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The art of medicine

The body as image: image as body

Pain is invisible and its experience highly subjective, making it hard to communicate. This essay grew out of the Encountering Pain Conference at University College London that shared the findings of the *face2face* and Pain: Speaking the Threshold projects with patients, clinicians, academics, and artists. We explore narratives triggered by images co-created with pain patients and placed between doctor and patient in the pain clinic during the *face2face* project.

Patients with chronic pain frequently undergo countless investigations and imaging processes, often with no cause visible. Psychologist Dianna Kenny describes how patients can search for mechanical and clinicians for psychological explanations—creating an impasse. We argue that images are one way of facilitating mutually beneficial interaction. Technology increasingly allows clinicians to see inside a person's body, while offering less and less opportunities to see inside another's world and understand what it means to live with pain. It is easy to see how patients can feel the credibility of their subjective experience challenged by the weight of medical expertise.

Introducing images and narrative practices can help to rebalance these power dynamics. Images bring patients' experience directly into the pain consultation. They can help to open up a different kind of space from the traditional verbal encounter of a medical consultation. Attention paid to patient narrative allows the meaning of pain across the whole self to be explored. Physician and pioneer of narrative medicine Rita Charon has suggested that the central feature of narrative is that it is "shared". As a vehicle for sharing experience, narrative can be invaluable in the management of chronic pain. It is our belief that images can help patients share their narratives. We draw on art psychotherapeutic theory to understand how this might work in clinical settings.

The addition of the image into the space between two people changes the relational space from a two-way to three-way dynamic forming a clinician–patient–image triangle. The triangle provides a way of thinking about unconscious inner world functioning, a way of conceptualising what happens in the space between people and image. Art therapist Margarita Wood has described it as "triangulation around the potential space", referring to psychoanalyst Donald Winnicott's ideas of intermediary areas:

potential space and transitional objects. The images could therefore be viewed as transitional objects, mediating between inner and outer experience, increasing potential for narrative and communication with another.

During the *face2face* project, the consultations of ten pain experts using images of pain were filmed. Patients were given a set of 54 cards with pain images on them in the waiting room before their consultation and asked to select any that resonated for them and bring them into their consultation to help describe their pain if they wanted to.

Whilst using the cards, patients' narratives drew on themes of loss, anxiety, fear, shame, disintegration, and even suicidal feelings. The following scenarios that took place during this work highlight examples of the emotional narratives disclosed through the use of images.

One woman looked at the images and pointed to one of a broken chain (figure 1). It was originally made with a patient with back pain, the links representing vertebrae. She didn't see a gap in the spine but a "gap" in her family. She became tearful, identifying with the image and repeating "I feel a gap". The emotional meaning she invested in the card was clear as she explained that not all her family have time to come and see her. She experienced this as a "loss".

By contrast, issues of control and negotiation emerged with another patient. In this consultation, the patient started the image discussion by holding the cards close to her, so the clinician had to ask "do you want to show me some of them? Can I see that one?" At first, the patient placed the image cards down one by one, controlling the pace of the interaction. She did this seemingly reluctantly at first, but as they started to look at them together a space for joint discussion opened up and the dynamics of the triangle became active. The patient and clinician paid joint attention to the cards and trust seemed to be established as the patient discussed thoughts of self-harm. "That's me thinking about self-harming", she said touching one of the images.

In a third consultation a man passed briefly over a card with "loss" collaged in newsprint (figure 2) and said "simply the word loss". He did not elaborate but later in the consultation the clinician returned to the theme, "the issue of loss, which was one you picked out". The patient replied "there are things that are missing in, in one's life. And there obviously are, I mean this, this has enormous impact and

there are things that aren't there". A narrative emerged about the way he has adapted his life and relationships to cope with his pain and with loss: "I'm kind of avoiding those issues", he said.

Images are open to interpretation and patients can bring their own meaning to them. Images mediate between patients' inner selves and outer reality; as patients look at them they are in a dialogue with themselves and with the clinician. Art psychotherapist Joy Schaverien suggests that "a picture creates space in terms of allowing imaginal space to manifest and offers a way of potentially sharing that space". It was perhaps important for patients in this project that the pain images had been co-created with other patients. The photographs were translations of pain states; translations of ephemeral feeling made into concrete visual objects offered to other patients to project onto. As social psychologist Alan Radley has suggested, photography is more than a medium; it "is a way of making known and shaping experience".

The possibility for many different interpretations of an image allows conflicting narratives to be explored and negotiated. Schaverien has proposed a related but more concrete use of images as "transactional objects" whereby negotiation happens through the picture. The art object is used to act out unconscious transactions with the other person in the triangle, including negotiation for control. We can see this happening with the patient who controlled the pace of the exchange as she released the cards, first reluctantly, then generously, conveying how her trust and openness grew throughout the consultation, a negotiation of how much of herself she was willing to share.

There are parallels here with anthropologist Alfred Gell's concept of the art object as relational, providing insight into how images work in social spaces. Handling, viewing, and responding to the pain cards could be viewed as performances of identity construction and relationship building. The images create connections between participants and between the emotional and the sensory; the mind and body. In a sense, they stand in for the body-in-pain as a reminder of its corporeality, and bring this into the centre of the consulting room and its language. The image can be seen as becoming, in Gell's words: "personhood spread around in time and space". It could be interesting to ask—whose personhood?

In this context the meaning of an image is made in relation to the clinician, who is in a position of discursive power relative to the patient. Encouraging the patient to lead the dialogue with images could

facilitate a more balanced interaction. We suggest that an aesthetic space, as provided by photographs, can expand dialogue and generate language in a pain consultation.

In a target-driven health service clinicians may feel they do not have the time to use pain cards. However, in certain circumstances time could be saved through the use of images because they can encourage patients to discuss their concerns more quickly than they otherwise would. Emotional narrative might even have an effect on the intensity of an individual's pain and its future trajectory. If images can elicit emotional narrative early in the consultation they could improve outcomes and save time in the future.

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