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Re-Writing the Pain: A Lyric Essay

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Abstract: The creative, non-fiction approach of 'lyric essay' is used to flesh out my heuristic experience. My essay builds on some earlier heuristic research conducted about my experience, over a lifetime, of musculoskeletal pain. That research questioned whether suffering is a conscious choice, even if pain is inevitable. This lyric essay – utilizing a mosaic of critical review, description, metaphor and montage - is a phenomenological reflection on my process of writing the pain which strives to better convey a palpable sense of my embodied experience of pain and bodily alienation. Following a literature review and an exploration of the nature of lyric essays, a personal narrative and critical discussion evaluates how my experience of the writing process, and the use of lyric essays, may contribute to the field of psychotherapy. As a raw, impromptu, reflective account of pain across the life span, the essay contains a detailed snapshot of my lived experience. It contrasts how a child relates to negative experiences, and how an adult, trained in psychotherapy, might choose to process her emotions. The approach of lyric essays is offered as an in-depth way to explore therapists' own experience and that of their clients.

Keywords: Lyric essay; pain; suffering; phenomenology; Heuristic Self-Search Inquiry; creative non-fiction

In a recently completed autobiographical, phenomenologically-orientated research project, I explored over forty years' experience of muscular-skeletal pain in search of an answer to the research question: How is my suffering a conscious choice?¹ Using Heuristic Self-Search Inquiry (Sela Smith, 2002), I kept a journal over forty, consecutive days, writing an average of one thousand words a day, focusing on my experience of pain and suffering. I then undertook a thematic analysis (Braun & Clark, 2014).

The completion of this research left me with a deeper insight into my experience of pain and suffering, however, it failed to reveal, as I had expected, my core experience of bodily alienation. This lyric essay – utilizing a mosaic of description, metaphor, and montage - is a phenomenological re-flection on my process of 'writing the pain' (Finlay, 2012) from within a different framework. Through it, I hope to better capture and convey a palpable sense of my experience of pain.

The lyric essay - a radical, creative, literary, experimental, qualitative research approach - has parallels with both phenomenological research and the therapeutic process. They all embrace "surrender" to the intuitive process and

¹ The question is in response to the Buddhist tenet: "Pain is inevitable; suffering is a choice," from the tale of the *Two Arrows in the Sallattha Sutta* (Schipper, 2012).

emphasise, “what is unknown rather than the already articulated known” (Miller & Paulo, 2004, p.148). Similarly, Sela Smith (2002) suggests heuristic researchers must be willing to enter the tacit dimension and allow intuition to make connections in the structures, whilst surrendering to Moustakas’ (1990) six stages of heuristic inquiry.

More specifically, the processes of lyric essays parallel the practice of emotion-focused psychotherapy (Greenberg, 2011) where the client’s feelings are explored during the unfolding of their narrative. Lyric essays function to facilitate the processing of past memories within a contemporary context (Robertson and Hetherington, 2017, p.42). O’Hara (1986) concludes: “at moments of revelation people move toward psychological health, whether in a religious, scientific, artistic or therapeutic context” (1986, p.183).

My aim in engaging this lyric essay form is both personal and professional. At a personal level, I hope to gain deeper insight into my own experience and processes. At a professional level, I hope to illustrate how an increased awareness of embodied memory may facilitate the processing of clients’ and therapists’ emotion schemes during practice. Further, I believe that the engagement with lyric essay forms enables relational depth akin to the moment when the viewer grasps the essence of a visual experience offered by an artist, or the listener to the aural conception of the composer, or the reader to the inner workings of the world of the writer.

Following a literature review concerning reflexive accounts of pain, the paper explores the nature of lyric essays, and offers both a personal narrative and critical discussion. Beyond my hope that insights into a lifetime’s experience of pain, may spring to life, I reflect on both my experience of the writing process and how the use of lyric essays may contribute to the psychotherapy field.

Literature Review

Numerous commentators from different fields argue for the use of first person, reflexive, intuitive methods. Tangen and Cashwell (2016) recommend the use of qualitative research to investigate how therapists learn the core components of relational depth, such as the development and use of intuition, and to explore the therapist’s experiences of relational depth. Reflexivity/reflective practice, a core competency for trainee psychologists (Van de Merwe, 2019), could be enhanced and evidenced by research/practitioners engaging in heuristic and

other qualitative methods. Mcleod (2011) notes the value of utilising personal experiences in qualitative psychotherapy research for producing practical knowledge, in areas where mainstream research fails, such as in revealing otherwise hidden moments of “clarity illumination and healing” (2011, p.204). Jolley (2019) raises the issue of therapist self-disclosure in therapy, noting the move towards the positive value of congruent and timely disclosure on the therapeutic relationship.

My hope is that the experience of writing this reflexive lyric essay, engaging therapist self-disclosure, may prove cathartic and enhance my potential for congruence within the therapeutic relationship. Additionally, it will provide another example of autobiographical heuristics.

Regarding the pain literature, increasingly medical and psychological sources argue the value of telling and listening to the stories of illness as a way of moderating pain suffering. Finlay utilises a narrative-poetic form to communicate an “embodied-relational existential understanding” (Finlay, 2012, p.1) of her experience of pain caused by a shoulder injury, necessitating multiple surgeries and extensive periods of rehabilitation. She suggests that one way to “teach or communicate embodied-relational existential understanding is to encourage the writing and reading of first person autobiographical phenomenological accounts” (2012, p.1). Similarly, Charon (2001) writes that “the narrating of the patient’s story is a therapeutically central act, because to find the words to contain the disorder and its attendant worries gives shape to and control over the chaos of illness” (2001, p.1898)

Noting how neck and back pain affect as many as 60-80% of the adult population in developed countries, Pepe, Milani, Di Trani, Di Folco, Lanna and Solano (2014) investigate the effects of engaging in written emotional disclosure, whilst receiving physiotherapy. Utilising Meziere’s (1985) *Global Postural Rehabilitation* approach which posits that both postural and emotional components lead to muscular skeletal imbalances, they claim their study demonstrates that participants who wrote, under specified conditions, experienced health improvements at both psychological and psychological levels. They reason that expressive writing appears particularly helpful as an intervention for participants with physical illness, as this population rarely recognise the need, or seek help, for their psychological distress. Participants were asked to spend twenty minutes at the end of the first four sessions of physiotherapy, writing their deepest thoughts and feelings about the most difficult experience of their life, with the assurance that their writing would remain confidential.

Dysvik, Drageset and Furnes (2016) used a narrative approach for therapeutic purpose with a cohort of women suffering from chronic pain. They state that narrative captures individual suffering in everyday life, by recording elements of the phenomenon that cannot be invoked by any other type of research. They found that therapeutic writing was experienced as “a thought-provoking process that provided clarity and release” (2016, p.1058) for the participants.

Personal changes in the narrators altered the characteristics that made them who they were. This appeared to affect their ability to fulfill roles and to make changes due to a sense of loss of self in order to adopt a more active and positive approach to their lives. (2016, p.1059)

However, offering a counter-point argument against articulating subjective pain states, Scarry (1985) notes the “exceptional character of pain when compared to all our other interior states” and that— physical pain is “unlike any other state of consciousness... It is not *of or for* anything” (1985, p.5). This statement seems to assume that pain is not a feeling, an emotion, such as love (for someone else) or fear (of something external to oneself), while still being an internal state. Scarry claims that for a sufferer, to have pain is certainty; whereas to hear about pain provokes uncertainty in others, affording pain the quality of conceptualisation. She believes that when pain is objectified it is “eliminated” and therefore: “to attempt to invent linguistic structures that will reach and accommodate ...pain...is a project laden with practical and ethical consequence” (1985, pp. 5-6).

On ‘Lyric Essays’

It is important to note that there is no definitive conceptualisation or method that can be applied with the lyric essay. Creative non-fiction writers have interpreted the genre in different ways. What follows is a mosaic of different voices showing the freedom afforded by the fluidity of this genre.

Kitchen (2011) documents the birth of the term “creative non-fiction,” applying it to author Norman Maclean’s (1976) *A River Runs through it*. However, she acknowledges that there is no established, critical terminology for the genre. She suggests that the lyric essay suffers from “an identity crisis” (2011, p.115) referring to it as a form with no specific structure or length, but one that uses poetic language and is both experimental and clever. Additionally, she recognises the use of lyrical tools such as alliteration and repetition. “It was less like seeing that like being for the first time see, knocked breathless by a powerful glance....I had been my whole life a bell, and never knew it, until that moment I was lifted and struck.” (Kitchen, 2011, p. 117). For me, this metaphor holds

the example of a newly discovered, sense of embodiment. In this writing, the author records their phenomenological experiencing of their environment in metaphor. Kitchen quotes Deborah Tall of the *Seneca Review* (1997) describing the lyric essay as part poem, part essay: It’s a poem in “density and shapeliness, its distillation of ideas and musicality of language” and an essay in its “weight, in its overt desire to engage with facts, melding its allegiance to the actual with its passion for imaginative form” (Kitchen, 2011, p.117).

The 2017 *Seneca Review* updates the definition of lyric essays thus:

A lyric essay...must be held in the mind - intact...what most animates the lyric essay is the desire to exist in and outside of itself. The lyre...becomes accompaniment...something that aids and abets the writer’s quest to discover what’s under the surface, following an impulse wherever it leads, its aim not meaning, but being, in the fullness of its being, reveling at least something of meaning. (Kitchen, 2011, p.117)

In comparison, a definition of heuristic research describes the process as: “getting inside the research question, becoming one with it and living it” (Kenny, 2012, p.7). For me, there is a commonality between the process of the composing of the lyric essay, and the creative synthesis stage of heuristic research. In heuristic enquiry, the researcher synthesizes the data and findings to present a final narrative depiction (perhaps including a poem, drawing, or painting) (Moustakas, 1990).

Metaphors create new ground for meaning by way of synthesis, a juxtaposition, which often requires the reader to follow, or make, random, conceptual leaps to track the purpose of the piece. Using this method, the lyric essay “eschews content for method, and then lets method become its content” (Kitchen, 2011, p.119). This can be compared with the heuristic process of surrendering to intuition to explore the internal structures (Sela Smith, 2002, p.63), where rationale and cognition are abandoned in favour of felt-sense and affect, where the process becomes the content. When the raw material of the research has been gleaned in this way, the structure of the research method seeks to reconstitute the material to give it some meaning and relevance to the profession of psychotherapy.

Church (2011) notes how lyric essays are organized via “segmentation, montage...listing, and collage” (2011, p.175). This spatial, visual aspect of the writing holds a distinct appeal for me as I see complete scenes within my personal memories,

I see written words, I recall whole conversations. They evoke deep, emotional memories from within my affect. Church believes that it’s “the logic of an essay that makes it

lyrical...with its focus on the author's subjective consciousness" (2011, p.175). Thus, the direction of the essay is dictated not by linear trajectory, or an orderly, sequential development, but by what surfaces in the experience of the writer, at that moment in time. This can appear to the reader as an abrupt change, an unconnected thought, or action, and requires the reader to abandon their own logic to follow the uniquely individual process of the writer. Therapists also experience a similar challenge when facilitating the original, experiential process of the client. To reach the 'author's subjective consciousness,' is also the challenge of qualitative psychotherapy research. Sela Smith (2002) further defines subjective consciousness as the "tacit dimension of personal knowledge... that internal place where experience, feeling, and meaning join together to form both a picture of the world and a way to navigate that world" (2002, p.60). Church concludes that a lyric essay "sounds like poem and acts like an essay...imagines like a short story, argues like a manifesto, performs like drama, and dances its dangerous dance." (2002, p.179). This distillation of the genre is the effect I hope to emulate with my lyric essay.

Davies (2016) suggests: "it is the chaos of different things banging together that makes a good lyric essay...turns a couple of weird things into a real piece of work" (2016, p.172). Through examples of her own work, she examines the qualities of the lyric essay. She explains that in the lyric essay the writer uses peripheral vision, revealing the chaos of the writer's conscious thoughts as she responds to the world around her at any given time, whilst punctuating the narrative with autobiographical 'truths.' She alternates between making leaps between subjects and lingering in the descriptive detail of the moment, whilst also acknowledging the value of systemisation and architecture on which to pause, in between leaps. However, it is her description of use of time in the lyric essay that resonates most strongly with me:

In lyric time...nothing is eternal...(and) you can go everywhere ...you can take a moment and expand on it until you have reached a truth about it...Or you can span years, decades, centuries, eons, flying over time like a high-winded bird ...In the lyric essay, you can lie for all the right reasons. You can fly. You can make the sun stop in the sky. In Lyricland, you can make it set in the east if you want. *And still it is not fiction.* (2016, p.180)

Davies concludes with the advice to use the gifts of 'LyricLand' to quiet the disquiet. Her disquiet is her regret for life-changing

occurrences in her past, some of which she believes herself responsible for. My disquiet is the aspects of my pain-related experiences for which I don't (yet) have the words, or a satisfactory insight. My disquiet finds its outlet in another search, namely, this reflection on an experience of writing the pain.

Addressing Eula Biss' lyric essay: *The Pain Scale* (2007) in her article titled 'On a scale of 1 to 10: Life writing and lyrical pain', Mintz (2011) considers the format of the lyric essay as pain's most suitable, autobiographical genre. Morris (1991) asserts that pain rarely features as the conceptual core of life writing as no-one wants to know about the kind of pain that endures without lasting explanation, or assuagement (Mintz, 2011, p.244). A contrasting view, believes that pain does not obliterate a sense of self, but serves to reconnect body and mind, thus restoring: "our fleshy character...(a) rich experiential dimensionality that lacks in more conventional accounts" (Kuppers, 2007, cited in Mintz 2011, p.246). Mintz concludes that the form of the lyric essay may hold the essence of the self in pain by "situating pain along the pathways not just of nerves but of subjectivity, of relationships between self and other, imagination and words" (2011, p.247).

Mintz details the organization and structure of Biss' work, noting that the author capitalises on the ability of the lyric essay to capture the movements of pain. Yet, I cannot conceive of an objective movement of pain. For me, the movement of pain is characterised by the 'type' of pain I have learned to label². For example, I have experienced the quick-fire pain that shoots along a limb when a nerve ending is trapped between bones, contrasted with the slow, heavy drag of a joint that is out of alignment and is seemingly left behind, due to the dislodging of cartilage when the rest of my body moves. Sometimes pain pulses, throbs, with increasing intensity, accompanied by a silent terror that it will never abate. At other times, one sharp, warning pain will stop me in my tracks, cause me to cry out, often more out of surprise, as I try to figure out where it came from, and what it is telling me. These are sensations I know. How pain feels to others is unknown to me. Some of the description and terminology I use in my writing of pain I have learned from others, taken as a suggestion, and matched for accuracy, in a felt sense. I agree with Biss who asserts that: "The sensations of my body may be the only subject on which I am qualified to claim expertise" (2007, p.31). For me, pain is purely subjective.

Mintz acknowledges that the gaps in Biss' work are used to symbolise the pain that cannot be verbalised, an aspect which

² Merleau-Ponty (1945/1962) has distinguished the subjective body from the objective body. My learning to label my pain is a product of my objective body that I can observe, examine, and be disconnected from. I have learned to view this body with a medical gaze

might have featured in my original research. Perhaps the pain was present, but as a child I simply had no words for it. Maybe as Scarry asserts: “pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned” (Scarry, 1985, p.4).

Mintz further notes: “Chronic pain pursues its own mutable course, ever-present and elusive” (2011, p.245), therefore highly ambivalent in nature. I ask myself if my experience of pain has served to shape my own general sense of ambivalence to challenging circumstances, as evidenced in a pilot study and previous research, rather than a sense of ambivalence having shaped my experience of pain. In Wendell’s (1996) words, we learn “how to live with the suffering body, with that which cannot be noticed without pain, and that which cannot be celebrated without ambivalence” (1996, p.179). My original research explored the work of Lomas (2017) a second wave, positive psychologist, who believes that the cultivation of ambivalent emotions, in the face of life’s challenges, can help develop resilience.

Mintz argues that pain seems more often intellectualized, than felt, hidden behind the author’s displays of knowledge, reading, research about pain (2011, p. 255). In comments such as “where does pain worth measuring begin” (Biss, 2007, p.30), I find myself flung into a philosophical sphere and also find myself cognitively contemplating “the idea that absolutely no pain is not possible” (Biss, 2007, p. 28). However, when Biss uses description, such as her pain swelling like a wave under the hands of a doctor (2007, p. 31), I find myself prompted to contemplate a description of my own pain as it is manifesting at that moment, the feeling of a line of hot lights, a string of burning sensations, at set intervals, along both arms and into my hands; buried deep enough to evade detection, invisibly burning through to my skin, hot, unseen. Thus, I find her descriptive imagery, if used sparingly, very powerful and provocative. Given the subject matter of Biss’ essay, it is interesting to note that my response upon reading is an embodied comparison with the experiences she describes, and less of Mintz’s intellectual analysis. Mintz concludes: “One important feature of an essay like ‘The Pain Scale’ is its demonstration of a person carrying on with pain, even if pain dominates this particular ‘moment’—or the series of fragmented moments that a lyric essay will necessarily gather” (2011, p.254).

I read Biss’s (2007) lyric essay to see how the experience of pain could be represented in this format. I firstly experience mild anxiety at the reference to the pain scale. Through a discalculaic brain I continue to attempt to answer this question from medical practitioners, on a regular basis. Like Biss, I

challenge its efficacy. If I can’t relate to it, or project my experience onto it, what can it actually say about my

experience? I have asked myself the same questions that she posits in the essay: for example: “...where does pain worth measuring begin?” (2007, p.30). And: “I think I should only map my pain in proportion to the pain I have already felt.” (2007, p.37). Where does the pain end, if anywhere? How do I know when or how new pain begins, if it seems to arise from the ongoing body of pain? Interestingly, Biss is unsure as to her actual memory for pain. She claims her mind recalls whilst her body forgets, she states: “My nerves have short memories” (2007, p.37). Here, my experience differs. For example, where the site of an old injury is subject to new, accidental damage, such as when I dislodged a disc in my C spine, following a fall from a garden wall. My body sensed the familiar dread of pain, before my mind made the connection between the old injury and the new. The pain transported my body and mind back to a pre-surgical time. I felt as if I was reliving the same moment, the feeling was the same, therefore time felt the same. I wonder as to the link between time and pain and this reminds me of my original research finding that my pain and suffering felt greater in the past when I was alone. This fed into the present, when alone as an adult, and in pain, I felt my suffering to be greater. So, what is ‘missing’ in this time of pain and aloneness? I believe its the healing effect of empathy. For me, time and pain both take on different dimensions when I feel accompanied with love and support. To be on the receiving end of empathy affects the quality and movement of time, it passes in a warm blur, rather than a cold stillness or an iced paralysis. Empathy distracts from physical pain, it ameliorates suffering. Empathy is a core condition of therapy, the medium through which the client’s suffering can be unlocked and re-processed, one hour at a time.

Contextualising my pain experience

I didn’t see the needle, that first, spinal intrusion, injecting an intensity of pain into my young body. In search of quick relief for me, as a keen athlete and gymnast being slowed down with pain, my parents sought a private medical consultation with a reputable orthopaedic surgeon. In the cold, high-ceilinged, consulting room, in the lounge of a 1900s ‘townhouse,’ he instructed me, a shy, pubescent girl, to strip to my underwear in front of all present and to lay, face down, on his surgical bed, as he washed his hands at what seemed to me to be a peculiarly-placed sink unit. Without an X-ray, or local anaesthesia, he asked me to indicate where I felt the greatest pain and then proceeded to insert a steroid shot between two joints in my lower lumber spine, instructing my mother to ‘sit on her,’ as I reared up in an involuntary response to the searing pain. This is my first memory of pain from an external source,

in the name of treatment. Until that point in time my internal pain had lurked in my lower back and legs, doubted and dismissed by others, and myself alike, as inexplicable, therefore non-existent. This first encounter placed me firmly on a lifelong map of muscular-skeletal medical explorations, diagnoses, surgical interventions and periods of rehabilitation.

Kriegal (2007) also in his youth when first dealing with unexpected pain, notes that: "pain is the more essential, the more insistent memory...Pain lives in memory, a vulture circling its prey, patients waiting for when it will be free to strike the staying power..." (2007, p. 272). As with Kriegal, through writing the pain I came to the realisation that: "physical pain has assumed primacy for me because it helped shape me." (2007, p.278) Despite using Focusing (Gendlin, 1978) to concentrate on the present day whilst writing the initial research, the process also served to prompt memories about past events, distant memories as a child, teenager and younger adult, experiencing organic pain, injury and interventions. Kriegal describes how: "Pain jumpstarts memory, thrusts itself against time in husks of imagination, relives old humiliations...the smell of the hospital ward in early morning" (2007, p.278).

However, as I had searched my forty-thousand word heuristic journal looking for moments of pain-induced alienation from my body or my emotional response, I noted a scarcity of examples. Curious as to why this inner sense had not emerged more fully in my writing, despite the sustained focus, when I consciously searched my memories I found them momentarily sharp, broken, their detail elusive, scattered, as if left to wander astray, discarded and disconnected. Some felt netted, a loose network of collagen-deficient tendons offering little support, just a vague reminder, an uncomfortable holding of something incompletely, later abandoned.

I realise that the presence required for the focusing and heuristic exploration, ensured my thoughts and feelings were heavily focused on the present experience, and at times when the pain levels were high, focus on anything else was obscured.

I awoke to stormy skies and severely swollen joints. I could not grip nor hold the handle of the kettle due to searing pain in my thumb and swollen hands. I am stiff in every joint of my body, including my lower back where the pain has returned after a few days' respite. I am grumpy and irritable all over. (Extract from my heuristic journal)

New learning from the research came in the form of the emergence of a sense of loneliness in relation to the suffering from chronic pain, of which I was previously unaware. This theme emerged, without expectation or anticipation, yet as a strong theme throughout my heuristic journal. For example:

When I feel isolated or alone, everything seems harder and more threatening...for me adversity is better managed in company...what is it about being in company that makes me suffer less?

And:

I can't say loneliness, per se, is an aspect of my suffering. I tend to suffer when I am alone and in pain. For me, they seem in some way connected and I believe it originates from child-hood, when I felt alone with the pain of my spinal injury, disbelieved by doctors, until the surgeons finally made a diagnosis and offered treatment. This experience also served to set me apart from my peers as I had to give up my place in the school sports and gymnastics teams.

Managing pain is thus far more emotionally challenging for me when I am alone, as it evokes the emotions I felt as child, in response to the pain and my circumstances.

Although he views pain as a universal state, Vetlesen (2009) expresses his sense of separation and aloneness:

My pain is my loneliness; it strengthens and clarifies the feeling I have of being alone in the world, alone with and in my body, which separates me physically from everything else in the world. The mineness of the body is identical with the mineness of the pain: both are now in a radical—or unknown or unsensed—sense 'mine only,' not other people's. (2009, p.14)

It is also important to note, for context, that in the 'writing up' phase of the research I underwent trapezio-metacarpal arthroplasty on my right thumb, and carpal tunnel surgery on my right wrist. I lost the use of my right, and predominant, hand for six weeks, whilst in a hand and forearm plaster cast. Following successful procedures, for the following six weeks, I had to limit the frequency and intensity of the use of my hand, to allow time for healing. During this period for the purposes of processing my emotions and thus maintaining my sanity, I journalled:

Day 4. As I start to type with my left hand, I notice how instinctively my right hand, if not re-strained in the sling, moves towards the keyboard in readiness to type. It only takes the typing of a few sentences for the ache to make its presence felt in my left shoulder. This muscle is developing in response to the demand for its use, given the sudden unavailability of its mirrored muscle in my right shoulder. Once again I'm struck by the realisation of how our bodies are sculpted by our habits of movement, how our tendencies, preferences or proclivities, whatever the cause, form our physical state of being. How revealing of complexity is the mindful, or conscious consideration of such apparently slight changes or adaptations.

Day 27. The purple cast was removed with a circular saw and I am now the proud owner of a thermoplastic splint. As the cast was removed and the scars revealed, my hand looked unfamiliar, flat, pale, and lifeless. Now, I'm on a two-hourly programme of scar massage and thumb mobility exercises and it feels as if I am becoming re-acquainted with my own hand, a piece of myself that has been 'absent' from my full, conscious awareness for the past month.

However, I'm feeling irritated that I still can't hold a pen or paintbrush with my right hand or wash my hair with both hands. Although, I now feel quite proficient at these tasks with my left hand. It's a different experience, washing and blow drying my hair with predominantly my left hand. My spatial awareness has certainly experienced a shift. It's as if my left side has become more activated, generally I'm much more aware of the left side of my body and the space around the left side of me.

For this twelve-week period, I struggled to make any progress with my research. Nothing linked. There was no crystallisation of any aspect of the work in progress. I tried, to varying degrees of success, to put my research 'away' and attempt to focus on more positive and pleasant aspects of my existence. For a few months I embodied a sense of freedom from academic discipline, enjoying the sunshine and daily swimming. However, as the post-operative pain subsided and the use of my right hand became pain free, so I once more felt the energy and inclination to return to my study and complete the research.

Now, the idea of (re-)processing my experience through the lyric essay, a form that builds using the process of mosaicism (Roberts & Hetherington, 2017) appeals to me. I feel around for the missing pieces of my memory and affect, to re-integrate these aspects of my experience.

Re-writing the pain: A lyric essay

I am in the pain matrix.

The Sallatha Sutta says: "when touched with a feeling of pain the uninstructed, run of the mill person sorrows, grieves and laments, beats his breast, become distraught, so he feels two pains, physical and mental." Son of a Buddhist priest, celebrated writer, Haruki Murakami, is credited with neatly streamlining this saying: "Pain is inevitable; suffering is optional." I did not choose my physical pain, so how could I choose its accompanying suffering?

Neuroscience tells us we time-travel in our minds. KC and Tulving demonstrate how we imagine the future (however inaccurate) and how we reconstruct the past, courtesy of our episodic memory. In our brains, the structures holding the psychic components of pain, intertwine with those housing the dimensions of memory, time and personality. The bilateral activation of the medial parietal cortex, the medial frontal cortex, and the hippocampus weaves the narrative of our suffering.

I'm tired of logging my pain from 1 to 10 on the Visual Analogue Scale, and if I ignore the numbers, I'm faced with the task of choosing words that fall somewhere between "no pain" and the "worst pain imaginable." And there it is - the invitation to time travel - via the interchange at Imagination Central. I choose to go back in time and rub out the numbers on that scale, to rewrite the experience of pain and suffering on the neurological substrate with words.

I start with a previous draft:

For forty days and nights, I delved into my emotions, the dark matter of my affect, searching for the cause of my suffering, not because I have any religious leanings, the research seemed to have a natural lifespan. I logged my findings in a heuristic journal, my reflections, from the initial childhood pain of Isthmic Spondylolisthesis, and a fractured vertebra, fast forwarding thirty years, to arrive at a new diagnosis of congenital, bilateral, hip dysplasia. An orthopaedic surgeon, with a ruler and pencil marks it out in simple maths on an X-ray. Simple maths. It's obvious, isn't it? Angles... percentage calculations... how could I not see? How could I not see *me*? With my tilted head mimicking the angle, this was me, *is me*, backlit ghost-bones on the boxed screen, before it scrambles to reveal memories of school maths - full of 'right' and 'wrong,'

I wanted my body to fold in on itself until it was the size of a microbe and float off into the biosphere rather than face the inevitable embarrassment of loud miscalculation in mental arithmetic classes. I felt more confident working with shapes, in fractions, at the depictions of values in pie charts, and geometrical construction, until it was reduced to digital format, and the blinking irregularities reappeared through my red-rimmed eyes. Numbers hold a dangerous uncertainty for me. Zeros disappear, figures wriggle, I can't focus and I guess, wildly, and wrongly, at the answer. Now I am being told my bodily measurements are wrong. I am wrong; always have been, and without surgical intervention, I will always be approaching life from the wrong angle. But I'm not measuring, I know I'm wrong.

Sitting awkwardly in my chair, staring at a different screen, trying to unearth my experiences of suffering I am able to invoke a new montage for one persistent memory: The word CONGENITAL glows in golden letters; glittering brighter than

the spiky, red angry accusations of self-injury, through childhood gymnastics. I take my favourite black leotard, with its golden sash of embroidered, BAGA award badges, from my gymnastics team photo. I transpose it onto my body at the scene of the consultation with the spinal surgeon, the one who focused more on the size and detail of my underwear, and less on the possible cause of my pain, already having attributed it, in his own mind, to my 'fussy mother.' A 'fussy mother' being responsible for her child's muscular-skeletal pain - how miraculous. I wonder how he thinks of me in my team leotard. Would he see me differently? Could I now be writing different words? What could I make him say? What words did my twelve-year-old self need to hear? Kind words, warm words to stop the shivering. I press the pause button and take up a pencil to sketch a kindly smile on his face, bright eyes, a tilted head, full of space, for new ideas. His ears need to be bigger and wait, yes, he smiles, but the mouth I have drawn him cannot open to speak, not yet. Not until I am sure he's going to say something to comfort or reassure me. And now I circle the scene, spiralling out with the phrase 'repressive suffering construal,' in silver pen, because it sparkles, and clarifies that even marvelous, magical medics are not immune from attributing blame in the wrong places.

I like long words. I remember the order of letters. Perhaps it is due to the Latin names and medical terminology I learned as a child. I also like long sentences; I often need to express many ideas simultaneously, without stopping for breath. The more complicated a new word, or phrase, the more determined I am to master its pronunciation. Maybe it's because I'm Welsh, and in our language, we have sounds made by a combination of unlikely consonants, juxtaposed. Take the 'DD,' which in English produces a sound similar to the 'th' in 'the'; or the fabulous nasal mutation of 'NGH' which you can't enunciate without simultaneously evoking a musical note, as if you're about to break out into song. Try it. "Id-i-o-pa-thic" is another of my favourite words, with an extra-long vowel stretch between the last two syllables, as it would be pronounced in a strong, Welsh accent. I use it when asked how 'someone as young as you,' me, in my early fifties, could possibly suffer from osteoarthritis. Funny how no-one asked that of the twelve-year-old me.

One hastily, scribbled note can change your life, especially a medical note using long words to talk about your body - osteoporosis - the soul-crushing, bone-crumbling condition that stops play, as far as muscular-skeletal surgery is concerned. If I take myself back to this time, part-way through my research, I find myself once again looking back to childhood and thinking that I'm just not that 'type.' In my royal blue netball shorts, I'm taller, wider, and stronger looking than most of my teammates. My bones are solid. I close my eyes and feel the thud of the ball against my sternum, as I jump to intercept it from the opposing team. My feet hit the tarmac court, eyes open and I'm looking around to throw the ball onto

the team attack. And what about the sprints, the relay, baton races, the long jump competitions? The cheers of the crowds; the euphoria of passing the line, surely that sporting activity, my athletic body, pre-spinal problems, was my insurance policy against such conditions? The doubt slides in sideways, to a chord of the double bass, knocking me off balance. The following twelve years' proscription against exercise, due to the diagnosed spinal condition, how did that contribute to this newly diagnosed condition? I want to go back in time to shrink the possible effects of those years on my developing bone density, but that would involve numbers - a dangerous territory. Perhaps I could colour my limbs a shade deeper, just to be sure of that density. But I know I am no longer that child, looking up at authority. From within the montage, a new character emerges, one who can now enunciate with confidence and voice her emotion. I move with the force of a whole person, not just a collection of broken parts, and the double bass fades out as I state: "I'll get a second opinion."

I have the heuristic journal before me, partly in handwritten form and partially typed, but neither hand nor my mind can do anything with it. The current pain and fear flood my conscious thoughts, seeping into my dreams. My life is full of fear of the unknown. I reject the research. What can my past tell me that my present doesn't know? We are advised from every cultural and spiritual outlet to 'live in the now.' That's justification enough for me to take extended leave from the project. If attachment leads to suffering, as the Buddhists say, I'm more than happy to let go of this work.

If we perceive from an embodied state, how can I even conceive of a state outside of myself, a state of alienation?

Definition of 'alienation' in the *Merriam Webster*:
Disaffection, disgruntlement, estrangement, souring.

Nothing here to suggest an out-of-body-experience.

Antonym: Reconciliation.

Perhaps the word I once used to describe the experience, is the wrong word. I need a word for a moment of embodiment obliterated by pain, seared, dulled, or numbed out of consciousness, and therefore out of existence. Does pain obliterate memory? How could research from an embodied perspective ever reconcile that which it could not even recognise?

The present rushes in to fill my mind, as I await further test results. Days pass as I wait for the result of a test for the incurable condition of Myeloma. Dazed, I spend hours in the hair salon. The stylist's reflection frowns at me in the mirror, sensing something is wrong, as he chips away at the ends of my heavy hair, making light chat. Uncharacteristically, I leave without a tip, and walk home under my invisible cloak of dread, each excruciating step taking me closer to my fate. I dial for the

test results, dissolving into a pool of relief on the lounge floor when the negative result is read out to me.

A second voice names "Scheurman's Kyphosis," with a bulging T-spine disc, thrown in, for good measure. No measurements were taken at this consultation. My skeleton defies the usual fittings. Bespoke tailoring is required for me. This opinion offered an alternative reason to validate my pain. Although inoperable, I could source some additional pain relief. Mixed blessings.

Embodying the curvature, I walk straight into surgery on my right hand.

"Stage four osteoarthritis" the surgeon proudly announces, holding up a shiny, polished, sliver of the trapezius from my right hand. "It's completely smooth. You must have been in a lot of pain!" Heavily sedated, I can only smile and nod. His validation comes far too late to hold any weight. Someone turns up the volume on the surgeon's iPod - 80s American Rock, ZZ Top enter with their "Sharp Dressed Man." I ponder how the experience of being conscious for this procedure will affect my future memory of the experience, but I'm far too tired to travel there today. I lay bathed in the soundtrack of my teen years, comforted by the familiarity of sounds and voices of my youth. Memories grow large of gatherings, 18th birthday celebrations, sixth form trips, west to the House of Parliament in London, or south to the theme park at Barry Island; of Cardiff city protest marches against Apartheid and oral Welsh language exams, of changing fashions and rebellious hair colour, against a backdrop Of Margaret Thatcher's war against the unions, black and white lines of miners' clashing with the police, and the crushing of the mining community, my community; cut to the final scene- the fatal fall of one concrete block from a bridge over the A470 into the windscreen of a 'scab' taxi driver, driving miners to work, breaking the strike. Two names loom large in my mind's eye: Rev Hancock and Shankland, and an interest in law is seeded within me.

I'm in new territory. New, live, pain, and suffering, scattered all around me, like landmines, whilst trying to write. Another shift in the experience of being in my body. As I lay curled up on my bed nursing my bruised and bloated hand, I hear a helicopter and see a body in a bag being recovered from the river Tawe. I am small in my suffering. Greater suffering is close to hand. But the time machine fails me. Time is not then, time is only now. Pain is the time-traveller's block. The notion of standing still in time emerges from the recess of my injured body. Buddha's back, offering a remedy, mindfulness meditation.

I swim. For an hour a day, I luxuriate in a weightless state, my only, complete respite from pain. I swim with the sun on my face. Submerging to cool off. I breaststroke through the water, heart first into the timeless blue. I swim, suspended in water. I swim in bodily bliss. This is my meditation. My attention no

longer hijacked by the pain, I float, inert, sensing only the flow of water over my skin. Inside, I am empty, and I echo the flow. I become one with the movement of the water. Eyes closed, my boundaries merge with the water. Free flow. I am where I want to be, pain free.

When I finally return to the embodied research, a few months later, it is with a radically altered physiology. My body itself has shapeshifted over the course of the research process, I have a fully functional right hand, and new pain has re-wired my brain. I am in the pain matrix, location, as yet, unknown.

Final draft:

Qualia gravitas: Important emotions and experiences.

Important thoughts: Fat and salt are my buoyancy aid; focusing on breathing, especially when immersed in water, changes your physiology. Focusing, or introspection, changing how we view ourselves, is an example of the observer effect - when the act of looking actually changes the nature of what is being seen. When we time travel to the past we take our current mindset and add new material to the original design. The Kuleshov effect states that the use of montage makes it possible to break down and to reconstruct, remake the material of cinema, or the moving pictures of our memories. The editing process ensures the right sequence of shots and scenes to depict and convey meaning to the viewer. We might find some original material we wish to retain, but we can nearly always enhance a moment. Nothing enhances a moment more effectively than empathy. Add empathy and compassion into any scene and it will be transformed. Empathy supports and strengthens ties; empathy mediates time and releases suffering. I'll never travel without it.

Discussion and Conclusion

To critique the literary qualities of my lyric essay would be akin to a literary appreciation exercise and outside the scope of this paper. How well I utilised the format for the expression of my pain is a subjective judgement on the part of each reader.

However, I can critically consider my project as a whole and what contribution work like this might make to the field.

The original research, on which this lyric essay builds from, failed to address my experience of bodily alienation. I wondered if utilising another format of research - namely, the lyric essay - would do more to capture my embodied experience. Perhaps the experience of bodily alienation was

just not recognised? I now wonder if alienation is even the correct term for my embodied experience. In this respect, then, the format of the lyric essay allowed me the freedom of perspective to question my assumptions and to further explore possibilities and concepts.

The format with its flexible time frame, allowing conceptual leaps, provided me with the opportunity to dwell on specific scenes from my past, thereby affording me a greater insight into my interior.

I do not believe the process afforded me any new words or ways of representing my pain experience. However, I was able to contextualise my experiences and this in turn, may have served to address some feelings of alienation. The exploratory format of 'time travel' also allowed me the opportunity to integrate skills I learned in later life to deal with old, difficult emotions and situations - skills we therapists can practice and teach clients to put into practice.

In short, the lyric essay format allowed me to further describe my pain and make new embodied discoveries (Kitchen, 2011). It has quietened some disquiet (Davies, 2016) and help me to integrate revisited memories (Church, 2011).

Applications to Psychotherapy

Invaluable insight can be achieved by using the format of lyric essays to research clients' internal world. The lack of imposed format with lyric essays, allows uncensored depth to be revealed. Yet with our professional duty of care to the form, we need to be mindful of the risks of disclosure and the inadvertent damage that could ensue if the material were to be shared or made public, even with the client's apparent consent. A way around this dilemma is to focus on professionals' personal stories. If the professional's internal world can be explored and made public (with informed consent), the vulnerable and resilient interiors of our human affect landscape can be revealed.

The format of the lyric essay, albeit not a traditional format of qualitative research in psychotherapy, has the potential to provide another vehicle of insight into the therapeutic process, as a form of self-investigation for creative trainees and practitioners alike. In psychotherapy we deal in uncertainty and writing a lyric essay on subjects such as suffering, uncertainty and vulnerability, can be used to explore and explicate the complexity of such shared, human experiences. Appreciating such processes within ourselves helps us to recognise and work in greater congruence with such processes in others, clients, and colleagues alike. By making external the inner workings, we continue to traverse the depths and

mysteries, aspects of the human condition which perplex and fascinate us.

Research suggests that we develop empathy when reading about the experiences of others in novels, and by way of appreciation of other forms of art (Kapstein *et. al.*, 2018) As empathy is a core condition (Rogers, 1978) of psychotherapeutic practice it is posited that increasing the volume and quality of autobiographical material in qualitative research could contribute to the development of greater levels of empathy and connectedness within the practice and research of humanistic psychotherapy.

As a raw, impromptu, reflective account of pain across the life span, this lyric essay contains a detailed snapshot of one person's poignant, lived experience. It reveals how a child relates to negative experiences, in contrast to how an adult, educated and trained in psychotherapy, might choose to process her emotions. It has opened up new possibilities for me to explore my affective experience. I believe, therefore, it offers insight into the structure of specific human experience and the value of therapeutic intervention. It raises issues that can be further explored by the author in personal therapy and hopefully it will resonate with the experiences of readers with similar histories, engendering empathy and creating a greater sense of connectedness. Specifically, it could also prove useful in the training of medical personnel administering pain measurement techniques, and in the development of pain measurement instruments. Perhaps historical, biographical patient case studies in therapeutic literature, used for educational purposes, may be now be enhanced with the autobiographical experiences of therapists also in authentic process.

I offer the lyric essay as one way to express experiences of pain and suffering.

References

- Biss, E. (2007). The Pain Scale. In L. Williford, & M. Martone (Eds.), *Touchstone anthology of contemporary creative nonfiction* (pp. 28-42). New York: Simon.
- Braun, V. & Clarke, V. (2014). What can thematic analysis offer health and wellbeing researchers? *International Journal of Qualitative Studies on Health and Well-being*, 9(1), 261-52.
- Charon, R. (2001). The patient-physician relationship. Narrative medicine: A model for empathy, reflection, profession, and trust. *JAMA*, 286(15), 1897–1902. doi: 10.1001/jama.286.15.1897
- Church, S. (2012). On lyric essays and dancing in sequined pants. *Fourth Genre: Explorations in Non-Fiction*, 14(2), 173-179.
- Davies, D. (2016). Disquiet and the lyric essay. *Fourth Genre: Explorations in Nonfiction*, 18(1), 169-182.
- Dysvik, E., Drageset, J., & Furnes, B. (2016). Narrative approach for identifying movements of change and the value of therapeutic writing related to chronic pain management. *Open Journal of Nursing*, 6, 1052-1063.
- Fabbro, F., & Crescentini, C. (2014). Facing the experience of pain: A neuropsychological perspective. *Physics of Life Reviews*, 11, 540-552.
- Finlay, L. (2012) 'Writing the pain': Engaging first-person phenomenological accounts. *Indo-Pacific Journal of Phenomenology*, 12, 1-9.
- Gerdle, B., Bijar, G., Malin, E., & Britt, L. (2014). Chronic muscular skeletal pain: Review of mechanisms and biochemical biomarkers as assessed by the microdialysis technique. *Journal of Pain Research*, 7, 313-326.
- Greenberg, L. (2011). *Emotion-focused therapy*. Washington D.C.: APA.
- Jolley, H. (2019). I'm human too: Person-centred counsellors' lived experiences of therapist self-disclosure. *European Journal for Qualitative Research in Psychotherapy*, 9, 12-26.
- Jones, P., Alexander, C., Stewart, J., & Lynskey, N. (2005). Idiopathic osteoarthritis and contracture: Casual implications. *Annals of the Rheumatic Diseases*, 64, 226–228.
- Kaptein, A., Hughes, B., Murray, M., Smyth, J. (2018). Start making sense: Art informing health psychology. *Health Psychology Open*, 5, 1-13.
- Kitchen, J. (2011). Grounding the lyric essay. *Fourth Genre: Explorations in Nonfiction*, 13(2), 115-121.
- Kriegel, L. (1989). Falling into life. In G. Wolff (Ed.), *Best American essays* (pp. 197-211). New York: Ticknor & Fields.
- Kuppers, P. (2007). *The scar of visibility: Medical performances and contemporary art*. Minneapolis: University of Minnesota Press.
- LeDoux, J., & Brown, R. (2017). A higher order theory of emotions consciousness. *Proceedings of the National Academy of Sciences Mar 2017*, 114(10) E2016E2025. doi: 10.1073/pnas.1619316114
- Lomas, T. (2017). Ambivalent emotions: A cross-cultural review of their relevance to wellbeing. *Qualitative Research in Psychology*. doi: 10.1080/14780887.2017.1400143
- Maclean, N. (1976). *A river runs through it*. Chicago: University of Chicago Press.
- Melzack, R. (1973). *The puzzle of pain*. New York: Basic Books.
- Mearns, D. & Cooper, M. (2005). *Working at relational depth in counselling and psychotherapy*. London: Sage.
- Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). London, UK: Routledge & Kegan Paul. (Original work published 1945).
- Mezieres, F. (1984). *Original aspects of the Mezieres method*. Paris: Maloine.
- Miller, B., & Paolo, S. (2004). *Tell it slant: Writing and shaping creative nonfiction*. New York: McGraw.
- Mintz, S. (2011). On a scale of 1 to 10: Life writing and lyrical pain. *Journal of Literary and Cultural Disability Studies*, 5(3), 243-260.
- Morris, D. (1991). *The culture of pain*. Berkeley: University of California Press.
- O'Hara, M. (1986). Heuristic inquiry as psychotherapy. *Person-centered Review*, 1(2), 172-184.
- Pepe, L., Milani, R., Di Trani, M., Di Folco, G., Lanna, V., & Solano, L. (2014). A more global approach to musculoskeletal pain: Expressive writing as an effective adjunct to physiotherapy. *Psychology, Health & Medicine*, 19(6), 687-697.
- Polanyi, M. (1966). *The tacit dimension*. Garden City, New York: Doubleday.
- Prince, S., & Hensley, W. (1992). The Kuleshov effect: Recreating the classic experiment. *Cinema Journal*, 31(2), 59-75.
- Robertson, R., & Hetherington, P. (2017). A mosaic patterning: Space, time and the lyric essay. *New Writing*, 14(1), 36-46.
- Rogers, C. (1978). *On personal power: Inner strength and the revolutionary impact*. London: Constable and Company.
- Scarry, E. (1985). *The body in pain: The making and unmaking of the world*. New York: Oxford University Press.
- Schipper, J. (2012). Toward a Buddhist sociology: Theories, methods, and possibilities. *The American Sociologist*, 43(2), 203-222. doi: 10.2307/41485740
- Tulving, E. (1985). Memory and consciousness. *Canadian Psychology* 26(1), 1–12. doi: 10.1037/h0080017
- Tulving, E. (2002). Chronesthesia: Conscious awareness of subjective time. In D. T. Stuss, & R. T. Knight (Eds.), *Principles of frontal lobe function* (pp. 311–325). Oxford University Press. doi.org/10.1093/acprof:oso/9780195134971.003.0020

- Van Der Merwe, H. (2019). Emotional labour and the practicing psychologist: When the psychologist's professional emotions go awry. *European Journal for Qualitative Research in Psychotherapy*, 9, 27-40
- Vetlesen, A. J. (2009). *A philosophy of pain* (J. Irons, Trans.). London: Reaktion Books.
- Wendell, S. (1996). *Rejected bodies: Feminist philosophical reflections on disability*. New York: Routledge.
- Yang, Q., Liu, S., Sullivan, D. & Pan, S. (2016). Interpreting suffering from illness: The role of culture and repressive suffering construal. *Social Science & Medicine*, 160, 67-74.

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