alleviate his generalised seizures.⁶

At the age of 7, she contracted poliomyelitis, which affected the right leg, causing muscle atrophy from the lower third of the thigh to the foot and significant

signs of growth alterations, including cold, purple toes, accompanied in winter by pain and increased signs of sympathetic dystrophy. This happened in 1914, the same year that Jonas Salk, who developed the first polio vaccine, was born in New York. In the 20th century, acute infantile paralysis was a severe health problem, giving rise to significant epidemic outbreaks, especially in such large, growing cities as Stockholm, Detroit, London, Mexico City, New York, Barcelona, and Valencia. These epidemics caused thousands of deaths and led to considerable motor impairment, which was difficult to reverse.²

The paresis of the right leg had a significant psychological impact on Frida, especially when her playmates called her “lame” or “peg-leg Frida.” She was able to rise above these nicknames, and stood out for her intelligence, her desire for self-improvement, and her curiosity. Nobody knows how, but she seems to have been able to run and jump with the same speed and agility as her friends.

She was raised in a home with two very dissimilar parents: a mother obsessed with the Catholic faith and an atheist father. At the age of 15, she was considering studying medicine due to her interest in neurological disease; she attended school with great interest and wished to study at university and work at the same time. She was also very concerned about the social problems affecting the Mexican people. At that time, she fell in love with Alejandro Gómez Arias, a schoolmate, and discovered the Mexican communist party, with which she shared social concerns. She would wear long skirt or trousers, which was outrageous in a 15-year-old girl, with the aim of concealing her thinner, shorter right leg.

On 17 September 1925, she was severely injured in a traffic accident when a tram collided with the bus she was riding: that day would change Frida’s life completely. She was admitted to the Red Cross hospital in Mexico City. She arrived naked, injured, and covered with blood and gold dust that had spilled from a packet carried by an artisan, also injured. Diagnosis at admission was: 18-year-old patient presenting multiple traumas and fractures, numerous wounds, crushed right leg, and an iron bar driven into the pelvic area. The physicians recommended bed rest with immobilisation, painkillers, heat, and several bandages. Despite these measures, during her stay at the hospital, she became desperate due to intense pain in her back and right leg. She insulted doctors, calling them worthless, or murderers, due to

their incompetence, as shown by the fact that no whole-body X-ray study was performed until one year after the accident. The study revealed fracture and displacement of the three last lumbar vertebrae, three pelvic fractures, fractured ribs, seven fractures in the right leg, dislocation of the left elbow, and scarring of an incised wound caused by the penetration of a metallic element, which entered through the back and exited through the vagina. As one can imagine, this girl’s fragile body suffered great physical damage in the form of numerous bone fractures, tearing of skin, muscle, ligaments, and tendons, pelvic and abdominal visceral injuries, and severe abrasion of the atrophic leg.

Her agony started with the accident: she suffered constant, intense pain all over her body, confining her to strict bed rest for several months, which caused several bedsores; injuries were also inflicted by a number of corsets made of such diverse materials as plaster, leather, or metal. This situation lasted two years: she did nothing but cry, and was sometimes unable even to do this; at that time, her parents commissioned a carpenter to build a canopy over her bed with a mirror on the underside, so that Frida could see herself. This enabled Frida to start painting while she was bedridden and to make several self-portraits.⁶ The pain started to remit slowly over time, and she began to get up and walk; she attended conferences on social and political subjects, frequented artistic circles, and became a member of the Communist Party. In 1928, she met the Italian photographer Tina Modotti, who introduced her to the great muralist Diego Rivera. Frida had first learned of Diego when he was painting a mural at the National Preparatory High School in 1922. This great Mexican painter was attracted by the work of the young new artist and encouraged her to continue with her paintings; this marked the start of an intense romance that culminated in marriage on 21 August 1929. The couple was full of contrasts: he was 21 years her senior, fat, tall, an enormous man, while she was small, but they were both creative, seductive, bohemian, revolutionary, and passionate about Mexico and about love. Several months after the wedding, Frida got pregnant but had to terminate the pregnancy; this would be the first of three abortions, which thrust her into prolonged periods of profound depression; these were reflected on several paintings, such as *Frida and the miscarriage* (1932) and *Henry Ford Hospital* or *The flying bed* (1932).⁷

In 1930, the Riveras arrived in San Francisco (USA) after Diego was invited to participate in a work at the city's stock exchange building. It was a dream come true for Frida; she loved to walk around the city, but the cold weather brought about strong pain in her right leg. She consulted Dr Leo Eloesser, an unusual man, a lover of the sea and of the arts, and an outstanding surgeon, who diagnosed Frida with lumbar scoliosis, for which he recommended vertebral fixation surgery. As a token of her gratitude, Frida portrayed him in 1931 and gave him a self-portrait with an affectionate dedication.

While in Mexico in 1934, she underwent an appendectomy and the first surgery on her right foot, having the five distal phalanges amputated due to a vascular problem.

In 1935, in the midst of a marital crisis, she travelled alone to New York, where she met the great sculptor Isamu Noguchi, with whom she had an intense romance lasting one year.

In 1937, she underwent a sympathectomy and a third surgery on her right foot, to remove the sesamoid bones. That same year, Leon Trotsky arrived in Mexico and lived in the Riveras' residence, Casa Azul. Frida and the tormented and persecuted Russian thinker had a torrid affair.

In 1938, she exhibited at the Julien Levy gallery in New York, where she was reunited with the famous Hungarian photographer Nickolas Muray, with whom she had an affair. Her last lover was Heinz Berggruen, a famous American collector.

Her health status notably deteriorated from 1950; that year, she was hospitalised for nine months at the ABC hospital in Mexico due to generalised pain, extreme fatigue, overall loss of strength, and tremendous solitude. She was treated by Dr Juan Farill, to whom she dedicated a self-portrait to thank him for the well-being she experienced during a period. The famous traumatologist published several scientific works on the polio epidemics affecting Mexico, orthopaedic treatment of the condition, and physical rehabilitation.³

But this unique woman never humbled herself, and continued painting and receiving friends in her wheelchair. Paradoxically, her terrible accident was also the origin of this Aztec goddess' triumph; her misfortune provided her with the opportunity to demonstrate her mental fortitude and to share her art, as well as teaching her to live against adversity. She suffered, but also enjoyed

happy moments thanks to love and painting.

In 1953, her right leg was amputated below the knee and she wrote: "Feet, what do I need you for when I have wings to fly?"¹ Frida underwent 32 surgeries over the course of her life.

We should highlight the personal qualities of this great woman: she considered herself Indian and worked to promote the customs, traditions, and traditional tools of Mexican popular culture; she loved to wear Tehuana dresses and floral blouses with necklaces, earrings, and rings. Her way of walking and gesticulated conversation were accompanied by a special sound.¹ She was a good friend, a fraternal person of great social awareness; her communist ideology did not distance her from popular religious beliefs, and Frida collected votive objects to implore or give thanks for miracles. Neither did this prevent her from visiting smart hotels in the USA, or being the guest of millionaire members of the elite, including Nelson Rockefeller and Henry Ford.

Conclusions

Frida Kahlo was familiar with art from an early age; her maternal grandfather and her father were photographers; her father was an official photographer of Mexican national heritage.

Many people have a special devotion for Frida's paintings, but not all her work is to everyone's taste; some pieces are cruel, gory, and brutal. She depicted deliveries, abortions, murders, and suicides in paintings where she wanted to express her feelings, emotions, her reality, pain, rebellion, desires, obsessions, mood changes, duality, her roots, her great solitude, jealousy, and her frustrated pregnancies.

In opposition to the opinion of many of her colleagues, who thought that her paintings were surrealistic, she answered: "my painting is realistic, sometimes symbolic, but always autobiographical." Her iconography includes Christ and the Virgin Mary, and personalities such as Marx, Lenin, or Stalin.⁷

Her work was recognised by great artistic figures: Clausell, Orozco, Yves Tanguy, Marcel Duchamp, André Breton, Picasso, and Kandinsky; all of them admired her expressive power and her ingenuity.

She was self-taught and never copied from any colleague. One-third of her work comprises 55 self-portraits, mostly in small sizes, with the exception of *The two Fridas*, which measures 170 x 170 cm.



Figure 1. Frida Kahlo, on 2 July 1954, 10 days before her death. Against her physicians' warnings, she decided to attend the demonstration in favour of the democratically elected president of Guatemala, Jacobo Arbenz Guzmán. Anonymous⁷

Her painting *The broken column* (1944) is closely related with neurology; it shows a steel corset holding her torso, her spinal column is replaced by an ionic column, broken at different levels, multiple nails are inserted into her body as a symbol of her pain, and tears run down her face; this is an indispensable element of her iconography.⁷ In her diary, on the occasion of the partial amputation of her right leg, she drew two injured, broken, and sectioned feet, from which dead, thorny vines snaked out.¹

Reading her diary, with its diverse comments on her intimate life, helps us to know her better; she kept a diary for 10 years, but curiously, she rarely dated the entries.

Frida Kahlo's life and death have left many questions. In the later years of her life, her condition notably worsened; she felt enormously tired, with an exaggerated fatigue accompanied by a global loss of strength; this growing weakness is reflected in her paintings *Without hope* and *Tree of hope, keep firm*.

We cannot accept the diagnosis of spina bifida occulta as an aggravating factor of her condition; it is more likely that this progression was due to the convergence of multiple factors: sequelae of a severe traffic accident she suffered during her adolescence, the multiple surgical procedures on her spinal column in efforts to alleviate her pain and postural alterations, repeated infections, a vascular process, growth alterations with signs of gangrene in the right leg, and excessive consumption of tobacco, alcohol, and morphine. Today, however, with the current knowledge on the late consequences of acute infantile paralysis, we may even consider a post-polio syndrome, which might explain her enormous weakness. We may also suspect that this unique woman was physically and mentally defeated after 29 years of suffering.

Many biographers, citing drawings and lines from her diary, suggest that the artist considered death as a release from her diverse symptoms. Therefore, they wonder about the cause of her death: did Frida Kahlo commit suicide?

Her final public appearance, on 2 July 1954, in her wheelchair, was precisely related with her political commitment: she was there to protest against the CIA as they provoked the overthrow of the democratic government in Guatemala (Figure 1).

Today, Frida would be diagnosed with chronic neuropathic pain of traumatic origin, and probably be treated with spinal stimulation by placement of electrodes in the epidural space.

Her death on 13 July 1957, at the age of 47, appears to have been caused by a lung infection. She was cremated and her ashes are preserved in the Casa Azul, now the Frida Kahlo Museum, the home where she was born, suffered, and died.

Conflicts of interest

The author has no conflicts of interest to declare.

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