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New Contexts: what art psychotherapy theory can bring to an understanding of using images to communicate the experience of pain in medical pain consultations

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Abstract

This paper looks at whether we can bring art psychotherapy theory to understanding the role of art in a new context; the medical pain consultation, as part of an experimental arts in health research project. The project studied the introduction of a set of art images into chronic pain consultations, to help patients and doctors communicate complex experiences of pain. The paper draws on different theoretical approaches from art psychotherapy, to provide ways to understand the meanings of an art object introduced between two people. Triangular relating, symbolisation and transactional uses of the image are explored (Isserow 2008, 2013, Schaverien 1991,1995, 2000). The image is also considered within a social frame and from an intersubjective viewpoint (Tipple 2003, 2011, Skaife 2008).

The images were artistic depictions of pain, previously co-created by other pain patients with an artist as a communication resource. Videos of consultations where doctors and patients used these images were studied. The paper takes case examples of features observed in a thematic analysis and uses art psychotherapy theories to explore them further. Suggested implications are that using images in this setting may allow negotiation of unconscious dynamics between clinician and patient and have potential to aid communication and empower patients, suggesting avenues for future research. The potentials and limitations of bringing theory to this context are considered. The research took place within a multidisciplinary team.

Keywords: chronic pain; triangular relationship; transactional objects; multidisciplinary research; art psychotherapy theory; arts in health.

Introduction

This paper attempts to bring art psychotherapy theory to thinking about the role of art in the new context of the medical pain consultation, as part of a multidisciplinary research project. The research project, described in full below, studied an experimental situation where doctors and patients used *art* (in the form of a pack of pre-made images) to help communicate the experience of chronic pain in medical consultations. The images they used had been previously co-created and designed by an artist and other pain patients, as a resource for new patients at a specialist pain clinic within an NHS hospital. This paper asks whether particular art psychotherapy theories can further understanding of the way these images were used by doctors and patients in their consultations. The

limitations of this are also considered. Different approaches to images from art psychotherapy theory are put forward. Triangular relating, symbolisation and transactional uses of the image are explored (Isserow 2008, 2013, Schaverien 1991,1995, 2000). The image is also understood within a social frame and intersubjectively (Tipple 2003, 2011 and Skaife 2008). Each of these approaches draws on particular theoretical frameworks to understand the relationships between people and art objects. Each provides a different way of understanding the effect of an art object placed, or introduced, between two people.

In brief, Schaverien uses psychoanalytic theory to examine the transformative power of art in the triangle of client/art/therapist. Of particular interest to this paper is how she sees this process applied to 'the life *of* the picture, as an object, once it is made' (2000 p56), i.e. the processes that happen around existing images, rather than art making processes. In addition her ideas about 'transactional objects', drawn from anthropological frameworks of exchange, provide another way of thinking about the image as functioning more concretely in that triangle 'I am suggesting a more direct and, in some ways less complex role for the picture… as an object through which unconscious transactions may be acted out and channelled' (1995 p127). Isserow brings together psychoanalytic theories of early development with child development theory of mind (2008, 2013). He uses these different frameworks to investigate joint attention and its link to reflective self-awareness and symbol formation in the triangle of client/art/therapist 'both patient and art therapist look together at the art object, in an attempt to share the feeling and possible meaning…'(2008 p24). Tipple uses social theories of discourses and art historical ideas of barter 'to examine artwork in relation to the context or social setting' (2003 p58). Skaife draws on philosophical and feminist ideas to suggest the meaning of the image is in the 'intersubjective relationship between patient, therapist, world and image' (2008 p51). The paper suggests these approaches help us consider the different possibilities of the role of the image between doctor and patient and expand how we view these encounters with art.

We will now introduce the multidisciplinary arts in health research project, and ourselves as authors of this paper. The project was called *Pain: speaking the threshold* (PSTT) (Padfield, Zakrzewska and Williams 2015, Padfield and Zakrzewska 2017, Padfield, Omand, Semino et al 2018). It was initiated by artist and researcher Dr. Deborah

Padfield and medical pain consultant Prof. Joanna Zakrzewska. The PSTT project was funded by a grant to promote interdisciplinary collaboration. It brought together a research team of clinicians and academics from the arts and sciences.

The PSTT team studied video footage of doctors and patients using images to help communicate pain in their initial consultations at the pain clinic. The unique body of video footage studied by the team was produced during Padfield's previous PhD project (Padfield 2013), in which she got permission to film doctors (who were all specialist medical pain clinicians) and patients, using images in their consultations (see fig.1).

Figure 1. Anonymised still frame from video, showing a consultation randomly selected from the overall image-use group. Face2face 2013 © Deborah Padfield.

The images they used were a pre-existing body of work, co-created by Padfield as an artist with other pain patients based on how those patients visualised their pain (examples figures 2-10, for more detail see Padfield, 2003, 2011). Padfield had built up a library of hundreds of these images and her PhD trialled them as a resource for new

patients at the clinic, to help communicate the complex experience of pain. Full details of the making of the videos and the co-created images can be found in the more detailed 'background to the PSTT project' section below. The PSTT team was subsequently funded and set up to bring together multiple perspectives on the videos to study how doctors and patients had used the images.

The PSTT team included a psychologist, a linguist, a medical facial pain consultant, a historian, a social science researcher, a writer and the authors of this paper (a fine artist and an art psychotherapist). Padfield was part of the team as an initiator of the project, and Omand was asked to join to offer a perspective on the videos as an art psychotherapist. We had some shared history in that we had previously worked on other aspects of arts in health work together and Omand was familiar with Padfield's work and the context of the pain clinic. Omand was critical about what an art psychotherapy perspective could bring to the PSTT project at first, but following a thematic analysis (see methodology), she became curious about particular recurring features of how participants used images in the videos. She wondered if we could draw on aspects of art psychotherapy theories to give us a way of considering the interactions with images in PSTT further. This paper will explore this, and is written by Omand in consultation with Padfield.

Contributing art psychotherapy theory to PSTT: difficulties and considerations

There are also difficulties to consider in bringing art psychotherapy theory to PSTT. Theories developed in one context cannot be applied in another with identical conclusions being drawn. However, whilst acknowledging the need for careful thinking, we suggest aspects of the different ways these authors understand the image's role when placed between two people may be helpful here, if critically thought about in relation to a new setting such as the pain clinic. In particular, the frameworks drawn on in these theories brought in helpful ways of considering interactions from other disciplines. Overall, what we found rich and useful about these different art therapy approaches was how these theorists have themselves searched for ways to understand the image's role in their particular settings by drawing on diverse theoretical knowledge bases.

When thinking about bringing art psychotherapy theories to this context, we wanted to consider the differences and points of overlap between the PSTT project, which used fine art in a health context, and 'art therapy'. The two are different endeavours yet also share a broad premise about the potential usefulness of art images to communicate: that generally people look for meaning in images; that images can convey something viscerally about an experience; and that images might offer a way of communicating with another person in the room. We felt that in both art psychotherapy and PSTT there was an expectation that images would do something differently to words and that this could in some way be helpful.

In addition, both a specialist pain consultation and a therapy consultation can be seen as boundaried clinical encounters involving one person seeking help from another who is a healthcare professional. There will be ensuing power relations in both cases, although these might be amplified in a medical setting (Leibmann and Weston 2015). The PSTT consultations took place with specialist pain clinicians experienced in the complexities of chronic pain, and were each roughly an hour long. As with, arguably, any psychotherapeutic encounter, they involve communicating complex subjective human experience to another. The invisible psychological nature of pain highlights the interrelation of mind and body (Van der Kolk 2015) and like any subjective emotional experience, is difficult to communicate and for a listener to understand exactly what the other person is undergoing.

In PSTT the images were a pack of pre-existing photographic representations of pain, previously co-created by Padfield and other pain patients. There was a premise that new patients at the clinic would be able to relate to these images in some way and find sharing them with a clinician helpful. It was significant to us that the patients in the consultations had not made the images, as is common practice in art therapy. The art making process, with the benefits that tactile art materials can bring (e.g. Hass-Cohen and Clyde Finlay 2015) does not feature. Omand initially wondered how patients would use these photographs and what scope they offered for expression. That said, there are examples in art therapy literature where art therapists work with images and objects not made by clients. For example, Case (1996) describes clients finding meaning in a picture on the wall, which is discussed within the relationship to bring about emotional insight, and Brooker (2010) shows how clients powerfully projected meaning onto found

objects. Underpinning PSTT was the expectation patients would do just this with the images.

Methodology.

For original PhD methodology see Padfield (2011 and 2013). For more details about the PSTT multidisciplinary research endeavour see Padfield and Zakrzewska (2017) and Padfield, Omand, Semino et al (2018).

For this paper, videos, transcripts and images were used throughout. Braun and Clarke (2006) propose an initial thematic analysis is a systematic start to any qualitative study. Omand carried this out, and it familiarised us with the data and identified particular features and their frequency as avenues for exploration. It was important to us for this paper that we were investigating aspects of the interactions with images that had previously 'emerged' from, or been identified from the data itself.

The thematic analysis showed nearly all patients imbued images with highly personal meanings, using images to convey complex emotional aspects of their pain. Language and images often referred to the experience of pain across the whole self. The impact of pain on participants' identity was a key theme. It was noticed that the vast majority of patients used some cards in metaphorical ways, and this varied from highly metaphorically meanings to more literal uses of images. Two patients out of seventeen found it difficult to use the cards. We also became curious about some common features of the interactions as follows.

In the vast majority of pairs there were extended periods spent in joint attention with the images on the desk between both, as participants looked back and forth between each other and the images. Images were also often handed back and forth between participants and their sharing had to be worked out. We were interested in the effect of the clinician on the patient's use of images. We noticed all the consultations were led by the clinicians when images were not being used, and in the vast majority of cases the clinician initiated the introduction of the images. However once introduced, most patients took the lead while images were being used. It was observed that in the majority of cases clinicians sat back and let patients talk. This seemed to be a change

from the traditional directive space of the medical consultation with its inherent power structures. In a small minority of cases clinicians interpreted the images for the patient.

Once we had identified features to be explored Omand began a process of reviewing and selecting literature, with the aim of expanding possible understandings of the role of images. Case studies were selected as exemplars (McLeod 2011). Each is fairly typical of the content of the data overall, for example showing patients bringing in complex emotional aspects of the impact of pain, and showing a typical length of interaction over images. Each is also an example of features identified above we hoped to explore. Omand reflected on each case example using art psychotherapy theory, and finally we together considered the implications of this for the PSST project. Full permission has been given for images and verbatim extracts from transcripts to be used and identifying details have been changed. The project gained NHS ethics approval and UCL Data Protection Registration[1]

Clearly there are power imbalances in research itself and how patients are represented which have been increasingly acknowledged (Zappa 2017). Throughout we have tried to refer to the patient's own words about their chosen images and seen these as key to the images' meaning in this context. We found Spinelli's phenomenological approach useful in highlighting our own subjectivity (2005). In this she emphasises that the search for meaning involves an inseparable relationship between the observed and the observer rather than 'objective truths' to be discovered. It is also worth saying that Omand comes to this research as a psychodynamically trained white British female art psychotherapist, while Padfield is also female and a white British artist with lived experience of chronic pain; our perspectives will be shaped by these positions. Due to original permission restrictions we could not ask the patients included in the study for their feedback on this research.

[1] MREC Ref: 09/H0801/51. Registered (NIHR CRN Clinical Research Portfolio ID no 7451). UCL Data Protection Registration: (ref Z6364106/2009/5/15, Section 19, Social Research).

Literature

The literature set out is informed by Omand's training and practice as an art psychotherapist in the UK. This literature necessarily sits within an ongoing critical debate within art therapy about how best to understand our practice that encompasses many disparate approaches (Huss 2015, Hogan, 2016, Rubin 2016). The following literature was developed by its authors from work with a range of clients, ages, and settings. It draws on frameworks including object relations and psychoanalytic ideas, child development, anthropology, art history, social theory, feminist theory and philosophy.

Our review started with ideas about the 'art therapy triangle' (Wood 1984, Schaverien 1990, 2000, Wood 1990, Case 1990) and then we moved out from this. Our focus was theoretical approaches to the image. Notably, there is a growing body of literature on art therapy with people with physical illnesses, which although beyond our remit, has been reviewed thoroughly in Leibmann and Weston (2015) and Malchiodi (1999, 2013).

The art therapy triangle

Within the frame of the triangular dynamic created by client/therapist/image, each element is continuously in relation to the others. This triangle has influenced a considerable body of art therapy theory (Wood 1984, Schaverian 1990, 1995, 2000, Wood 1990, Case 1990, Isserow 2008, Bragge and Fenner 2009, Springham et al, 2014) and also features in current art therapy introductory literature in the UK (Case and Dalley 2014, Edwards 2014). The triangle has historically provided a key way of thinking about relationships to the image using psychoanalytic theory; for example, the image mediating between conscious and unconscious (Case, 1990), or as a vehicle for transference to be resolved (Wood, 1984, Schaverien 1990, 2000). Wood (1990) personifies art as a third other in the room, and Waller and Dalley (1992) and Wood (1984) reference Winnicott's ideas (1971) about intermediate areas of experiencing, which are helpful in terms of thinking about the artwork existing in the space in between two people, imbued with projected meaning from the patient yet existing separately to be looked at and thought about.

Schaverien (1990,1991,1995, 2000), drawing on psychoanalytic and Jungian theory, has contributed substantially to understandings of the unique triangular relationship in

art therapy. Schaverien's consideration of 'the life *of* the picture, as an object, once it is made' (as opposed to life *in* the picture during its making) concerns 'the countertransference to the picture as an object' (2000 p56). This seems a useful distinction here; the PSTT triangle is formed from looking and making meaning around pre-existing images. Schaverien (2000) emphasises the changing transference flow around the triangle as a dynamic, complex field. This flow will have different emphasis depending on setting, whether transference is directly worked with, and the particular stage of the life *of* the image once it is made: identification, familiarisation, acknowledgement, assimilation, disposal. For example, during familiarisation 'the dawning of consciousness', the client-picture axis is prominent 'his/her gaze is held in the picture' (2000 p. 63). In the stages of acknowledgement and assimilation 'a conscious attitude to the image begins to consolidate' (p. 64) and the client may wish to engage the therapist, activating all three axes. Schaverien (2000) shows how the prominence of certain axes signals where transformation or insight is happening, based on the dominant relationship. For example, if the patient/image axis is emphasised, then meaning is being made by the unconscious processes happening while the patient is engaged with their image, while the clinician/patient relationship is background.

Schaverien proposes that an additional way to think about transference within this triangle is the situation in which the art object holds the transference in a rather concrete way as a 'transactional object' (1995, 2000). Transactional objects, inspired by anthropological understandings of the meaning of objects, are simpler and more direct than transitional objects, and allow unconscious transactions to be carried out. Schaverien noticed their use with eating disordered and later psychotic clients as sometimes a precursor of more symbolic uses of images. Negotiation and exchange take place through the object (or the image), which can hold the transference relationship without either participant having to acknowledge it.

Building on Schaverien's work, Bragg and Fenner (2009) develop the triangle into an interactive square, and Springham et al (2014) place the triangular relationship into attachment theory frameworks to reveal at its heart two humans and a material object. Isserow (2008, 2013) points out that the two people present in the triangle look together at the art object to try and share the feeling or meaning it holds. His work focuses on joint attention in early development, and its links to joined up triadic relating and symbol

formation. Isserow usefully brings together different frameworks: developmental psychology 'theory of mind' (Baron-Cohen, 2004), which describes the ability to acknowledge that another person also has a thinking mind with another point of view; and psychoanalytic theory, which emphasises the benefits of more sophisticated triadic, as opposed to early dyadic, relating patterns (amongst others Britton, 1989, Burhouse 2000). Isserow (2013) suggests triadic encounters with art in the presence of 'a mindful other', art therapist or not, will facilitate joint attention, encouraging joined up triadic relating, reflective self-awareness and symbol formation (P130).

Isserow reminds us; 'Symbol formation lies at the very heart of humanity enabling both inter and intra-personal communication', arguing much of art psychotherapy has aimed to encourage this (2013 p122). He draws on psychoanalyst Segal's seminal paper (1955) that distinguished between different ways of using symbols: symbol formation allows the ability to represent an object that is not there, in one's mind, with a symbol that has a link with the object but is not the same as it. In contrast there are more concrete uses of 'symbolic equations' where the symbol is seen as the same as the object, and can be treated as such. Isserow uses these ideas to understand how materials can be used concretely or symbolically (2013).

Moving out from the triangle

The following theories, rather than being based around ideas of an individual's psyche or inner world, emphasise the image as a product of its context. Tipple (2003, 2011) studied videos of making and looking at images produced in art therapy assessments he carried out at a centre for children with learning disabilities. Tipple, drawing on Foucault (1984), sees any diagnostic encounter as embedded in social context: 'Discourses, or more precisely discursive networks, shape our sense of reality and positively produce the world, in terms of objects and subjects' (2003 p49). In assessments, Tipple observed the roles set up for himself and the child; the child pre-defined by their referral and Tipple expected to contribute to a wider coherent account of the child within a formalised system of medical authority. Tipple then brings in art historical ideas of barter in exchanges around art objects (Baxandall l985) to suggest image use became a way for both him and the child to continually negotiate role and to propose identity. 'The art products and images, visual and verbal, are used in this

production of shifting identities and interpretations of the social situation… power is contested and loss of face is resisted' (2011 p156).

Like Tipple (2003, 2011), Skaife (2008) is critical of some psychoanalytic approaches to art therapy that see the meaning of the image as originating solely from the individual's psyche. She notes the rigid tendencies this can bring to pathologising the client and ignoring the impact of social context, and also embodiment, stifling political meanings bound up in gender, sexuality, race, class, etc. Skaife suggests an approach to the image in art therapy based on intersubjective ideas: subject and object are not divided, instead it is the space between that is the focus. She draws on philosophical approaches from Derrida (1988) and Irigaray (2004) and finds the meanings of images to be a dynamic process that happens between various people, the environment, and the image itself.

In case examples, Skaife (2008) examines the meaning and impact of several images away from their original context of making, for example in supervision, and in an academic journal. She notes the tension whereby the image's meaning is context dependent, yet something of the original making of the image carries across to new situations, 'if presence is always tainted by traces of what has gone before, of the image in previous contexts that cling to it imperceptibly, then there can never be a single, static meaning' (p48). Skaife suggests we must ask what the image's agency is, or what it brings into the intersubjective space. Artworks are 'meaningful, subversive even when understood as having agency in a boundaried social situation' (p49).

Background to the PSTT project

The project we will be considering through the theoretical frameworks outlined above, Pain: speaking the threshold (PSTT), took place in a UK teaching hospital at a specialist clinic for the treatment of chronic pain. Chronic pain is defined as pain lasting for over three months, and resulting in changes to brain pathways which interpret pain even when the original lesion is gone, in effect a faulty signal (Rolf-Detlef Treede et al 2015). Unlike acute pain, which has a function to tell us when something is wrong, chronic pain is pain that has outlived its usefulness and yet remains, with no identifiable source (Padfield 2011). The Department of Health recognises chronic pain as a condition in its own right, and as a component of other long-term conditions. Patients at the clinic have

typically had lengthy referral processes, collecting multiple diagnoses, or remaining elusively undiagnosed. The experience of pain is hard to communicate, being invisible and subjectively experienced and patients can fear being disbelieved (Padfield 2011).

The difficulties in communicating pain led Padfield to begin a PhD where she introduced, and filmed, the use of visual images as a resource (Padfield, Janmohamed and Zakrzewska 2010, Padfield 2011, Padfield 2013, Padfield, Zakrzewska and Williams 2015). The aim was to expand on limited traditional verbal and numerical rating scales of pain (Hjermstad et al 2011, Morse 2015). Padfield used an image bank she had made as a fine artist, by co-creating photographic images with pain patients, based on how those patients visualised their pain. Co-creation forms much of Padfield's artistic practice and the carefully negotiated process included images made before, after and during patients' treatment. Following this, printed reproductions of these images were made into a pack of 54 cards, reminiscent of large playing cards, a format that she hoped would encourage their sharing and handling. These were trialled as a resource by new patients at the clinic. 17 pairs of patients and specialist pain clinicians agreed to have their consultations filmed using the images. Patients were given the pack to browse thirty minutes before their consultation and asked to choose any that might help them to communicate their pain, to use if they so wished. There were no other instructions. The consultations were videoed with the consent of participants. A control group was also filmed of 21 consultations without images.

On finishing her PhD Padfield obtained a grant to analyse, retrospectively, the videos of that experimental situation and the multidisciplinary project PSTT was formed, on which this paper is written. PSTT was funded to promote the value of arts and medical collaboration, and the only outcomes specified by funders were that a team of clinicians, artists and academics would be assembled and interdisciplinary debate fostered. Public awareness was increased by an associated conference, 'Encountering Pain' (Padfield and Zakrzewska 2017).

The PSTT team met every term for three years and sought to present multiple perspectives on the videoed consultations, in both individual and jointly published research. The possible forms that our investigations could take were left very open. Team members each explored an aspect of the videos: linguist Prof. Elena Semino

analysed participant's language (Semino, Zakrzewska and Williams 2017); clinical psychologist Dr Amanda Williams coded non-verbal behaviour comparing the control group with the images group (Ashton-James, Dekker, Addai-Davis et al 2017); historian Prof. Joanna Bourke contributed a cultural understanding of metaphors of pain (Bourke 2017), social sciences researcher Tom Chadwick and Padfield qualitatively analysed narratives (Padfield, Chadwick and Omand 2017), artist and writer Prof. Sharon Morris wrote a poem on the nature of illness, and Prof. Joanna Zakrzewska gave a medical perspective (Padfield and Zakrzewska 2017). Omand's psychodynamic thinking as an art therapist made her curious about particular features of the data she observed in the image use group, and the unconscious processes happening when images were used.

Case studies

The following case examples have been reflected on using aspects of art psychotherapy theories. Case example A was chosen as an exemplar of metaphorical uses of images and contains typical themes. Elements of the art therapy triangle are used to explore it.

Case example A

Violet is in her 80s, she is Caucasian and grew up and lived in a working class community in London. She now lives alone having been previously married. Violet has problems with immobility due to chronic back pain, which stops her from going out. The specialist medical pain clinician is a Caucasian woman aged 40-50s. Violet has spread her chosen images over the table between them.

Violet: [points to figure 2] This one is like a total break. I know I've got brittle bones, but…

Clinician: Mm [looking at image].

Figure 2. *Untitled* from the series *face2face*, 2008-2013. C-type print. © Deborah Padfield.

Figure 3. Co-created by Deborah Padfield with Liz Aldous, *untitled* from the series *face2face*, 2008-2013. Digital archival print. © Deborah Padfield.

Violet: [Studies figure 3.] What did I chose this one for? What's that? Loss? [Long pause]
Probably I've, I've lost my… way to live. I don't know. [Said slowly, quietly. Hesitation]. Um, I feel as if everything is coming apart and I need screwing up again [they look at figure 4].

Clinician: Yes [gently].

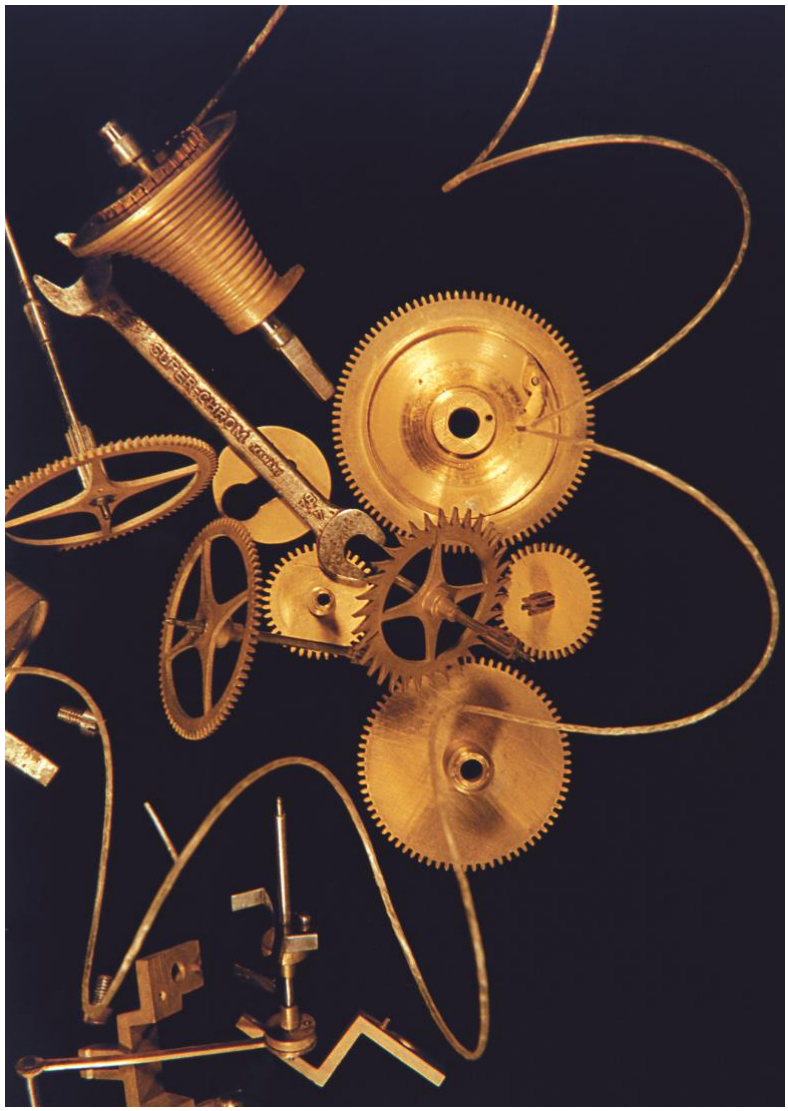

Figure 4. Co-created by Deborah Padfield with John Pates, *untitled* from the series perceptions of pain, 2001 -2006. C-type print. © Deborah Padfield, reproduced by kind permission of Dewi Lewis.

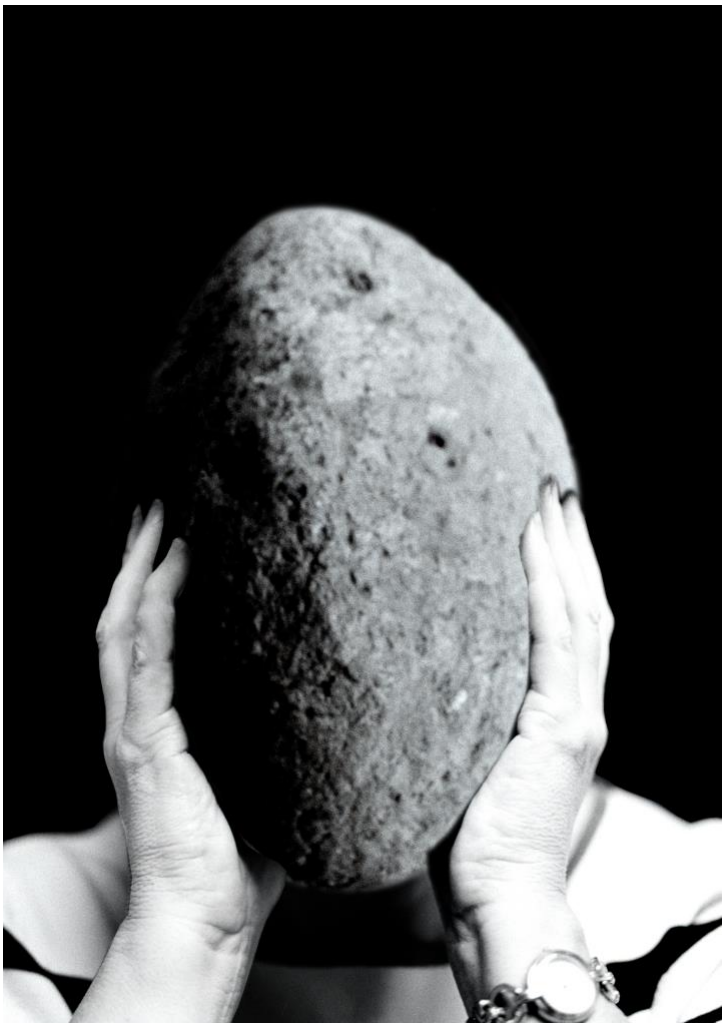

Figure 5. *Untitled* from the series perceptions of pain, 2001-2006 © Deborah Padfield. Reproduced by kind permission of Dewi Lewis

Violet: Um, this one [figure 5] I feel like I want to be cemented up. Not cemented up, but I want my back to become solid again.

Clinician: Mm [interested].

Violet: And this one [figure 6] it seems that I've got a lot of links that don't connect.

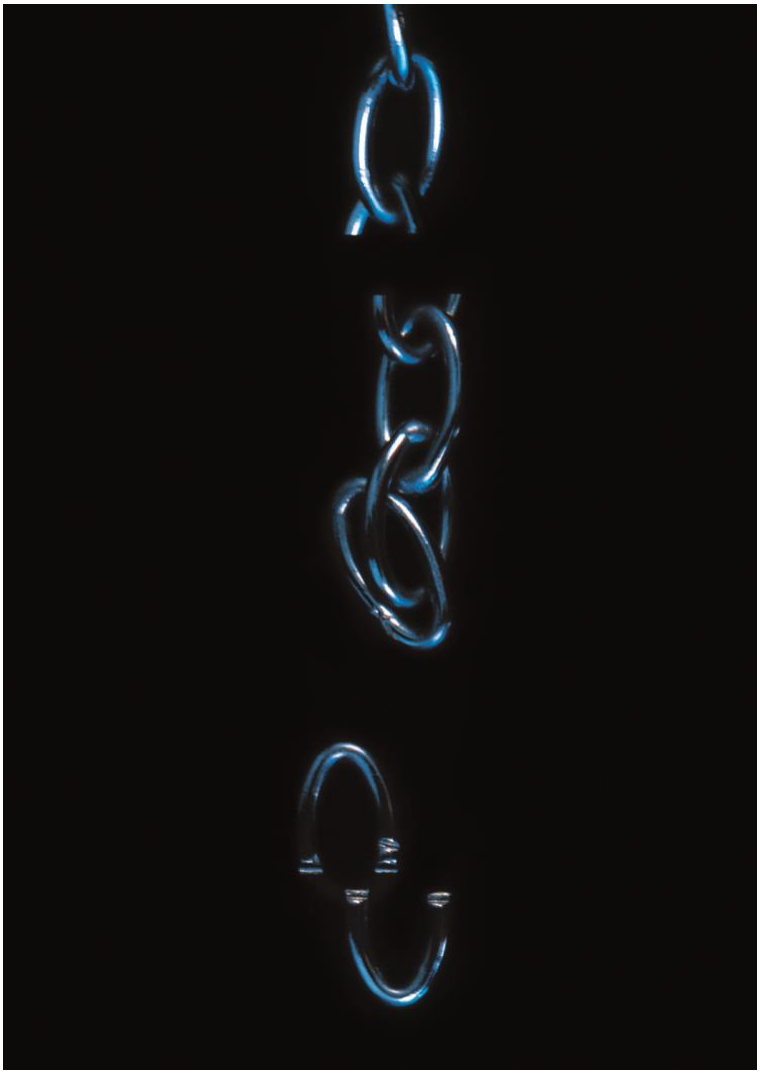

Figure 6. Co-created by Deborah Padfield with John Pates, *untitled* from the series perceptions of pain, 2001-2006. C-type print. © Deborah Padfield. Reproduced by kind permission of Dewi Lewis.

At the end of the exchange the clinician asks Violet to say more about her life.

Clinician: Tell me a bit more about… more about that, what your life is like.

Violet: Non-existent.

Clinician: Mm (encouragingly).

Violet: It only exists when I travel down to Dorset and spend time with my daughter and my granddaughter on the beach, you know, walking and that. Bless her little cotton socks, she's beautiful. *[Laughs. Sits up in chair]. You know I love her dearly.*

One of the outcomes of the consultation is to refer Violet for pain management where treatments include group work, psychological and occupational therapies, with the aim of helping Violet live more socially.

Reflection using art psychotherapy theory

By holding Schaverien's ideas (2000) in mind we can see the exchange as part of the 'life of the image' where countertransference responses take place, and meaning is made and negotiated. In this triangle of patient/image/clinician it is possible as an observer to see the emphasis on the axes of the triangle as interactions around Violet's images take place. At first, emphasis on the patient/image axis seems strongest: it is Violet's relationship with the image that seems to be bringing about insight while the clinician stays in the background. Violet is affected by the images, pausing to look and re-familiarise herself with them, e.g. "Loss?" The image reflects back to her and she allows time to take it in (there's a strong resemblance to the 'familiarisation' stage here). Violet imbues it with her own meaning about the way she experiences her pain: she has lost her way to live. She says this regretfully and the feeling seems to become live in the present (reminiscent of 'acknowledgement'). The image will have meaning on many levels: the loss Violet feels now will touch on other previous losses in her life, all of which will have a bearing on her experience of pain. Violet's pictures seem to represent both physical and emotional aspects of her pain in their broken, vertebrae-like structures, and in their missing parts and gaps that suggest loss, and lost connection. The meaning of Violet's spoken words are similarly ambiguous at times, referencing both her physical and emotional self: "coming apart", "links that don't connect".

Meanwhile the clinician looks at the images, listens carefully and acknowledges Violet's words (possibly contributing to 'assimilation'). Understood within Schaverien's triangle the clinician, although not trained psychodynamically, will have an aesthetic response to Violet's images. There are limits to the usefulness to thinking about transference and

countertransference here for obvious reasons. Yet as observers we can see the clinician does pick up on a feeling overall from the exchange about the impact of pain on Violet's existence and her tone becomes gentler, as finally she returns to ask Violet more about her life. Here the images are used as a jumping off point (patient/clinician axis) for a conversation about what does give Violet's life meaning. In contrast to the stone head image and being "cemented up", Violet seems to come to life as she describes what she sees as the emotional heart of her life: she sits up, speaks more clearly and movingly about her family.

Something akin to the stages of the life *of* the image are suggested here although they aren't clear cut, which made us wary of imposing them further. Due to the context some stages were absent, e.g. disposal. More useful seemed to be thinking about the encounter within Schaverien's triangular framework, which gave us a way of observing meaning making relationships happening between the different elements of the triangle. This gave us a new angle from which to consider the data, and question what was happening when emotional responses, insight and discussion were generated between patient/image/clinician.

Isserow's work (2008, 2013) helps see the encounter in a different way, as encouraging triadic relating. Violet and the clinician showed joint attention to the images throughout and we can see their looking between the image and each other as opening up a form of triangular relating, overtly and unconsciously, enabling the pair to create meaningful links with each other. Violet's use of the images here was highly symbolic, metaphorical and reflective. The images may have helped her to make links to conscious and unconscious parts of herself; for example a broken chain seemed to represent aspects of herself that she felt didn't connect on different levels. Her question "what did I choose this one for?" and gradual realisation also suggests a process of linking. This all happened in the presence of another person. To communicate in this way Violet had to open herself to the possibility of shared understanding with another, and acknowledge a separate mind with a separate point of view.

The next extract was chosen as an example of patients and doctors navigating the handling and sharing of images between them. It is also an example of more literal image use, and contains typical themes.

Case example B:

Tara is a Caucasian woman aged 40-50, articulate and well spoken, who is in employment but finds herself increasingly distressed at the impact of chronic pain. She is frustrated with the chain of events and medical system that have brought her to this point. The clinician is a Caucasian woman of similar age. This extract follows a difficult exchange between Tara and the clinician, where Tara became upset and angry.

Figure 7. Co-created by Deborah Padfield with Chandrakant Khoda, *untitled* from the series face2face, 2008-2013. Digital archive print. © Deborah Padfield.

Clinician: Let's have a look at some of these pictures. We haven't… you didn't talk to me about them during the consultation but…

Tara: No [somewhat angry and sarcastically]. Holds figure 7 out for a second as if going to give it to the clinician then withdraws the image and holds against her chest.

Clinician: Do you want to show me some of them?

Tara: [holding cards to her chest]. Ah, electrical.
[turns figure 7 towards consultant who struggles to see].
I often think of my pain, because it's so sharp as electrical. It's like…

Clinician: Yes.

Tara: You know.

Clinician: Can I see that one? [reaches towards it].

Tara: [holds out figure 6 towards clinician].

Clinician: [moves chair closer to reach card] Okay, that's interesting, yes.

Tara gradually puts down her other images more readily onto the table, pushing them towards the clinician. Eventually she adjusts position and leans forward to arrange the images with the clinician. Tara discusses thoughts of self-harming using figure 8.

Tara: That's me thinking about self-harming. I've never done it, but I get these macabre thoughts and I think, oh, just let me go get a fucking knife and, like [said with feeling] *plunge* it into my abdomen [makes stabbing action to stomach] because it would hurt but at least it would be a new pain…

She finally says

Tara: It's funny, when I started flicking through them I was thinking, oh, I hope she's got a picture of a knife going into someone's body.

Clinician: So this one's very relevant for you, then. [goes on to ascertain risk of self harming].

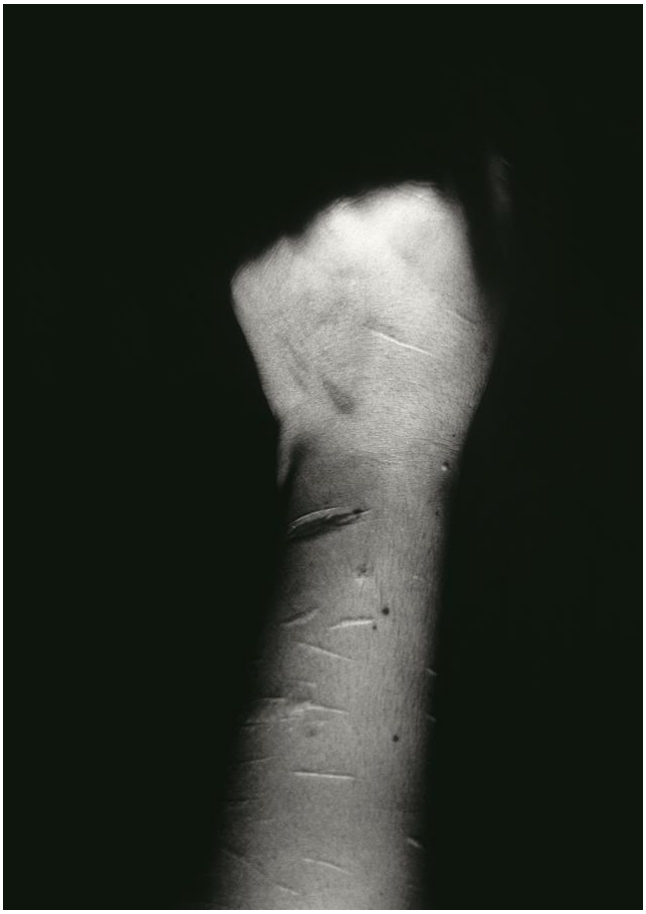

Figure 8. Co-created by Deborah Padfield with Helen Lowe, *untitled* from the series perceptions of pain, 2001-2006 © Deborah Padfield. Reproduced by kind permission of Dewi Lewis.

Reflection using art psychotherapy theory

We can see the negotiation over images as tangible objects formed part of this exchange. Who held them and how they were placed and looked at had to be navigated. If we bring to this Schaverien's ideas of 'transactional objects' (1995) we can wonder if, in the contested space of the consultation, the images act as objects through

which negotiation of the unspoken transference relationship can take place. We can see that Tara's use of the images was bound up in her changing feelings towards the clinician, and let Tara control how much she was prepared to share with her. The images are a way for both to concretely navigate their unconscious relationship in the space.

At the start Tara's negative transference towards the clinician seems to be present in the reluctant, and perhaps provoking, way she does not share the image. The clinician is forced to make adjustments for her, and does so willingly. Trust appears to be established somewhat as they start to look at the images together. Joint attention (Isserow 2008) as a shared activity was also something that had to be participated in willingly by both, allowing for another's point of view. The physicality of the pack of images, reminiscent of playing cards, meant they had to be handled and, importantly, shared, as participants found ways of meeting each other and making meaningful connections.

Tara's use of the word *she* is interesting "I hope she's got a picture" as we don't know whether it refers to the clinician, Padfield as the artist, or an imagined idea of the person who described her pain to Padfield. It suggests on some level the hand of the maker is present in the image for this participant.

This example also prompts further thought about concrete, as opposed to symbolic, uses of images (Segal 1955). Seen as representations, to some extent all the images here stand for pain and so require some level of symbol formation to use them at all. However, some image use was highly metaphorical, whereas other use was more concrete. For example, figure 8 is quite a literal image of an arm with self-harm scars, and Tara uses it at face value, for what it depicts. Her words that she wanted to actually see a picture of "a knife going into someone's body" describe image use that is also visceral and real. We wondered if images of body parts lend themselves to more concrete use, whereas some images suggest metaphoric interpretation. However, patients did not always use the images in the same way: a foot could be a foot, or a metaphor for being grounded.

This psychoanalytic framework raises questions about whether some people might find it more difficult to use images symbolically. We are reminded that although the majority of patients appeared to use the images symbolically with relative ease, two out of the

seventeen patients found it difficult. Although these two did choose some images, one said: “they mean nothing to me, just clever photographic work”, while the other said he had no visual images for pain: “pain is an abstraction”. Their images still generated discussion of their pain in their consultations, but in a different way.

The final case was chosen as it was an example of when image use was not so straightforward and the patient’s meaning was initially somewhat obscured. Theories that emphasise the image in its social context are used to explore it.

Case example C:

Cathy is female, Caucasian aged 50-60. She describes herself as a “not very clever person, a little bit creative”, “just a cashier”. Her ongoing chronic pain meant she is a long-term patient, now seeking further diagnosis. The clinician is male, middle-aged and of ethnic minority origin. He describes himself as “a neurological chronic pain specialist”.

Part 1.

Clinician: We can use these as much or as little as you want to [arranges pile of Cathy’s chosen images on desk].

Cathy: Okay [leaning forward].

Clinician: Would you like to tell me a little bit about how these images, kind of…

Cathy: Um…

Clinician: [interrupting] This one is interesting [points to figure 9, a rag doll], it looks like, you know, there’s a sense there of feeling you know, feeling small and insignificant and overwhelmed by things.

Cathy: Yep. Yep [quietly].

Clinician: [moves on to another card]

Figure 9. Co-created by Deborah Padfield with Liz Aldous, *untitled* from the series face2face, 2008-2013. Digital archive print. © Deborah Padfield.

Reflection using art psychotherapy theory

Considering social context surrounding the exchange expands our thinking further. Within this different framework Tipple's ideas (2003, 2011) shift focus from intra-psychic models to show the exchange in the context of the discourses that surround them and the unequal power relations of the roles each play. The hierarchies inherent in the medical system mean that the clinician has the power and knowledge to name and identify illness, to diagnose. The clinician here defines his role in the situation when he takes it upon himself to introduce how they can use the images: his

interpretation of the rules of the experiment. Next the clinician seems to struggle with how to let go of his familiar role of knowledge holder and interpreter. Using images is new to him and he may feel on shaky ground. He takes control of the image's meaning to say how he thinks Cathy feels, and in doing so makes his own interpretation of the social situation, that he is benevolently in charge, and she is small, insignificant and overwhelmed. Cathy supports his presentation of himself, by agreeing.

The social and cultural factors of difference here, of class, gender, race, and age, and the interconnections between them, also add to the asymmetrical power balance found here. Skaife (2008) asks what the image says in a particular context: what is its power or agency? The image has a presence here: the small uncomfortable looking female figure grimaces, out of place. The train carriage in this context seems to have the feel of a waiting room and the camera looms over the doll very slightly as though the viewer has stopped to look at her. Can she move or speak? This framework sees the meaning of the image as made in the social situation: the image brings the power inequalities of the encounter into the room visually, and in the way the exchange plays out.

Part 2… continued

Cathy and the clinician look at four more images together (not shown here) in which, in a similar way, the clinician leads the discussion and Cathy agrees with him.

Clinician: Right. And this one… [reaches towards figure 10].

Cathy: And this… [interrupts consultant, reaches and takes figure 10].

Clinician: Oh yes.

Cathy: …this is when I'm completely like a rag doll, when I'm so exhausted I can't walk, it's my, I've had enough days, you know [said clearly, emphatically] when you go ah God, what's the point of living and stuff.

Clinician: Yes. Yes [looking]. It's quite a dark sort of image, isn't it?

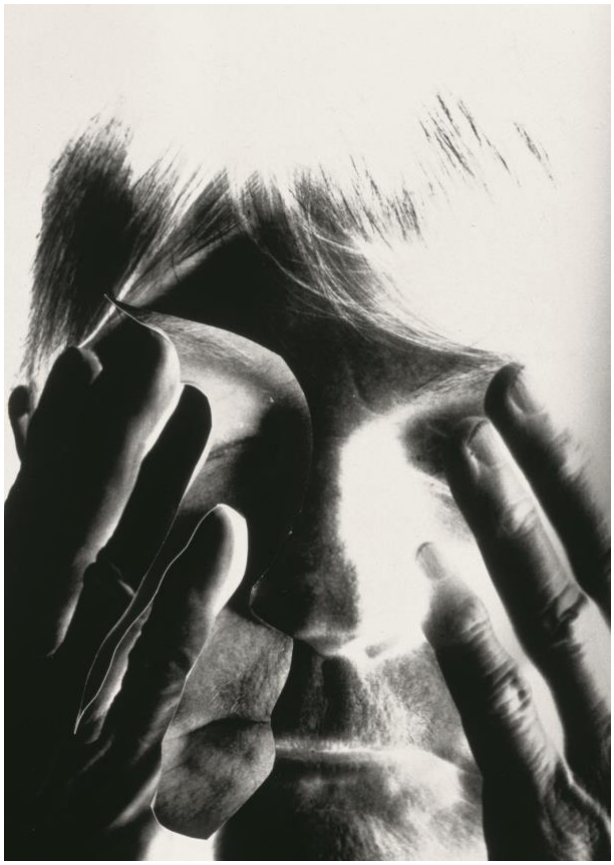

Figure 10. Co-created by Deborah Padfield with Nell Keddie, *untitled* from the series perceptions of pain, 2001-2006. Silver Gelatin print. © Deborah Padfield. Reproduced by kind permission of Dewi Lewis

Cathy talks more about her pain preventing her from going out, leading to her to say, despairingly, she lies to her friends to hide why she can't socialise. The consultant listens.

Cathy: And I hate, I hate doing this… I lie to them all the time. [Pause as she holds up and regards image].
Maybe that's a bit of shame as well, you know [Replaces image on desk. The clinician listens and acknowledges].

The clinician finally says images were "quite informative". He arranges a second consultation and referral to Pain Management services, which include psychological therapies.

Reflection using art psychotherapy theory

Cathy physically takes control of figure 10 and interrupts the clinician, who now listens to her. Using Tipple's socially informed approach to understanding the image's unconscious function here, it has provided an opportunity for Cathy to assert herself and shift role. The image is of a person, half hidden, introspective in a moment of turmoil or suffering. Cathy's emphatic interruption seems to say: 'I feel this. Pay attention'. The clinician is put in a position of uncertainty as he tries to understand the impact of pain across Cathy's whole self. As the pair propose and negotiate the meaning of these images we can see the situation as being continuously interpreted and roles and identities navigated (Tipple 2003, 2011). Using this framework suggests the image allowed unconscious shifts of role that the patient used to assert herself within the existing dynamic.

Skaife's ideas (2008) also help us think about what the image itself brings into the intersubjective space in this context. Cathy's communications, her gestures and words, are bound up in her relationship with the consultant so far and the picture is part of that exchange. One can wonder if exhaustion "like a ragdoll" was what Cathy had wanted to say about figure 9 previously (the doll image) before she was interrupted. "I've had enough!" said emphatically seems to apply to the present moment too. Cathy now recognises "shame": perhaps in not coping, in lying, in illness, in feelings of powerlessness. The feeling of shame may be present in the session as she talks about these difficult things to the clinician. Using these frameworks suggests that ultimately the exchange over figure 10 was helpful to both in re-negotiating their interaction. The complexity of Cathy's experience of living with pain seems to have been acknowledged, as reflected in the offering of a second consultation, and access to psychological services.

Implications for the PSTT project and for art therapists

The case material was considered using some markedly different theoretical approaches to images found in art psychotherapy literature. We suggest the following implications.

Images, which were pre-made photographic depictions of pain, offered opportunities for participants, with another, to make links with and reflect on complex aspects of their own pain. This seems helpful given the difficulties inherent in communicating pain.

Psychoanalytic frameworks were a way of thinking about rich layers of symbolism as promoting meaning making and generating insight. However, theory on symbolisation also has implications for the limitations of using the images: there may be groups of people who find using images symbolically difficult, or potential dangers if images are seen as symbolic equations (Springham 2008).

Images seemed also to be used more concretely, as objects to negotiate the power dynamics of the clinician-patient relationship. The presence of images suggests potential to allow patients to control the pace, emotional tone and content of the conversation. In many ways we can see images as having agency, potentially empowering patients in a space traditionally directed by clinicians. Conversely, when the clinician's interpretation of an image was prioritized, e.g. Cathy's ragdoll image, the patient could be left unheard. For this reason the patient's relationship with the image should be given space.

The interactions around images were complex. The silencing of Cathy's meaning of the ragdoll image seemed to reflect the inherent power dynamics, yet the image and ensuing exchange can also been seen as bringing power dynamics and tensions into the room to be seen. We need to ask more about how differences in gender, class, race etc. affect the space in between both participants and impact on the clinician/patient relationship. Crucially images offered the opportunity to change something of the power dynamics, as Cathy later vehemently did by seizing the image and speaking to it. We can wonder what is being contested here in the shifting of roles. It may be that images also allow negotiation of narrative and ownership around the complex meanings of patients' pain, embedded in identity and self. Using thinking from art psychotherapy certainly suggested that the emotional experience of communicating pain is bound up in relationship, within a medical system and wider discourses of power.

The observations this paper has made also add layers of meaning to other qualitative and quantitative findings of the research team and sit alongside other disciplinary contributions. For example, the emotional responses and the rich reflective quality of discussions around the meanings of images observed here, relate to Semino's linguistic analysis, where images were found to generate richer and more emotional language (Semino, Zakrzewska and Williams 2017). Williams' findings on non-verbal behaviour

showed increased positive affiliation behaviours in interactions around the cards and increased mirroring by clinicians of patients behaviours, more reciprocity, and possibly more empathic communication (Semino, Zakrzewska and Williams 2017, Ashton-James, Dekker, Addai-Davis et al 2017). By drawing on ideas about triadic relating and reflective thinking this paper offers further ideas about how images may encourage this.

Due to the length of this paper the amount of case material has been limited. However, as each case is an exemplar of features identified over the whole dataset (17 consultations), we suggest what art psychotherapy theories were able to show us about these interactions may have wider implications across the dataset, and looking at more case examples could verify this further.

The case material considered in this paper suggests avenues for further exploration might also include: using discourse analysis to examine the transcripts for the impact of images on power relations and participant subjectivities; exploring symbolisation; and, if PSTT were to be replicated, interviewing participants about how they felt using the images, even potentially playing back the videos. We have scratched the surface here, each of the areas we preliminarily explored would warrant further investigation.

The frameworks used in this paper inevitably reflect differences in the way art therapy has been conceptualised. Of course the approaches we use are not the only way to understand the encounters, however they let us see them in ways we have not before. Just as images hold many layers of significance, in the investigation and interpretation of meaning there will by necessity be many possible accounts (Spinelli 2005). This paper aims to hold these complexities and does not attempt to reconcile different frameworks, but rather draw on their diversity. We can bear in mind that theories in any case are not ‘truths’ but are constructs that reflect their cultural, political, historical circumstances. It could also be interesting to consider what other approaches to art therapy could offer, for example as identified by Huss (2015) and Rubin (2016). The paper also prompted us to think more about art therapy theory; where it comes from and how art therapists develop it.

In attempting to bring art psychotherapy literature to the interactions in PSTT, we also became aware of the tension between using theory in a way that might obscure

meaning, and using it to open up the meanings of the encounters. An example is the difficulty we found in imposing a system of stages on the data (Schaverien 1991) when they might not quite fit this context, having been conceived in another, by a therapist in the room. We are left with much to discover about the unconscious processes involved in making meaning from images in PSTT. This brings up the difficulties inherent in observing outward behaviours in interactions, and linking them to internal processes, especially retrospectively in videos - something we are all engaged in on a daily basis as we try to make sense out of the situations we see.

The PSTT project may evoke curiosity for art therapists about the use of images to communicate experience in clinical encounters by other health professionals. The case material suggested to us that here the presence of images themselves appeared to be valuable; they enabled helpful spaces to emerge for communication and insight and for relationship dynamics to be negotiated, potentially empowering patients. There are also possible concerns if the cards are to be used in future.

Images are visceral and can bring up powerful feelings that need responding to sensitively. Clearly images should not be used clinically without carefully considering circumstances: PSTT clinicians were specialists in complex pain and could make psychological referrals within the team if wanted. For the two patients who found using the images symbolically difficult, there is also much to be explored in their particular reactions to the images. Ill-considered use of images may negate the potential for patient empowerment and possibly leave patients feeling unheard. These points suggest training in using the images would be advisable if they are to be used by pain clinics in future, and Padfield is currently in the process of developing this. More research should be done on the effects of looking at images of pain. Seeing the way PSTT patients used a finite image bank to make their own idiosyncratic meanings, led us to wonder how these patients would have created their own images, and what they would have looked like. There may be scope for art therapists to work alongside medical pain clinicians. Art therapy could be a suitable referral option for patients who wanted more support.

Conclusion

This paper brought aspects of art psychotherapy theories to understanding how patients used art to communicate their feelings in pain consultations, as part of the

multidisciplinary project PSTT. The theories provided different approaches to considering the introduction of an art object as a vehicle for communication within a boundaried clinical encounter. The limitations of applying theory have to also be considered. This paper highlighted the diverse frameworks of thinking drawn on in art psychotherapy literature, which brought into the multidisciplinary conversation a range of ideas around the role of images in the new context of PSTT.

The implications of using the theories suggested that images themselves had potential to bring about meaning making and insight, aiding communication. They may also allow shifts in the dynamics of the consultations, potentially empowering patients, and suggesting avenues for future research. This paper can help us think as art therapists about the possibilities and limitations of how images can function in other settings. By using pre-made images rather than art making processes what the encounters in PSTT don't include are embodied acts using art materials. For example, the sensation of plunging a tool into clay, cutting something out with scissors or gently smoothing pastel over paper. These acts, which have been extensively documented by art therapists, could have meaning for participants in ways that help depart from more cerebral or verbal understandings. It would be useful to know more about how they might offer ways of exploring and communicating the experiences of chronic pain and pain relief. What the PSTT images do seem to do is encourage some physical handling as they are passed back and forth, introducing bodily gestures and negotiation into otherwise verbal interactions. The paper raises many questions about differences and points of overlap in our own practice and there is more debate to be had on this subject. In a digitalised world where there is increasing access to imagery and visual tools and many imaginative ways to use them, it is important that we keep in touch with current and innovative practices of other professions using images, and know how we join up with that research and how we contribute our knowledge of working with images.

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