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Painting pain: an interpretative phenomenological analysis of representations of living  
with chronic pain

Jamie A Kirkham

City University, UK

Jonathan A Smith

Birkbeck University of London, UK

Dominik Havsteen-Franklin

Central North West London NHS Foundation Trust, UK

#### Author Note

Jamie A Kirkham, Department of Psychology, City University, London, UK; Jonathan A Smith, Department of Psychological Sciences, Birkbeck University of London, UK; Dominik Havsteen-Franklin, Central North West London NHS Foundation Trust, London, UK

Correspondence concerning this article should be addressed to Jonathan A Smith, Department of Psychological Sciences, Birkbeck University of London, Malet St, London WC1E 7HX, UK. Email: [ja.smith@bbk.ac.uk](mailto:ja.smith@bbk.ac.uk)

# PICTORIAL REPRESENTATIONS OF CHRONIC PAIN

## Abstract

*Objective:* This study examines patients' pictorial representations of their chronic pain, alongside their accounts of those images, in order to help our understanding of their lived experience of the condition.

*Method:* The sample comprises seven women in middle adulthood from southern England. They began by drawing what their pain felt like and were then interviewed about their portrayals. The interviews were analyzed with interpretative phenomenological analysis.

*Results:* The participants produce strong, vivid, abstract pictures. In many of the pictures, the pain is objectified as punitive and sinister. This is enhanced through the use of stark colours of red and black. Paintings also often have a temporal element, showing either the movement from self before pain to self since the pain had started, or pointing to aspirations for the possible relief of pain in the future. The analysis of the images is grounded in the participants' accounts of them.

*Conclusion:* The images and accounts provide a powerful insight into the internal world of the pain sufferer and the subjective experience of chronic pain. We link this work to other attempts to represent patients' pain and point to the particular contribution our work makes. We make some suggestions for subsequent research following on from what is presented here and we also argue that the methodology outlined in the paper offers considerable potential for research on other health conditions.

*Keywords:* pain, pictorial representation, interpretative phenomenological analysis, qualitative

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Painting pain: an interpretative phenomenological analysis of representations of living with chronic pain

This paper aims to examine the individual's perception of living with chronic pain. Participants are asked to draw and discuss pictorial representations of their pain. This paper presents an analysis of both the pictures and participants' accounts of them. The interviews with participants are examined with a particular experiential qualitative methodology, interpretative phenomenological analysis (IPA) (Smith, 1996) which has explicitly been developed to offer a detailed idiographic analysis of personal lived experience.

Chronic pain is a prevalent and costly problem. A report from the Institute of Medicine (2011) claims that about 100 million adults in the USA suffer from chronic pain and that the annual health economic costs to the country are up to \$635 billions. There is a large corpus of quantitative psychological research on pain (for example Williams, Eccleston & Morley, 2012; Hoffman et al., 2007). However, the hidden, elusive qualities of pain point to the need for different methods of investigation. There is recent recognition of the value of qualitative methods in elucidating the experience of pain (Osborn & Rodham, 2010) consonant with The British Pain Society's (2014) standpoint that 'only the person in pain can really say how painful something is' (website) and Mccaffery and Beebe's assertion that pain 'is whatever the experiencing person says it is' (1989, p7).

The study reported in this paper employs IPA which is particularly apposite for the examination of the psychology of illness experience. IPA was developed in the 1990s explicitly as a psychological methodology concerned with the detailed exploration of individual experience. Its psychological origin helps enable it to complement quantitative psychological research. IPA's theoretical underpinnings are phenomenology, hermeneutics and idiography. It is phenomenological in its attempt to bracket, for a time, theoretical pre-

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conceptions regarding a topic and allow the phenomenon to be seen afresh, in its own terms. This way, novel, interesting, unexpected things emerge. IPA requires close interpretation on the part of the researcher. This means making sense of the phenomenon experientially and connecting the interpretation back to a theoretical framework during analysis. A distinctive feature of IPA is its idiographic commitment whereby the lived experience of the particular individual retains a central role throughout the research process, offering a complementary lens to the nomothetic approach of most research in psychology.

IPA has become a major qualitative approach in psychology and increasingly in cognate disciplines. The largest area of research using IPA at present is in illness experience (Smith, 2011). Indeed there is already a corpus of research employing IPA to examine pain. Overall this work demonstrates the existence of complex sets of relationships between an individual's pain, their body, their social context, and their concept of self (for example, Snelgrove & Lioosi, 2009; Smith & Osborn, 2007). Smith & Osborn demonstrate how chronic benign low back pain takes a significant psychological toll on participants' identity.

A number of studies point to the ambiguity of the condition of chronic pain itself which in its external appearance may reveal very little of the internal world of the sufferer. McGowan et al., (2007) illustrated most cogently this particular dilemma and posed the question in their title 'How do you explain a pain that can't be seen?' McGowan et al. confirm this familiar frustration of patients whose conditions lack an obvious appearance and this accompanies the disbelief and disempowerment its absence generates (Walker, Holloway & Soafaer, 1999). This elusiveness clearly poses a significant barrier to understanding the lived experience of chronic pain and has prompted us to allow participants an alternative form of expression of their pain, through artwork, in this study.

Clinicians have reported that troubling imagery is an important feature of pain and that the images produced by people in pain hold real clinical value (Jamani & Clyde, 2008;

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Winterowd, Beck & Greuner, 2003). In recent research, participants have been asked to describe their mental images of pain (Berna et al., 2011; Gillanders, Potter & Morris, 2012; Philips & Samson, 2012). Berna et al. argue that pain imagery represents an untapped resource in understanding the impact of these conditions on the individual.

In this study we take a next step in examining the ‘intersection between *what is seen* and *what is felt*’ (Cross et al., p.192) by asking patients to actually draw their pain and then talk about their pictorial representations. Art therapists suggest that the process of pictorial representation helps participants give expression and form to experience and feelings which otherwise can remain vague, inaccessible, unnameable or overwhelming (Edwards, 2014). We know of no previously published IPA work on pain which elicits artwork from participants but it was done as part of an IPA study on addiction (Shinebourne & Smith, 2011). The aim of this study is to examine how patients represent their pain pictorially, how they describe those pictures and how they then use them as a springboard for further reflection on their pain experience.

### **Method**

The first author is a health/counselling psychologist, with five years’ post qualification experience delivering pain management programmes. The second author is an academic psychologist with extensive experience of qualitative research, including work on living with chronic pain. The third author is an art therapist in the National Health Service.

### **Participants**

IPA works with small purposive homogeneous samples. This allows for the micro-analysis of psychological convergence and divergence in what is a relatively homogeneous group, in terms of obvious demographic and other variables. Our sample comprised seven White-British women in middle adulthood (aged 36-52) recently referred to a community



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relevant data from the participant. Each interview began by asking the participant to explain what they had drawn and what it meant to them. This was then followed by questions on: what living with chronic pain meant to them, how they cope, particular struggles they faced, their hopes and fears. Interviews lasted between 45 and 70 minutes.

### **Analysis**

Interviews were transcribed verbatim. Analysis followed the IPA procedure outlined by Smith, Flowers and Larkin (2009) but adapted to incorporate the use of visual material. Transcripts were read a number of times and one margin was used to capture initial thoughts in response to the text. The next phase of analysis involved the transformation of these initial ideas into experiential themes in the other margin. For this paper, sections of transcripts concerned with accounts of their pictorial representations and other sections where metaphor was used to describe the pain were selected for further analysis. Sections of text were examined alongside the relevant image and a clustering of thematic material was made in relation to style, tone, colour and content of image. In addition where images were supported by the additional use of metaphor, a note was made of these occurrences and their relationship to supporting the developing themes. Because the images could be described as abstract, they were open to multiple interpretations. However our analysis began with, and was grounded in, the participant's own accounts of their pictures and this provided an important evidence base to the hermeneutic endeavour. Thus we have worked with a triple hermeneutic, whereby the researcher was making sense of the participant's interpretation of their visual representation of their experience.

### **Results**

The experience of pain is idiosyncratic and private. By engaging with and creating artistic impressions of their experiences of pain, all the participants are able to demonstrate





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something she was forced to ingest, rather than coming from within. The unpalatable reference to swallowing a rugby ball gives scale and adds to the sense of discomfort, as does the reference to it being '*covered in spikes*'. These add sharp contrast to the smooth exterior of a rugby ball and imply the deceptive, piercing malignancy of her pain.

Zoe links her second image (Zoe 2) to her head pain and her description echoes Gill's:

*It's like rubber but with really sharp spikes on it and that's how I see it. It feels like that, it's like my eyeballs exploding, like you want to do that (pulls at eye socket).*

Zoe's image and description powerfully communicate the desperation of her situation. The unusual juxtaposition of soft yielding rubber and sharp spikes enhances the sense of discomfort and points to particular damage to a body's soft tissue. Zoe's image resembles a medieval weapon known as a morning star. Interestingly the brutality of this particular instrument of violence is achieved, to varying degrees, through a combination of blunt force trauma and puncture, both of which seem to resonate with the curious duality of the rubber covered in spikes as described by both Gill and Zoe.

Fran's picture of her severe pain contains a similar with a similar shape and once again themes of violence are used to reflect the sensory quality of her pain:

*Almost eating away at me, like fire, like destroying the very tissue and these bits are like sparks flying off, where it's all out of control and is raging, it's burning away.*

Fran sees her object as a swirling, raging thing and here the sensory emphasis is on a hot, burning destruction.

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Each of the images so far is in stark red, the colour of blood, alarm and danger, reinforcing the strength of the message. Zoe1 is a different colour but her description shares with those preceding it the qualities of a mysterious sinister object or organism:

*It's like a crunchy black horrible shell on it, like it is covering up all the light and that's how I see it. It's like that's the pain kind of, it's that feeling, crunchy feeling, that's the best I can articulate it.*

Zoe's description of her image is quite macabre. The light, which she refers to elsewhere as her 'hope', is covered by the 'crunchy black horrible shell' of her pain. The latter phrase also evokes an insect like quality. This extends to the utility of colour and structure in the image. The colour combination she has chosen, black and yellow, is among those which nature itself selects to communicate a sense of threat and hostility. This sense of threat is enhanced through the shape and colour of Zoe's image which make it suggestive of a wasp's nest.

While the form of Julie's picture is rather different from those discussed so far in presenting an image of Julie in conjunction with the other pictorial elements, the red jagged flash of lightening is quite similar to the red spikes of Zoe and Fran. And indeed Julie describes her painting in similarly brutal terms:

*On a really bad day, it feels like somebody's got a hot knife and they're just sticking it in your back.*

This metaphor powerfully demonstrates dissociation between herself and her pain, with the pain represented as an external threat inflicted by an unseen attacker and, therefore, her pain

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is experienced as an assault. The colloquial reference to being stabbed in the back usually signifies betrayal and in this case the betrayal is not from within her body but by somebody or something external inflicting this punishment upon her. Julie cleverly uses another red spear to construct a hazard road sign, symbolically spelling out her fear for her future.

We complete this theme by looking at some more material from Zoe who uses the descriptions of her images as a springboard to an extended metaphorical account of her pain:

*I've got different pains. I've got the cycling shorts of pain and the guillotine. The guillotine is normally right across but from the back, through my chest, through the top of my lungs and it feels like a sharp blade right across me. I get that all the time with this, and I've got the same thing, the guillotine feeling in the neck and I've got the scaffolding pole. It feels just the size of the scaffolding pole, that thick, which goes through the top of my head, at an angle and it feels like it comes out here somewhere and what else is there, guillotine. And then there's the ball, it feels like I've got a big brass, like a massive chain around my neck, with one of those big balls like a big gold brass ball, where the chain goes round but the ball's so big it's right there, sat right on the back of my neck and I feel that all the time pretty much, its smooth, but it is heavy & it hurts, like I've got a weight.*

Here Zoe reflects on her legions of pain and her own distinct nomenclature for them. The implication throughout seems to be that her body is being violated by an array of different methods of inflicting pain, causing maximum distress. Her first metaphor, the 'cycling shorts of pain' reflects the restrictive, pressurised nature of her pain which curiously is restricted to a particular sector of her body, mimicking what might be experienced by the permanent wearing of cycling shorts. She adds texture elsewhere to this metaphor by adding

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that these shorts are perceived as internal, with the 'lycra' experienced as 'fire in every sinew', a phrase very similar to one used by Fran.

Zoe's subsequent descriptions of her other pains seem to employ and conjure up even stronger references to barbaric methods of punishment. Perhaps the most obvious of these is her reference to her chest pain which she describes as being like a '*guillotine*', with the bisection being through her lungs. Another reference she makes is to one of impalement, in which she describes the shaft as thick as a scaffolding pole, literally staking her through the top of her head, down and out through another part of her body. It seems clear that Zoe herself has considered the symbolic reference she is making to the nature of her pain: '*It's dark, it's almost, it's punishment, it's torture*'. This reference to pain's torment captures the malevolence of her pain. She goes on to describe one further pain, her neck pain, as being like bearing a brass ball with heavy chains, '*sat right on the back of my neck*'. She is once again able to offer both texture and substance to this burden, 'it's smooth, but it is heavy'. Traditionally the wearing of a ball and chain was both a punishment but also a penance for a crime and yet again this reference seems to have been considered by Zoe as a possible explanation to her suffering: '*Sometimes it feels that I must have done something wrong, not necessarily in this life*'. The implication of this statement is that nothing she can think of in her own life could have provoked this degree of pain and, therefore, her suffering could only be explained by penance or karma from a previous incarnation.

### **The colour of pain: red and burning, black and brooding**

We have already referred to the importance of colour in the images. The dominant colours used to employ the pain throughout the paintings are red and black. Here we show how participants explicitly discussed the colours as relevant parts of their depiction of pain.

Red has a central role in conveying pain in most of the pictures and participants are aware of its forceful presence:

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*I used red because it's quite a hot pain. (Rebecca)*

*I've chosen red. [ ]<sup>1</sup>Pain, inflammation, burning. (Claire)*

*Red signifies the anger and the heat from the pain. (Fran)*

In addition to carrying its primal meaning of danger and threat, participants' choice of red appears to be an attempt to capture something of the energy, activity and heat of pain. Rebecca refers to pain as always '*being hot for some reason*' and in her image the figure on the right is drawn encased in a red aura to reflect this. Claire also sees her pain as burning and draws herself entirely as a series of red figures, emphasising this burning aspect of her pain. Fran's arthritic pain is hot but she also describes '*anger*, with the sparks suggestive of the sort of fiery discharge emitted in welding, for example. The anger she describes fuses the heat of her pain with a particular affect which best communicates her pain's destructive quality and her experience of it as out of control.

The other colour used to convey pain was black, representing the oppressiveness and malignancy of pain, and expressing the negative affect generated by these conditions: '*I've got a confession to make, I broke your black! ... black, because it's bad*' (Gill). Both Gill's image and the apology for exerting so much pressure on the crayon to fully express her-self stress the malevolence she associates with her pain. Gill's reference to 'bad' is supported by the almost viral like appearance of her image. She goes on:

*Sometimes when it's at its worst it is horrible, probably all of this (points to the picture) would just be black, just black.*

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<sup>1</sup> [ ] indicates editorial omission of non-relevant material

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This indicates the changeable nature of the pain, its penetrative presence, as though the black spurs emanating from the shape seem to be spreading and infecting the surrounding tissue.

Julie and Sarah paint black clouds and describe their affective importance. Here is Julie:

*To me it's just like a big thundercloud, black thundercloud. It's there all the time, but sometimes you don't notice it, until it actually starts to rain.*

Julie's image graphically illustrates the dual threat of pain- the gloomy oppressive black of the thundercloud combined with the angry, hot menace of the lightening. Sarah's image doesn't speak for itself in the same way and she makes a fuller commentary:

*It's like blackness. It's like darkness. I love the light and bright things. My home is light and bright. Everything is, I don't like dark things, I don't like dark rooms. I like things that have got colour, but the pain is like having this dark cloud come over and it can make you feel miserable. Dark clouds are miserable and it makes you feel... absolutely and completely useless.*

Sarah's description of her pain as a blackness coming over her conveys a sense of oppressiveness; this also has similarities with the 'covering up' that Zoe described, as does the reference to obscured light. The strength of the threat posed is emphasized through the extreme colour contrast between the pain ('blackness/darkness') and what gives Sarah pleasure and how she constructs her world ('light and bright things'). While Sarah doesn't use the term depression for the state she is conveying, her words do imply hopeless affect.

### **Representing change and pain**

Most of the images have a dynamic quality, including a temporal element which shows some change in relation to pain over time. Claire and Rebecca's paintings contain portraits of self in the past, *before pain*, and self now, *with pain*. In Rebecca's image, the movement is from left (old self) to right (pain self). The old self is expansive, connects with others and contains a range of pastel shades. The pain self is entrapped and inscribed in darker hues, predominantly the red and black we now see as important symbolic markers of pain. In Claire's picture, the move is from bottom right quadrant (old self) to full left side (pain self). Old and new self are differentiated by: verbal representation, colour, stick characters' facial expressions. The previous happy self is in cool pastel blue, the pain self is in the, by now, familiar burning red. Both women clearly point to who they've represented in their images:

*Well it's probably a before and after. This is like 1990, this is now. So it's before and after I hurt myself, so my different lifestyles I suppose. (Rebecca)*

*This is who I was, perhaps before I reached 25 and this is what I want to be again. (Claire)*

For both, there is a clear autobiographical marker, a *before* when life was pain free and then a specific date when life and self changed with the onset of pain. Claire presents a less stark account as she hopes she will revert to the old self and the top right quadrant of her picture shows some of the mediating process.

We can look at this feature of Claire's picture alongside Fran's. Fran and Claire both show the process of attempting to manage their pain and this again involves cooler colours of blue and purple in contrast to the fiery red of pain. The top right quadrant of Claire's

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picture shows a red stick figure smiling as it is gaining some relief from pain management interventions (pain killers, acupuncture, a TENS machine) portrayed or written in the cool relieving blue which connects this 'managing self' to the 'Claire before pain' below. Just as she was able to articulate the symbolic potency of red in an earlier passage, so she recognises the opposite connotations this other colour holds for her, 'blue, because it's soothing'.

Fran's complete picture also portrays the attempted management of pain. The most striking figure is the red jagged image to the left we have already discussed. On the right hand side of the picture is a purple and blue ball encasing a small red core. Green lines suggest a predominant move from red to purple/blue but with some reversal movement in the opposite direction. Fran's account follows her eye movements left to right across the picture:

*A fiery burning red, like heat pain, almost eating away at me, like fire, like destroying the very tissue and these bits are like sparks flying off, where it's all out of control and is raging, its burning away[ ]. The green is like coolness and staying calm and moving in this direction predominately. This (pointing to the ball to the right) is being aware that there is always an element of pain, it's always seated there, it is ready to flare up from the centre. [ ] The red is the chakra, down low in the body, like in the pelvis, then the purple is, like up here, so when the pain is really small and manageable then the body is much cooler, and the mind is more restful.[ ]*

*It's taking me about 15 years to get where I am now, living with this chronic pain. This ultimately is where I like to be, there is still this core of pain in the middle, which is still quite sore and I have to live with, but the colours of purple and blue is like everything has calmed down. [ ] The pain can still flare up, it can still be like that (the*



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*red flail) but I'm determined that I don't want to be like that now, I want it to be like that (the purple ball). I want it to be a softer, gentler pain, something that I can manage.*

The red sparking image represents the pain Fran has experienced for many years. Recently a different image of self with pain has come into play, as captured in the blue and purple circle to the right, with the pain managed and contained- reduced to a small dot in the middle. The green arrows represent a primarily positive move from left to right but with recognition there is sometimes a regressive move back.

So the situation is fragile. Fran has learned to cope with her pain much of the time but it is always there ready to rear its head. This dynamic interplay between pain and its control is thus well captured in the picture as a whole. And, as is clear in the second paragraph, the cool blue/purple is still primarily aspirational- a wish that the pain control can become permanent. Interestingly Fran is the participant who has already attended a pain management programme in the past. Perhaps the change in imagery partly reflects techniques she has been learning.

Last, we turn to the use of yellow, symbolizing hope in a number of pictures:

*Yes because you know everybody needs sunshine in their life. (Sarah)*

*Light at the end of the tunnel, it's a, I think just showing that things change, things are changing, so I suppose you could call that change. (Rebecca)*

*I think the gold is that it's trying, I think it's saying, this is going to sound so weird, that I think it's giving me hope. (Zoe)*

The optimism communicated in these three short passages conveys an important aspect of living with chronic pain. Both Sarah and Rebecca are referring to the presence of sunshine in

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their images. Although quite small and remote in Rebecca's and obscured in Sarah's, they are both representative of participants' ambitions to keep a beacon of hope glowing as a resource to cope with the consequences of living with persistent pain, and a further reference to their aspirations or beliefs that their outlook might change. Zoe's reference to hope also offers a counterpoint to the web of black lines in which she finds herself ensnared.

### **Discussion**

The artistic representations offered participants a way of helping to make manifest what can seem an invisible and elusive condition. Through this external expression of their internal worlds, a deeply personal account was achieved of the sensory, psychological and social impact of chronic pain.

Pain is extremely difficult to describe and this has exercised clinicians and researchers for decades. There is increased recognition of the importance that the meaning of pain has for the individual as 'it can have a major influence on the subjective suffering superimposed on the pain sensation and, therefore, on psychological distress and life satisfaction' (Basler, Grzesiak & Dworkin, 2002, p. 105). We consider this study to be making a significant contribution to understanding both the perception and meaning of pain to participants.

The most common tool for assessing patient pain is the McGill pain questionnaire, in which pain descriptors (e.g. pulsing, stabbing, sharp) as well as affective-evaluative descriptors of pain (cruel, fearful, punishing) are used to identify the impact of pain both physiologically and psychologically. While the items included in this and other measures are primarily based on expert opinion, a recent study by Jensen et al. (2013) elicited the descriptors of pain from the patients themselves. These descriptors were then clustered into 'pain quality sub-domains'. Fifteen of these were the most common and 8 of these can be described as representing severe sensations: *sharp, burning, radiating, shooting, electrical,*

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*cramping, pressure, throbbing.* We can of course see congruence between items in this list and the accounts from participants in our study. However these semantic descriptions remain generic and separate. By contrast, the combination of image and account from our participants produces a vivid, dynamic gestalt, enabling us to get closer to what the actual experience of pain is like for that person.

A small set of recent studies has been concerned with the mental imagery of patients with pain. What is actually elicited in these studies, of course, is the patient's verbal account of the mental image they have experienced. Each of these papers lists summary statements of the images recounted and they do indeed serve as a powerful record of negative affective images associated with pain. Some of these statements are pithy narratives of the self as vulnerable or in danger, for example: 'See myself falling 30 feet to the concrete and hurting myself' (Phillips & Samson, p.566); 'In the hospital room, I see and hear being told I need a caesarean' (Berna et al., p.1090). Some of these will be replaying an actual, negative event in the participant's life. A number of the reports do, however, describe vivid, abstract images either of the pain itself or of the inflicting of pain on the patient. Here are two examples:

*There's a heavy grey lead ball where it hurts. The weight is surprising, given its size. It's dragging down, as if it was going to fall out of me, taking my insides out. (Berna et al., p.1090)*

*Hot metal wires jiggling up and down my leg. (Gillanders et al., p583)*

Here we have descriptions which have similar content qualities to the pictures produced by the participants in our study, sharing the same sense of vulnerability, threat and suffering. The added value of our study is that we have, for each participant, the actual pictorial image

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they produced alongside their account of it. Thus we have been able to get one small step closer to bridging the divide ‘between *what is seen* and *what is felt*’ (Cross et al., p.192).

Many chose to illustrate their experiences by incorporating bold shapes and structures into their images. These structures powerfully communicate alarm and menace. The power of the images is further strengthened by the use of strong colours: red, red and black, yellow and black, which enhance the sense of alarm and foreboding being generated. This also resonates with some art therapy clinical case studies where descriptions of paintings and drawings refer to red or a combination of red and black as colours associated with emotional and bodily pain (Heywood, 2003; Luzzatto et al., 2003). In our study, participants’ descriptions of their images confirm the sinister, malevolent and violent way they experience pain.

Most of the pictures produced by our participants have a temporal dimension, indicating some change in relation to pain over time. For Claire and Rebecca, there was a clear demarcation between the old pain-free self and the current pain self. This was captured pictorially by having separate figural representations of the old and new selves and the accompanying accounts pointed to a specific point time-point when the biographical disruption occurred. These striking images point clearly to how pain can be seen to represent a threat to an individual's integrity or continuous sense of identity. This echoes the work by Hellstrom (2001) and Smith and Osborn (2007). In Smith and Osborn’s paper, pain is seen as a toxic threat to the established sense of self. Participants reflect on how their ongoing pain is eroding their familiar sense of self “*I am a nice person, but the pain takes over and stops it sucks it all out and leaves me miserable*” (p523). Participants attempt to hang on to a proper, positive self, under assault from a more recent pain-induced, shameful self.

In the previous paper, the primary descriptive power lies in the holistic pejorative metaphors describing this new compromised self: *miserable git, cow, this monster* etc. In

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this study we find equally strong tainted descriptions of the pain as an entity in itself. It would be valuable as a next step to bring these two strands even closer together by asking patients to draw and describe pictures of themselves in addition to those of their pain. Finally there is another interesting link between the two studies as punishment is an emergent theme in both. In this study we find Zoe wondering whether the torturous pain is a result of something she has done wrong. In Smith and Osborn's paper, one participant powerfully attests to his fear that he and others like him will be punished because of their pain. It would be valuable to explore these links in a subsequent study.

Looking in the other temporal direction, some of our participants' images pointed to their hope for a different future. And two of them even mark out the beginnings of a therapeutic process which they hope will take them to that different future. This leads to a consideration of what our study might be able to offer in relation to that therapeutic process.

There is a tradition of work on guided imagery as a tool in psychotherapy and this is sometimes used as part of the intervention in pain management programmes. The process seems not to have had much consideration yet in the research literature, however. Phillips and Samson were able to facilitate patients' own *re-scripting* of their pain images by asking the participants 'how would you rather see the image or how would you prefer it to have been?' (p.562). For example, one patient's image was re-scripted from: 'I see myself on all fours-like a dog but unable to move', to: 'I am at the start of a race... the gun goes off and the crowd cheers as I take off' (p567). This is important in pointing to the intrinsic resource patients can bring to this process. However the terminology is telling. The process is described as *re-scripting*, not *re-imagining*, and this is appropriate to how the technique is working. The patient needs to transform their image into a verbal representation and it is this representation which is then worked on with the therapist.

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However the patients in our study have generated actual images and therefore these offer the potential for a less mediated re-imaging process. There are a number of possible ways in which this could be used. At the simplest level, patients could be asked to draw their pain again at the end of the pain management programme and this would offer some insight into the efficacy of the intervention. More particularly, however, the images offer valuable tools to use as part of the intervention itself. The psychologist could draw on specific elements in the patient's picture and discuss ways in which that element could change. Or the psychologist could ask the patient to draw a second picture at the beginning of the intervention, representing what the pain would look like if it had been cured or managed or coped with. This would again offer specific grounded material for the intervention to work with.

And indeed we already have a powerful example of this beginning to happen in our collection of drawings. Fran spontaneously includes in her picture an image of the pain as she would like it to be, as it is on a good day. The spikey flail has been transformed into the smooth circle. The red fiery pain has been reduced to a small speck at the centre of the circle, dampened and contained by the cooler blue and purple. Fran gives a detailed account of the process she has gone through in re-imaging her pain as something which can be managed. Fran describes the image as being representative of a process of change which has brought her to a place where she can find some relief from her pain. The results of our study would seem to offer multiple suggestions for expanding the therapeutic intervention on pain management programmes and we hope this could be taken up in future studies of the use of patient pictorial representations in such programmes.

A number of participants saw engaging with the artwork as a helpful and cathartic experience. Gill stated that she was a little hesitant at the start of the interview and so was surprised she had been able to talk at length about her difficulties and that it had been 'nice

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to get it out'. Rebecca and Claire refer to a sense of relief, Rebecca stating she felt 'a weight has come off'. Some commented on the value of incorporating the artistic element into the interview. Sarah thought it was a 'really good idea' as 'people only see what they want to' and that representing her experience so vividly may challenge others' perceptions, giving them better insight into what living with pain is really like.

We can also see some convergence here with the discipline of art therapy. In a recent paper, Angheluta and King (2011) state that 'art therapy for chronic pain is a nascent area of study' (p.112), ripe therefore for further investigation. We can see space for a useful collaboration with art therapy in taking forward the ideas outlined in the previous two paragraphs. There could be a powerful synergy between an approach with a hermeneutic phenomenological focus on getting as close as possible to patients' perception and representation of their pain with one concerned with how artistic endeavor can be harnessed as part of the therapeutic process to help patients manage that pain. Existing methods of pain management occasionally include art therapy as part of the treatment plan with good results (Shapiro, 1985; Theorell et al., 1998). One of the aims of art therapy is to help the patient express their feelings through the art form. This paper hopefully can contribute to the understanding of that process. Such collaboration could also usefully draw on Reynolds' work (see for example Reynolds and Lim, 2007) which uses IPA to explore participants' accounts of the effectiveness of doing artwork in the context of living with serious illness.

In this paper we hope we have achieved the dual aims of demonstrating how one particular qualitative methodology works within health psychology and how it has been applied to one particular substantive issue in the discipline. We consider the images produced by our participants provide powerful representations of their experience of chronic pain and this is substantiated by their accompanying commentary on their pictures.

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We consider the paper meets the criteria for a high quality study when judged according to both the generic qualitative features of Yardley (2008) and the specific criteria established for IPA by Smith (2011). The interviews are of high quality, with participants offering rich detailed accounts of their experience. We conducted a rigorous and systematic analysis and have drawn broadly on the corpus in our analysis. We believe we have demonstrated sufficient density of evidence for each theme and that the analysis is interpretative, coherent, plausible and insightful. Obviously this study has a relatively small sample, as is typical with IPA. However the detail in the writing should allow the reader to make theoretical inferences about broader applicability. In terms of reflexivity, it is interesting that the degree of suffering and punishment in the participants' accounts challenged the first author's pre-understanding which was influenced by experiencing the value of therapy in helping patients find acceptance and adjustment. Working so closely with pictorial images required author two to reflect on his/her interpretative epistemology and extend his/her analytic skills. Author three valued the process of image based phenomenological analysis and this led him to consider the implications of this research for pictorial focused treatment of chronic pain.

We intend to pursue this work further by examining how patient's pictorial representations change over the course of a pain management programme alongside the interpretative account of this change provided by the patients themselves. Drawing on the experience gained from this study, we also intend, in our next work, to take type of pain into account in sampling and consider possible connections between this and the images produced. We will also examine, in more detail, discursive features of participants' accounts of their representations in line with a pluralist qualitative analysis (Frost 2009). We hope this paper encourages researchers to use similar multi-modal methods to explore other conditions, particularly those whose amorphous quality often denies the participant a straightforward means of articulating the meaning illness holds for them.



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**Table 1: Participant profile**

<b>Pseudonym</b>	<b>Age</b>	<b>Yrs with pain</b>	<b>Relational status</b>	<b>Children</b>	<b>Working?</b>
Claire	36	8	married	1	No, ex-nurse
Fran	52	15	married	1	No, ex-lab assistant
Gill	38	6	single, lives with parents	0	yes, part-time vet assistant
Julie	50	12	married	2	no
Rebecca	46	21	married	3	no
Sarah	42	8	single, lives alone	4	No, ex-publican
Zoe	38	13	single, lives alone	0	no

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Gill



Zoe 1



Fran



Zoe2



Julie



Rebecca



Claire



Sarah

Figure 1: Participants' pictures of their pain