

## **SPEAKERS AT BRITISH PAIN SOCIETY SUMMER RETREAT AT RYDAL HALL 2023**

### ***ART AND PAIN: THE ROLE OF THE ARTS AND HUMANITIES***

- **DEBORAH PADFIELD: Encountering Pain**

Dr Deborah Padfield is a visual artist and Senior Lecturer in Arts and Health Humanities at St George's, University of London where she directs the Open Spaces programme. Open Spaces is an extra-curricular programme of events, workshops and modules bringing science, medicine and healthcare into dialogue with the arts, humanities and enterprise.

She is also an Associate Professor at the Slade School of Fine Art, UCL, where she undertook both her PhD and post-doctoral fellowship. Collaborating with leading clinicians and academics, her research interests in are Fine Art, Photography, Medical Humanities and Pain Medicine

She explores potential of photographic images, co-created with people with pain, to facilitate doctor-patient communication. In 2001, she collaborated with Dr Charles Pither and patients and staff from Input Pain Unit St Thomas' Hospital, London on the project Perceptions of Pain, resulting in a series of publications and a touring exhibition funded by the Arts Council England (ACE).

The work was further developed with facial pain consultant, Prof Joanna Zakrzewska and patients and staff from UCLH, resulting in ongoing exhibitions, publications and films.

Funded by numerous bodies including: Sciart Consortium, ACE, AHRC, CHIRP UCL, and HEIF, she is the recipient of many awards. She exhibits and lectures nationally and internationally and is a council member and trustee of the Association for Medical Humanities (AMH). Her latest book, *Encountering Pain; hearing, seeing, speaking* (2021, UCL Press) shares leading research into the potential value of visual images and non-verbal forms of communication as means of improving clinician-patient interaction. The volume integrates the voices of leading scientists, academics and contemporary artists with poetry and poignant personal testimonies to provide a manual for understanding the meanings of pain for healthcare professionals, pain patients, students, academics and artists.

- **DR JENS FOELL *In pain's presence: how clinicians behave with people in pain, a philosophical, psychological and sociological exploration***

I grew up in South West Germany, studied medicine in Berlin and worked in rehabilitation in Germany. This training involved hands-on techniques like manual medicine and acupuncture within the environment of residential secondary care. I am using these techniques of healing ever since, across all professional environments.

From 2000 onwards I reinvented myself as GP in the UK. There I worked both in hyperdiverse inner city practices in London, rural settings in North Wales and postindustrial areas in the North East and North West of England. I am a GP. and have not left the profession and I enjoy being a GP. I thrive in these "swampy lowlands" (Donald Schoen) and enjoy the cognitive dissonance with models generated in the higher ground of knowledge. As part of my portfolio of activities I am also looking after patients with Learning Disabilities in a psychiatric hospital.

This position includes being at ease with helping the ones you cannot help. I inhabit the space where people are discharged from hospital services with no return-ticket or whose predicaments are not adequately represented in secondary care epistemologies. Dealing with countertransference, awareness of one's emotions is essential in emotive parts of medicine like pain medicine or end of life. Familiarity with creative ways of making sense of these situations is very helpful.

In Pain's presence: how clinicians behave with patients in pain, draws on inspiration from Anatole Broyard's famous essay, 'The Patient Examines The Doctor'. The examination light is turned upon the doctor, (or other pain-clinician) – what motivates them? What experiences led them to this point? What do they hope to achieve? What are their ideas, concerns and expectations? What else is going on in their lives that they bring to this consultation about my pain? What are the limits of their empathy and compassion? Are they like this with everyone?

Drawing on the incredibly sparse research, enriched by detours into philosophy, literature, psychoanalysis and cinema, I will attempt to examine the pain-clinician with the same scrutiny that they have examined their patients-in-pain, and perhaps a bit deeper still. We invite the audience to examine themselves, and reflect on their own encounters with pain clinicians and enrich the conversation with their experiences and ideas,

["https://www.researchgate.net/publication/274735928\\_Unmasking\\_quality\\_Exploring\\_meanings\\_of\\_health\\_by\\_doing\\_art"](https://www.researchgate.net/publication/274735928_Unmasking_quality_Exploring_meanings_of_health_by_doing_art)

- **LAURA RATHBONE The Role of the Humanities: Exploring New and Classic Resources About Pain**

Laura Rathbone is fascinated and dedicated to sharing the science and philosophy of pain with the aim of supporting more clinicians to work with an evidence-based whole-person approach.

She is a qualified Physiotherapist and completed her MSc in Advanced Neuromusculoskeletal Physiotherapy at Kings' College, London where she explored the philosophy and complexity of pain.

She now supports people with pain and clinicians working with pain from all over the world, teaches courses on integrated approaches to MSK therapy and guest lectures at universities in the UK and the Netherlands. She qualified as a Journalist before studying Physiotherapy and weaves together skills and knowledge from both professions. She completed her MSc in Advanced Neuromusculoskeletal Physiotherapy at Kings' College, London where she explored the philosophy and complexity of pain.

She is deeply interested in the role of literature, art, language, and communication in healthcare. Laura brings this interest and these skills to her work to produce a podcast called 'Philosophers Chatting with Clinicians' and founded the international reading community 'Pain Geeks'.

Abstract:

Humanities is an interdisciplinary field that brings together areas like art, literature, social sciences, ethics and philosophy and can help clinicians, typically educated in biomedical paradigms, to understand and connect to what it is like to experience illness and be a patient. This session will share some of our experiences over the last two years of introducing clinicians to modern and classic works of art and literature alongside more traditional healthcare evidence.

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- **MIKE HUDSPITH A Genesis of Pain**

Hon. Assoc. Professor [MED] University of East Anglia

I have been a Consultant in Pain Medicine in Norwich for almost 25 years. Initially studying medicine in the 1980s with a strong basic science focus, I intercalated both BSc and PhD in neuropharmacology

before continuing with clinical training at King's College London. Research into alcohol, calcium channel and NMDA receptor pharmacology were pertinent to my pursuing a career in anaesthesia and pain medicine: I subsequently trained in London, Cambridge and Sydney NSW. Reflecting upon 25 years of pain practice, I increasingly recognise the failures of translation of basic science into the delivery of radically effective treatments for many of those suffering with chronic pain, and the question - what is wrong with our current concepts and models of pain? – is uppermost in my mind.

Abstract:

We acknowledge Engel's Biopsychosocial Model as a keystone of pain medicine; however, I struggle with the deeper philosophical implications and potential internal contradictions arising from exploration of the model. Moreover, many patients and the wider public, supported by most textbooks, continue to consider pain from a centripetal, biomedical, and initially nociceptor-driven perspective: the psychosocial component being incorporated only following failure of the biomedical. Despite acknowledging the need for a "both / and", rather than a strict "either / or" approach (yes, I have read McGilchrist...), left-brain reductive processes result in my remaining conflicted as a practising pain physician seeking to satisfactorily "explain" pain.

Unless we are deliberately exploiting placebo, each time we prescribe or inject, we are either implicitly or explicitly invoking a reductionist biomedical model – however we do so in the context of psychosocial stressors whose "mechanisms" are categorised as other. Specifically considering chronic primary pain, we are encouraged to be agnostic about mechanisms, yet this runs the risk of running into a Cartesian conflict that the "psycho" and the "social" components are ontologically incompatible with the "bio". For me, a question remains: can we better explain how these factors might be causal to the underlying pain experience – and can we in consequence unify our model(s) of pain?

- TIM ATKINSON **"Where Does it Hurt?"**

A former teacher, Tim is an award-winning parent blogger and author of over half-a-dozen books including "The Glorious Dead" (2018) about the creation of the Great War military cemeteries and "Where Does it Hurt?" (2021) about living with chronic pain. He has been a freelance contributor to a variety of newspapers, journals and magazines including The Yorkshire Post, Guardian, Daily Mail, Irish Times and Times Educational Supplement and has appeared on ITV's This Morning and BBC Radio Four's Woman's Hour and Money Box as a specialist contributor.

Abstract:

Writing a book about pain was never going to be easy. 'Hurt hurts' as the saying goes and pain, for a medical ostrich like me, is always going to be much more than purely physical. "The level of honesty and self-awareness it requires is rarely something that comes easily I've never found talking about myself, let alone my ailments, comes naturally so the thought of writing an entire book about life with chronic, arthritis-driven pain sounds like the last thing I'd ever want to do. And for a long time it was. But then chance intervened in the shape a new pain management initiative called "Flippin Pain". Would I like to attend their launch event? Meet a guy called Lorimer Moseley? Maybe learn something about my own condition?

Well, knowledge is power and there's nothing worse than feeling helpless in the face of pain. I was already aware of a growing number of pain patients taking a hands-on approach to managing their condition and - inspired by what I'd heard - I began to read a range of books on the subject, books that explain the latest science and that come complete with a raft of helpful tips for managing pain. And I found it worked!

Not only that, I found that the science of pain was fascinating, and led down a rabbit-hole of discovery which took me from the world of medical pain management to interviews with people (22% of men and 12% of women, according to Kinsey) who claim to enjoy pain and back to my degree days (I studied

philosophy) and tussles with the language of pain itself. Ultimately, though, it's been a journey of self-discovery, and the realisation that knowing why you hurt really can help you feel better!

- **TIM JOHNSON: The Role of Music**

Tim qualified in 1981 trained in general practice and anaesthetics. He spent 2 years in New Zealand as a GP and then was a pain fellow in Seattle, USA before completing his anaesthetics and pain training in Bristol. He has been a consultant in Salford since 1993 specialising in pain management only since 2006. His clinical approach is definitely not interventional.

He started playing the violin at junior school and has continued to play in orchestras and chamber groups fairly regularly since then. He says he doesn't have any great knowledge of music theory. Previous delegates at the Rydal Hall retreat includes a number of musical members and Tim looks forward to researching this topic and to some lively musical discussion.