

## MIRRORS IN THE DARKNESS: *Pain and Photography, natural partners*

Deborah Padfield

### The Mirror

Photographic art, like the mirror, allows us to see ourselves, slowing down and freezing time to allow reflection. In the context of pain encounters however, perhaps we need to question what it is we see when we look at another in pain: is it them or ourselves - their pain or ours? I believe the polysemy of photographs can help prevent us from seeing only reflections of ourselves and encourage us to tolerate the complexity and ambiguity of, in Susan Sontag's words, *'the pain of others'*<sup>1</sup>; the pain of not knowing, of resisting the desire to 'solve', of accepting not having an answer.

Referencing Elaine Scarry's seminal work on pain<sup>2</sup>, community artist and academic Petra Koppers describes how *'Pain flees outward toward imagination, from the dense matter of bodies to perception itself...'*<sup>3</sup> It is possible we can employ imagination and the photographic plate, itself a mirror, to re-integrate perception, image and language, to reflect back to us the ways in which we, like all substances, have *'relations which express all the others'*, making us *'perpetual living mirrors of the universe.'*<sup>4</sup> Medical Anthropologist Arthur Kleinman reminds us that pain can also be seen as an opportunity; it provides us with a chance to contact our humanity through caring for others: *'Caregiving is relational and reciprocal. It can be thought of, in an anthropological sense, as a gift exchange'*<sup>5</sup> He writes eloquently on the empathic value of the arts *'Art, music, dance, and theatrical performance can not only be therapies, they also represent our capacity to empathise with, endure, work through the human tasks and relations of care, and share cathartic experiences'*<sup>6</sup> He argues for the value of integrating *'physiological, psychological and social meanings'* of pain and illness<sup>7</sup> Narrative medicine is one means of achieving this as it *'allows the patient to be heard, begin healing, and may be just what we need to reduce the unequal burden of pain and improve the quality of pain care for all.'*<sup>8</sup> The use of images is an innovative and valuable means of triggering pain narratives, and art a means of sharing and reflecting on experience.

We have a limited range of metaphors in common use with which to describe pain and few of these tell us much about an individuals' unique experience or the context within which

their pain is lived. Poor communication is still cited as one of the main causes of inadequate treatment of pain.<sup>9</sup> This complex phenomenon we call pain relies on communication for its diagnosis, and is therefore unlikely to be resolved by techno-centric or pharmaceutical medicine alone. With no biomarkers, it remains a subjective sensation relying on the patient's story, and dependent on the sufferer being able to express it. In this context any tool that can help elicit a patients' story has potential to benefit patient care. Chronic pain and musculoskeletal disorders are associated with some of the poorest quality-of-life indices. Worldwide, chronic pain afflicts more than 1.5 billion individuals, creating a huge burden of suffering for the individual, and a heavy financial burden for society, which urgently needs to be reduced.

The *face2face* project at University College Hospital<sup>10</sup> set out to address pain's incommunicability and explore whether photographic images co-created with pain patients could provide an alternative language for the communication of pain. It became apparent that the images were not providing an alternative language as originally envisaged but re-invigorating existing language, initiating a symbiotic relationship between words and images capable of generating new language.

The seed of the idea dates back to *perceptions of pain* in 2001<sup>11</sup>, a collaboration with pain specialist Dr. Charles Pither, then medical director of INPUT pain Management Unit, St Thomas' Hospital. In 2003 and 2004 the images created during *perceptions of pain* were exhibited widely, piloted in clinics across the UK and published in a book alongside essays and patient testimonies.<sup>12</sup> Feedback from this showed a demand for the images to be more widely available and suggested further in-depth research was warranted.

In 2008 I began collaborating with facial pain specialist Professor Joanna Zakrzewska developing the *face2face* project with facial pain patients and clinicians from UCH. We were still researching whether and how photographic images of pain co-created with pain sufferers could help them communicate their pain to treating clinicians, and whether images could expand the dialogue around pain in the consulting room and improve mutual understanding. The difference in this project was that I worked longitudinally with patients before, during, and after treatment or management developing a series of images representing different levels of pain, reflecting and feeding into changes patients had made in their perception of their pain.

Central to these projects was the co-creation with pain sufferers of photographic images of pain. These were negotiated differently with every participant, but what was essential was that they were co-created so as not to re-appropriate someone else's experience of pain, which can happen all too easily along the diagnostic corridors of the hospital. Control of the lens confers power over how an illness is seen and understood by others, as Jo Spence demonstrated so powerfully with her own illness.<sup>13</sup> By the time pain patients have arrived at a specialist centre they will almost inevitably have been on the passive receiving end of countless medical imaging processes. Participating in the co-creation of photographic images returns agency, and I would suggest that the process can only be beneficial when sufferers have agency within it.

### **Co-creative process during *face2face***

The sessions were held individually mostly in rooms booked in the hospital but occasionally at other significant locations chosen by participants, for example derelict buildings in London or in a participants' garden in West Hampstead. The sessions were audio-recorded. The aim was to co-create photographic images which, as closely as possible, represented the pain sufferers' unique experience of pain. The sessions (numbering between nine and twelve) happened at three points during the treatment journey: before, during and after management/treatment in order to prevent sufferers from being trapped not just within their pain but also within a single negative image. This meant each person worked with me for between six months and a year. The arc of time allowed changes sufferers had made in their perception of pain to be represented along with a sense of movement and transformation (where present) and produced a collection of images reflecting a broad range of intensities and pain qualities. Changes were always guided by the pain sufferer and no attempt was made to direct the process into reflecting a 'positive' journey.

Sessions usually began with questions about how the participant's pain might be visualised: were there any metaphors they already had for it, or could it be reflected through particular materials, colours, light (or absence of), or significant objects? All participants were asked to bring an object to the first session, which they felt represented their experience of pain. Objects were frequently used to stand in as metaphors for pain, shifting the discussion towards something with personal rather than collective meaning and providing a starting

point for the photographic process. The photographs were taken by me, using a high-resolution digital camera, but always in consultation with the sufferer. In subsequent sessions these would be uploaded onto a computer and reviewed. A selection of those deemed successful as photographs and close to the sufferer's experience were made by patient and artist together. These would then be modified following the session and sometimes printed or stitched onto or collaged with by the sufferer. Sometimes the photograph would be re-taken during the next session and refined when what the sufferer wanted the image to communicate became more evident. The process was negotiated differently with each person and was more successful at times than others. The process brings into focus the importance of the interchange between artist and sufferer and the role the artist plays as an active participant in the construction and reflection of narrative. More than that, it highlights the unavoidable relationship between personal narrative and pain experience.

### **Why use Photography?**

*There is a dark room. A shutter opens. The room is flooded with light that threatens to bleach the interior white. Instead, it leaves a carefully patterned tracery on one wall, because, in entering the room in the only way it can, this light has been tempered, corralled, and organized, transposed from a flaring effulgence into a predictable series of rays, gathered and strung like wires or threads from the single aperture that opens to the outside. Across the darkness, the fall of light is thus graphed by the grid built into the window of the converging lens and the geometry of the walls whose rectangulate architecture orchestrates the relation of the central opening to the focal plane and to the frame marked by the boundaries of that plane's flat surface. This carefully constructed room has an old name. It is a camera.<sup>14</sup>*

John Tagg describes the house as a metaphor for the camera, a meeting point of exterior light and interior darkness into which it penetrates and onto whose walls it leaves traces of events beyond itself. This is a useful metaphor with which to begin exploring the specificities of photography that make it a particularly apposite medium for projects visualising pain and the subjective experience of others.

## Camera/House

The house, a contained space where light enters through constructed apertures, is comparable to the interior of the body bounding the self, entered only via its natural orifices or those artificially constructed by medicine or injury. The house opens out as a metaphor for the psychological space of the mind or the photographic frame delineating and capturing one perspective, one moment in flux continuing beyond and external to its frame. To have visibility within a psychological space or within the physical space of the body, to produce a photograph at all, there has to be light, a space through which it travels and a surface onto which that light falls, resulting in exchange or 'alchemy'. Tagg goes on to define the room as training light, '*graphing it - quite literally, photo-graphing, subjecting light to the punctual rule of the room's inbuilt geometrical law. The camera is, then, a place to isolate and discipline light, like a room in Jeremy Bentham's Panopticon.*'<sup>15</sup> Like that room in the Panopticon, '*the cell of the camera has its utility both as a training machine and as a device for producing and preserving text.*'<sup>16</sup> Here photography is associated with a less safe space, one of surveillance. In one metaphor, photography's dual functions as both containing space, a meeting between light and darkness, a membrane between internal and external worlds and a more dangerous function as a space of surveillance are brought together. Both are intrinsic to the way photography functions and underline the importance of involving the subject themselves in the representation of their experience, of not objectifying their experience

In '*Man with a pain*' Susan Sontag uses the metaphor of the house to represent pain. '*The pain is a house, with many rooms. Or, he is a house in which the pain lives. Or, they both live in the house together.*'<sup>17</sup> Pain is depicted as a contained or containing space, a private defended space, difficult for the external world to enter. It is perhaps this meeting point of dark and light, of internal and external which is as pivotal to pain as it is to photography and on which our work with images and pain unknowingly rests. In examining the spaces between word and image, the perspectives of clinician and patient, medicine and art, are we also exploring the function of liminal space, and questioning what role images can play in helping us understand or navigate it.

## The wound as liminal

In terms of the body, a visible lesion or wound might be seen as a significant liminal site for the meeting of interior and exterior worlds, of what is visible and what is normally invisible. Petra Kuppers, describes the wound or scar as:

*a locus of memory, of bodily change. Like skin, a scar mediates between the outside and the inside, but it also materially produces, changes, and overwrites its site.*<sup>18</sup>

The photograph could also be conceived of as a wound, or its consequence, the scar. A wound punctures what we expect to see - the safe boundaries of self and other – and draws upon individual and cultural memory and association, signifying beyond its self. Roland Barthes' captures this beautifully in his conception of the photograph as a wound and his description of the *punctum*. Of the photograph Barthes writes: '*I wanted to explore it not as a question (a theme) but as a wound: I see, I feel, hence I notice, I observe, and I think.*'<sup>19</sup> He identifies the ability of photographs to reflect beyond the limits of their frame, to look beneath what is apparent. The photograph is not an exact 'copy' or a literal 'representation'; it is a construct, it has an author, it involves selection and framing. Thus Barthes moves away from his initial position that a photograph simply *denotes*, to accepting that it can also *connote*. He describes the '*punctum*' when present in a photograph as able to elicit affect, drawing on the metaphor of the wound:

*The second element will break or punctuate the studium ... A Latin word exists to designate this wound, this prick, this mark made by a pointed instrument: ... This second element which will disturb the studium I shall therefore call punctum; for punctum is also: sting, speck, cut, little hole – and also a cast of the dice. A photograph's punctum is that accident which pricks me (but also bruises me, is poignant to me)*<sup>20</sup>

Although in the photographs produced during *face2face* the '*punctum*' may not always be accidental, it is constructed during exchanges between myself and the person with pain. It evolves out of a lengthy process during which those elements which 'prick' or elicit deeper psychological meaning are frequently only recognised when viewing the final photograph.

*I didn't realise until I saw the photograph but it is about having the inner and the outer experience at the same time. It is because you have inserted the collage between my face and my hand. It is about touch.'*

**(perceptions of pain, participating patient.)**

Another participant observed:

*Seeing the photograph made me realise what I had done to myself.*

**(perceptions of pain, participating patient.)**

The challenge in representing chronic pain is that the wounds represented are seldom visible, often not even tangible, thus giving them form, making them tangible, sharable and visible to others became central. It is also important to remember that photographs do not just allow us to recollect personal experience, or to elicit personal narrative - they also create it. According to Tagg the production of images 'animates' rather than discovers meaning.<sup>21</sup> I believe it both discovers and animates. It is therefore vital that pain sufferers play an active role in both creation and interpretation. Meaning is at once constructed and revealed during the co-creation process.



Image of pain co-created by Deborah Padfield with Linda Williams from the series *Face2Face*, 2008-2013  
© Deborah Padfield



Image of pain co-created by Deborah Padfield with Linda Williams from the series *Face2Face*, 2008-2013

© Deborah Padfield

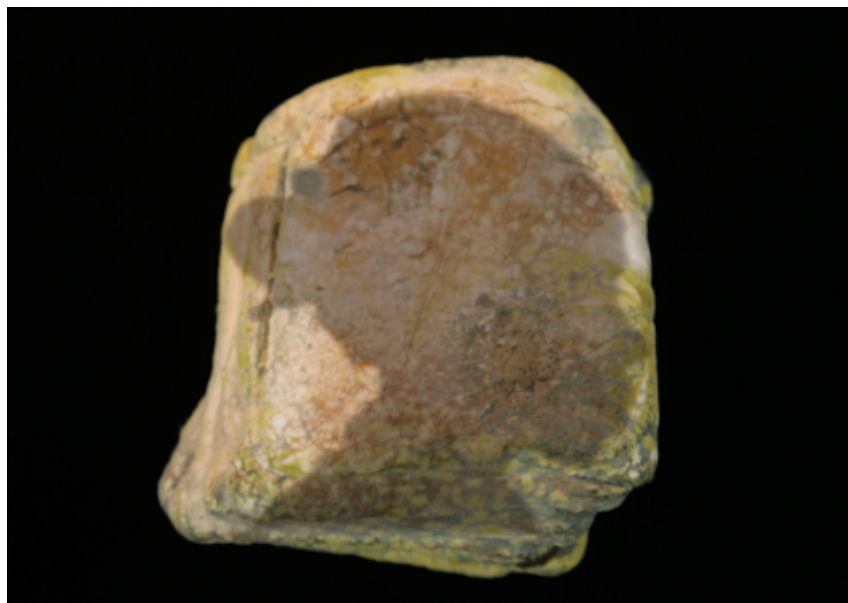


Image of pain co-created by Deborah Padfield with Linda Williams from the series *Face2Face*, 2008-2013

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### **Pain as a shadow**

It was the shadow in this series of images that many respondents highlighted when I asked viewers from different occupations to write a short interpretation of them from their own perspective. I was interested in the polysemy of the photographs, and where and how other people's interpretations intersected or conflicted with those of the sufferer. The subjectivity of interpretation parallels the subjectivity of pain; like pain it resonates in relation to the past as well as the present. Evidencing the different ways in which meaning is constructed for individuals through images provides a glimpse of the variety of ways in which significance and meaning is conferred on pain experience, and demonstrates the need for a flexible and negotiated dialogue capable of interweaving multiple interpretations. Your 'shadow' is not the same as my 'shadow', just as my 'pain' is not the same as your 'pain'. Images make this explicit.

*A shadow is by definition indistinct, poorly delineated and transient. In language, 'shadow' is often used metaphorically to suggest diminished abilities, power, strength or beauty, as in 'a shadow of his/her former self'. The shadows in the picture suggest that the pain reduces the sufferer to something weaker, less individual, less active, more anonymous than they would otherwise be; that other people may not be able to see them and value them as they otherwise might; that the sufferer's own self-image is that of someone who is less than a full, complete individual ... The absence of colour and perspective reinforces my impression of a diminished existence. (Linguist)*

This is very close to the sufferer's own testimony: *'It's just a way of explaining that you really don't feel like the person you were at all... there's almost no relationship, there's such an emptiness inside of you cause you just feel completely burned, like there's an empty shell'* (participant **face2face**). The image reveals significant aspects of chronic pain experience: the loss of identity, the multifarious impact of loss, and the existence of related shadows. It is worth noting that the shadow isn't necessarily always negative. It has been claimed for example that Jung defined the shadow as the personification of aspects of the unconscious personality; the un-lived and repressed side of the ego suggesting that giving the shadow form could be a positive thing. Jung, however, claimed this interpretation was a misunderstanding and that "the shadow is simply the whole unconscious."<sup>22</sup>

A radiologist, psychotherapist, artist, writer, social worker and architect all interpreted the shadow in different ways, but they all identified the shadow metaphor as central to the image's construction of meaning.

*I see the images in terms of the relationship between you (Deborah) and the patient as well as the journey of her treatment. ... In the first image she is just a shadowy figure as she has not yet revealed herself to you. In the second image she appears as a patient – the bread on the examining couch. In the third image it seems to me that she has revealed a lot about the nature of her pain – she is the pain in a sense in the form of the mouldy bread...*  
(Psychotherapist)

*The first image is of a faint shadow – a silhouette of a child or girl's head cast onto a wall showing hands raised in a manner that seems placating, defensive or beseeching. This is haunting and insubstantial. ... It suggests the soul within, rather than the substantive body.*

*Its posture suggests that the soul is not at ease but it is difficult to tell clearly what the source of their anxiety is. (Radiologist)*

*Lost, confrontational. Consumed by shadow. Again I sense the distancing created by pain. The shadow gestures differ from each other. Confusion. Feeling separated from body/self. (Artist)*

*The shadow – she is almost there, almost not there. ... The shadow ever sent from stone, from bread, sinking into matter ... The gesture in shadow, the blurred disappearing form with formlessness, concentric circles of rain on water, and the eye travels upwards looking for her. (Writer)*

*Is the shadow malevolent? Ambiguous, feels as though she is subjected to something ... I see a circle rather than a line, returning. (Artist and Psychotherapist)*

*Pain is a powerful emotion and if present on the face it is so much more devastating. It results in loss of identity, the patient feels that her own life has gone and pain has now taken over her identity. The patient has now come to seek help from a health care professional and is hoping that they will be able to make sense of what has happened to her. (Clinician)*

*The image is a representation of how the patient sees herself and also how she feels others perceive her. ... The shadow is of a woman of black Afro/Caribbean descent who portrays herself as this shadow due to a possible lack of identity. ... Racial differences are often misunderstood and misdiagnosed by health care professionals and language can also be a possible barrier ... (Social Worker)*

*The portrait is absent, it is spacialised through shadow ... Are these the hands of the artist, of the doctor, of the patient, I cannot tell, all subjects converge ... (Architect)*

The number of interpretations arrived at for one aspect of one image reveals the multiplicity of the potential meanings of all the photographs. The space between meanings could be visualised as a membrane through which exchange needs to flow both ways in order for a deeper mutual understanding to be arrived at. If we accept that we don't all see an image in the same way it forces us to negotiate. If language becomes negotiated in response to the

images, can it remain negotiated in response to pain, and in a clinical context can it feed into the rest of the consultation? Can the significance of each individual's experience of pain be revealed through discussion of the images? What is worth noting is that in the interpretations above, the shadow is frequently linked to notions of ambiguity and lack of resolution. These images do not depict pain resolving, they depict pain alternating and spiralling around the same issues. If pain were conceived of as a material, as artist Johanna Willenfelt proposes<sup>23</sup>, would that material in fact be a shadow?

The shadow inhabits a realm of obscurity, of concealment, of absence of light and visibility. It has a relationship to an object other than itself, rather than being a tangible object. It eludes our grasp, it evokes ambiguity, elusivity and fear: it is the perfect metaphor for pain. I believe the spontaneity of the creative process allows it to touch the shadows, to reach the unconscious and via the image bring elements to the surface. Discussion of the images shines a light into the shadow, exposing what needs to be retrieved and reflected on, bringing it into the daylight of the consulting room.

Photographs, with their ambiguity and polysemy, open up avenues of communication that might otherwise have remained closed. The images aim to elicit a sharing of knowledge; to expose what an individual patient *is* experiencing, and not what they *should* be experiencing, albeit in the hope that transformation is possible through dialogue. Through analysing these images my belief is growing that they reflect an emotional journey of direct relevance to pain perception and experience.

## **Conclusion**

We know the photograph is a construct resulting from processes of selection, creation and re-presentation, yet in our minds it is still aligned with notions of documentation and authenticity. It is thus a perfect medium for validating the processes of another's life, which make up their subjective reality. Photography is more than a medium; it is a way of making known, a process of shaping experience. As Social Psychologist Alan Radley writes, photographs gain their meaning from the acts that produce them.<sup>24</sup>

I have only touched lightly on notions of ownership through the involvement of the subject in the creation of the photograph. When the images are used as a resource in the clinical

setting with new patients, those being asked to select from this bank of images (to take into their consultation and use as springboards for dialogue) have not been directly involved in making them, but have nevertheless been involved in acts of ownership through selection of the images.<sup>25</sup> For me this highlights the sometimes invisible and apparently insignificant acts, which make up a negotiated duel over ownership of illness experience and its language, over the body and its texts, which perhaps we should pay more attention to.

Barbara Stafford has written extensively on the art object in relation to analogy and visual metaphor as means of understanding the human body in the context of neuroscience and consciousness theory.<sup>26</sup> She emphasises the instinctual as opposed to logical nature of the leap which the visual metaphor makes from the known to the unknown, claiming that '*the body cannot be 'read', it is 'perceived, visually, sensually.'*' Could the same be said of the photograph, the visual metaphor standing in for the body in pain? We do not just 'read' it; we perceive it visually and sensually. If we only 'read' it, we omit the most insistent aspect of the pain experience itself - that it is experienced with and through the body. Its representation demands a material and corporeal element. It cannot be communicated via language alone.

Elizabeth Grosz provides a useful re-definition of subjectivity which we could use to approach pain and the image.<sup>27</sup> She theorises the body as part of the construct of subjectivity rather than something affected by it. In a similar way, the photograph acts as a physical object while signifying subjective experience. The image has been projected onto a surface that is torn, etched or stitched into in a way that parallels how narrative and experience are etched into our bodies. Can such a corporeal conception of subjectivity bring us closer to the lived experience of pain, removing the need for distinction between psychological and physical suffering?

Quoting Stockhausen in his programme notes to *Carre* (Square), composer Professor Jonty Harrison writes:

*Black and white are normally seen as opposites and, thus, mutually exclusive. However, says Stockhausen, by creating between them a scale of various shades of grey and then reordering the scale into a series, we effectively draw the apparent opposites of black and white into a higher unity – not black as the opposite of white,*

*but black as a degree of white.*<sup>28</sup>

Could a visual language help create a similar scale for pain which allows shifts in perception necessary to accommodate both somatic and affective elements within one definition, framing them not as opposites but as degrees of each other? Can photographs help bring pain out of the shadows and into the light of our shared humanity? Can images transform space into a membranous material within which the possibility of meaningful two-way exchange is enhanced, supporting my long held hope for fluid two-way exchange to become normal practice within medical dialogue?

Come with me; for my painful wound

Requires thy friendly hand to help me onward

Sophocles, *Philoctetes*

*Acknowledgements:*

The work described in this paper was funded by the Arts and Humanities Research Council UK, with contributions from Friends of University College London Hospitals, Grand Challenges UCL, Centre for Humanities Interdisciplinary Research Projects (CHIRP) UCL, Slade School of Fine Art, UCL and Arts Council England. I am grateful to my collaborator Prof Joanna Zakrzewska and to participating patients and clinicians without whom we could not have done the work. I would like to thank the current *Pain: Speaking the Threshold* steering group at UCL whose conversations and insights continue to inform the work and its analysis: Professor Joanna Bourke, Professor Sharon Morris, Helen Omand, Professor Elena Semino, Dr Amanda Williams and Professor Joanna Zakrzewska.

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<sup>1</sup> Susan Sontag (2003) *Regarding the pain of others*. London: Hamish Hamilton.

<sup>2</sup> See Elaine Scarry (1985) *The body in pain: the making and unmaking of the world*. Oxford: Oxford University Press.

<sup>3</sup> Petra Kuppers (2007) *The scar of visibility: Medical performances and contemporary art*. Minneapolis: University of Minnesota Press: 76

<sup>4</sup> Barbara Marie Stafford (2007) *Echo Objects: The Cognitive Work of Images* Chicago, London: The University of Chicago Press: 126 (Referencing Leibniz)

<sup>5</sup> Arthur Kleinman (2015) Care: in search of a health agenda. *Lancet*, (386): 240-241.

<sup>6</sup> Ibid.

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<sup>7</sup> See Kleinman (1988) *The illness narratives, suffering, healing & the human condition*. USA: Basic Books. Kleinman (2008) Catastrophe and caregiving: the failure of medicine as an art', *Lancet* (371): 22–23; Kleinman (2015) Care: in search of a health agenda.

<sup>8</sup> CR Green (2011) Being present: the role of narrative medicine in reducing the unequal burden of pain. *Pain* (152): 965-966.

<sup>9</sup> See Kimberlin, C, Brushwood D, Allen W, Radson E and Wilson D (2004) Cancer patient and caregiver experiences: communication and pain management issues. *Journal of Pain and Symptom Management* (28): 566–78; see also Yates PM, Edwards HE, Nash RE, et al (2002) Barriers to effective cancer pain management: a survey of hospitalized cancer patients in Australia. *Journal of Pain and Symptom Management* (23): 393–405

<sup>10</sup> The project had several strands: art workshops for clinicians and patients to attend together; the co-creation of photographs with facial pain patients before during and after treatment making visible and re-enforcing changes patients had made in perception of their pain; the creation of an image resource integrating photographs from both *Perceptions of Pain* and *Face2face* as an innovative communication tool for clinical use; piloting the image resource as a pack of 54 PAIN CARDS in pain consultations (See Debrah Padfield et al (2015) Do photographic images of pain improve communication during pain consultations? *Pain Research & Management*. 20(3) :123 – 128) and an artist's film focusing on doctor-patient dialogue and the role of narrative, positively reviewed in the medical and general press (Jones D (2011) Portraits of Pain. *Lancet*, 378, (9789) 30 (July): 391)

For more information please see:

<http://www.ucl.ac.uk/slade/research/mphil-phd/deborah-padfield>  
and <http://www.ucl.ac.uk/slade/research/projects/pain-speaking-the-threshold>

<sup>11</sup> *Perceptions of Pain* was a collaboration between myself and Dr Charles Pither with staff and patients from INPUT Unit, St Thomas' Hospital, London where I worked individually with pain sufferers once a week on the four week residential pain management programme to co-create photographic images which reflected their experience of pain. For more information please see Padfield 2003, Padfield et al. 2010 and Padfield 2011.

<sup>12</sup> Deborah Padfield (2003) *Perceptions of Pain*, 1<sup>st</sup> edition. Stockport: Dewi Lewis Publishing.

<sup>13</sup> Jo Spence (1986) *Putting Myself in the Picture*. London: Camden Press.

<sup>14</sup> John Tagg (2009) *The Disciplinary Frame: Photographic Truths and the Capture of Meaning*. Minneapolis: University of Minnesota Press: 1

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

<sup>17</sup> Susan Sontag (1964) Man with a Pain. *Harper's Magazine* (April): 73

<sup>18</sup> Koppers, *The scar of visibility: Medical performances and contemporary art*: 1

<sup>19</sup> Roland Barthes (1980) *Camera Lucida: Reflections on Photography*. London: Vintage: 21

<sup>20</sup> Ibid: 26-27

<sup>21</sup> John Tagg (1980) Power and Photography: Part One, A Means of Surveillance: The Photograph as Evidence in Law. *Screen Education*. (36): 17–55



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- <sup>23</sup> Johanna Willenfelt (2014) Documenting Bodies: Pain Surfaces. Boddice R (ed) *Pain and Emotion in Modern History*. Basingstoke and New York: Palgrave Macmillan: 260 – 276
- <sup>24</sup> Alan Radley (2010) What people do with pictures. *Visual Studies*, 25 (3): 268 - 279
- <sup>25</sup> For detailed methodology please see Deborah Padfield et al (2015) Do photographic images of pain improve communication during pain consultations? *Pain Research & Management*, 20(3): 123 – 128
- <sup>26</sup> See Barbara Marie Stafford (1993) *Body Criticism, Imaging the Unseen in Enlightenment Art and Medicine*. Cambridge Massachusetts: MIT Press; Stafford (1999) *Visual Analogy: consciousness as the art of connecting*. Massachusetts. London: MIT Press; and Stafford (2007) *Echo Objects*.
- <sup>27</sup> See Elizabeth Grosz (1994) *Volatile Bodies, Toward a corporeal feminism* .Indiana: Indiana University Press.
- <sup>28</sup> Stockhausen K (2010) quoted in Jonty Harrison J (ed.) Programme Notes, Birmingham.

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