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# Beneath the surface: The lived experience of the art therapist

Jody Thomson

## Abstract

This article draws on a practice-led exploratory study of Australian visual art therapists' experiences of working with people living with, or dying from, cancer. My research was inspired by clinical work over many years as an independent art therapist, positioned at the intersection of psychotherapeutic practice and the Australian medical and allied health world of cancer and palliative care. The study was an art-based phenomenological enquiry using reflexive, spontaneous image creation as *data* within semi-structured interviews, in a way familiar to the art therapist-participants. As in clinical practice, image-making opened a space for intimacy and connectedness, offering therapist-participants a different way to respond and communicate not only professional knowledge, but their subjective, lived experience in an observable process, creating tangible data. I responded through image making to this data and in the process developed a method that I call *immersive visual analysis*. In this method, the image functions simultaneously as primary data, the method of enquiry and as a point of dialogic and analytic focus.

## Keywords

Cancer and palliative care, visual methodologies, art therapy research, immersive visual analysis, therapist's experience.

My first lessons in painting were about *learning to see* – to focus and to frame, or find the *essence* of the image-to-be amongst all the distracting stimuli. Competence and confidence grew from practice, learning the techniques of colour, brushwork and style. In beginning a work, I was taught to first prepare the canvas with a 'ground' colour, usually in a light, neutral mid-tone, onto which I would paint the colours and light of what was before me. This base coat was intended to cover the stark whiteness of the surface that can interfere with the way we see the temperature of the paint we apply, and to prevent the paint from being absorbed into the material of the canvas.

As a painter, I am familiar with taking a pause before the work begins – a moment to stand back and breathe, a moment to focus my intention to the exclusion of all else as the grounded canvas sits on my easel. The moment

is filled with uncertainty, of 'not knowing' whether I can communicate the image in my mind and recreate it on the canvas before me. In my work as an art therapist, I experience a similar moment of pause and uncertainty before a client symbolically shares the colours and tones of their in-the-moment experience on the life-canvas between us. I rely on my training and experience to allow me to see images *differently*, to focus, and to provide a semi-opaque theoretical and professional *ground* to protect the underlying fabric of my life.

This was how I approached a recent exploratory study (Thomson, 2015) into the lived experiences of art therapists working in Australian cancer and palliative care. My training and experience grounded me, providing a focus and intention to remain open to the "spontaneous and unknown" (Leavy, 2015, p.20), of what might emerge.

## Art therapy with those living with, or dying from cancer

There is a substantial body of international research in art therapy with cancer patients that is largely qualitative and case study based, and some employing mixed methods and arts-based methodologies. In Australia, whilst research output is increasing in the application of the arts and arts-based research in healthcare, there exists scant published literature examining the role of art therapy in Australian cancer care (Hawkins, O'Brien, & Dwyer, 2014; Virago & Dunkley, 2008; Zammit, 2001). (For unpublished literature see Carboni, 1995; Virago, 2007; Zammit, 1999, 2008.) Similarly, there have been no local studies investigating the role of therapists working in psycho-oncology, such as in the study conducted by Michele Wood in the United Kingdom (Wood, 2008; Wood et al., 2013).

Reflections on the therapists' experiences of facilitating cancer-related therapy can be found in three seminal texts (Connell, 1998; Pratt & Woods, 1998; Waller & Sibbett, 2005). However, apart from a handful of auto-ethnographic studies by art therapists and art therapy educators (for example, Sibbett, 2005; Thorley, 2005; Wadeson, 2011; Zammit, 1999, 2001, 2008), to my knowledge, there is no art-focused research that explores the lived experience of the visual art therapist working with this client group.

My larger research project aimed to address this gap in the literature by exploring the ways that art therapists perceive the value of art therapy in various oncology-related settings: what motivated them, the ways in which they sustained their practice, as well as how they responded to and were affected by work with this client group. The focus of this article is the potential of the interplay between image creation and dialogue to go *beyond* traditional reflexive interview methods as a powerful way to access insight.

Shaun McNiff has described image-making by therapists as "a method of inquiry which uses the elements of the creative arts therapy

experience, including the making of art by the researcher, as ways of understanding the significance of what we do within our practice" (1998, p.13). The art that therapists make in response to their own work is a different way of knowing (Allen, 1995), exploring, re-viewing, documenting and making sense of our clinical practice. Visually informed enquiry is based on what Patricia Leavy (2015) terms *aesthetic knowing*, which pushes the borders of inductive research further to create and convey meaning by communicating the emotional aspects of social life in ways that may be otherwise inaccessible (Barone & Eisner, 2012; Leavy, 2015). I found that using images as research data opened a space for the therapist-participants and myself as therapist-researcher, not only to think in more creative ways, but also to respond and communicate tacit understandings.

The method and rationale of my research was framed as a critical art-based social science enquiry (Finley, 2014; Pink, Hogan & Bird, 2011; Rose, 2012). I chose a bricolage approach (McLeod, 2001) – a 'collage' put together from hermeneutic phenomenology (Heidegger, 1962), heuristics (Moustakas, 1994), semi-structured interviews, visual "response art" (Fish, 2012), and a visual, art-based method of sensing and analysing data that I call immersive visual analysis. This '(bri)col(l)age' provided a richly nuanced landscape, of subjective experience, creativity and reflection as a way of communicating or mobilising knowledge thereby opening a space for a deeper understanding of working with this client group "for the maker, researcher, co-researchers and readers" (Rumbold, Fenner, & Brophy-Dixon, 2012, p.73).

## Phenomenology, heuristics and art psychotherapy

A good (phenomenological) description that constitutes the essence of something is construed so that the structure of a lived experience is revealed to us in such a fashion that we are now able to

grasp the nature and significance of this experience in a hitherto unseen way.

(van Manen, 1997, p.39)

Phenomenology privileges subjective experience. It offers researchers a method of enquiry that is a good fit with the philosophy and practice of art therapy, in that both seek to understand and respect the individual's unique lived experience, personal meanings and interactions with others and the environment. Whereas the *descriptive* phenomenology is based on the work of Edmund Husserl (eg, 1970), *interpretive* or *hermeneutic* phenomenology suggests that the researcher's pre-understandings cannot be 'bracketed off' and moreover are a rich source of knowledge. (Heidegger, 1962).

Hermeneutic phenomenology focuses on **embedded** meanings (conscious or otherwise) in narratives and 'texts' produced by research participants (Solomon, 1987). Heidegger used the term 'being-in-the-world' to describe how people are inextricably linked to their social, cultural and political contexts, choices and unique lived phenomena. This philosophical approach acknowledges the inter-subjectivity of the researcher as "a valuable guide to inquiry and, in fact, makes the inquiry a meaningful undertaking" (Lopez & Willis, 2004, p.731).

Art therapy is fundamentally a "hermeneutic discipline due to its primary concern with the interpretation of meaning" (Kapitan, 2010, p.158); it is uniquely suited to phenomenological theory, philosophy and methods of enquiry (Betensky, 1995). Art therapy aims to bring not-yet-spoken knowledge to consciousness by externalising or making a concrete and tangible representation in the 'here-and-now'. As such, the image is a symbolic indicator *for* something not yet fully explored, understood or analysed. As has been argued, art therapists who are also artists,<sup>1</sup> bring a "well-honed awareness of the power of image-making" (Pink, Hogan & Bird, 2011, p.18) and have much to offer social researchers in terms of their expertise in image-making.

Visual images are capable of conveying complex messages that can be grasped almost

instantaneously (Weber, 2008) and "encode an enormous amount of information in a single representation" (Grady, 2004, p.20). This quality has been described as "all-at-onceness" (Eisner, 1995, p.1). As Hustvedt writes,

Painting is all there at once. When I read a book, listen to music, or go to a movie, I experience these works over time... (the image) has no beginning, no middle, and no end...in its immutable stillness it seems to exist outside time as no other art can. (Hustvedt, 2005, p.xv)

In my study, rather than analysing the therapist-participants' images as research *objects* (see, for example, Gantt & Tabone, 2012; Rose, 2012), my study engages an heuristic methodology (Moustakas, 1990, 1994) positioning researcher reflexivity as central to the process of investigation. Heuristics and hermeneutics are principally concerned with discovering phenomena through tacit understanding. My focus is the *process* of image creation by the therapist-participants, and by myself as researcher, in order to bring to the surface "lived-through experiences" (Bochner & Ellis, 2016, p.63). The method privileges the voice and gaze of the image-maker who dialogically *constructs* and *deconstructs* the meanings of spontaneously made images.

## Method

I interviewed a purposive sample of four experienced visual art therapists specialising in cancer or palliative cancer care.<sup>2</sup> Each interview opened with a simple question – "Can you tell me about your art therapy work with cancer patients?" I took a reflexive, 'not knowing' stance so as to discover what was most important to the participants. This ethical choice acknowledges my inevitable subjectivity and potential bias, and that my discoveries are in response to their experiences.

This open, participant-led method generated a rich and contoured landscape of interview transcripts, art responses made by each participant during the two to three hour interviews, and additional reflections received post-interview. My aim was to remain alert not

only to the surface dialogue, but to discover the underlying thematic ‘sediment’ lying beneath, through an immediate *iterative* process.

Making “response art” (Fish, 2012) to clinical practice is widely documented in art therapy literature and art-based supervision. My research method of immersive visual analysis extends response art into the area of research by responding immediately post-interview, fresh with emotional connections. During this process, I replayed the audio-recorded dialogue and immersed myself in the photo-documented images. I listened *differently*, not only to the overarching content, but also for the digressions, diversions, contradictions and avoidances. My responsive image-making allowed colour, line, texture and shape to surface the latent feeling states underlying the information-loaded semantic themes. This immediate imaginal response allowed me to engage in a vital physical process by getting ‘out of my head’, and into a more intuitively alert state of ‘flow’ (Csikszentmihalyi, 2002).

As the image emerged, I responded with what Shaun McNiff (2008) termed ‘imaginal dialogue’, noting words and phrases drawn from my in-the-moment experience. These spontaneous terms were counted and prioritised by the number of repetitions and divided into those arising in response to the interview, and, those emerging in response to the therapist-participants’ art-making and reflection.

I discovered that in the initial interviews, the therapist-participants shared their thoughts about professional practice, or ‘out-sights’ about working with cancer patients whereas the image-making opened a space to express their ‘in-sights’ and feeling states. In the same way that my art-making allowed me into a more intuitively open, less cerebral state, the interview dialogue moved from ‘objective-analytical’ to more ‘subjective-emotional’ elements of the therapist’s lived experience. In comparing an interview in which the participant sent their artwork in advance to interviews where the art was made in situ,

it seems that my being present during the artwork may have changed the texture of the researcher-participant relation. A private space of vulnerability opened, where I witnessed participants’ creative process and became privy to soft verbal meanderings. I became part of the process – as witness, co(researcher) and (in my immersive visual analysis) as (co) participant. In this intimate and liminal space insights emerged and became tangible, about the impact of this work on the therapist, and how the creative process, as a form of self-care, helps sustain practice when confronted by the inevitable experience of death and dying.

Although my conclusions are drawn from all four interviews<sup>3</sup> to provide detailed insight into the different ways that using the art-making process might provide more nuanced insights, the next section introduces, in greater detail, two of the four therapist-participants,<sup>4</sup> through their images<sup>5</sup> alongside their narrative reflections. This is followed by my immersive visual analysis and narrative response to each interview. (Images by the other two participants and my visual response are shown in the Appendix.) I am positioned as witness, rather than interpreter, recognising that the participants are my co-researchers and protect me from “committing *magicide*... by interpreting (others) work in isolation... which imposes one’s meaning upon another” (Moon, 2009, p.129).

## The interviews and immersive visual analyses

Sarah works as a specialist art psychotherapist in an allied health team. Our conversation and her art-making took place at the same time. Mary is an independent art therapist working with clients living beyond cancer, whom I interviewed by telephone. Mary brought her completed image to a follow-up face-to-face interview. This dislocation in time and space during the interview and art-making stages provided an accidental but important comparative perspective in my analysis. I felt that reflecting on the art without having

been present during the making made the understandings embodied in the artwork more difficult to grasp.

### Interview one – Sarah: identity, experience, value and needs

I am anxious when I meet with Sarah because my art materials have been mislaid in transit. Sarah kindly brings her own, and we begin. Our time together is spent in enthusiastic discussion, comfortably interspersed with her art-making. Sarah spontaneously makes two images and one object during the interview. This process provides an avenue for our conversation to move away from *facts* and become more focused on her passion – the value of client-centred, holistic therapeutic relationships and her professional identity as an artist and art therapist. This fold-back between words and image-making opens a space for Sarah to respond and communicate the relationship between working with people in cancer-associated palliative care and her own life.

*I'm feeling, and like the people I meet, in the mean time, I'm living. I'm having my parallels, my differences whatever... At one point my father became terminally ill and died. This was huge, as was finding a way to continue working. I gathered supports as I needed to, and I, like others, slowly learned ways to be with my deep grief. At other points I've travelled beside friends, loved-one's children going through accidents or illness. It's all part of life and for me, what I experience adds to that part in me, of how I can authentically 'turn up to' and be with a person. That's part of my reasoning and of my being able to be present apart from anything. Life experiences allow me to draw a line and work with the experiences with my humanity intact. When I turn up I'm not removed from the horrors of the world. I've just got my version of them in a place where today, you won't have to hold them – I will do that, and I will do that with my workplace, and I will do that with my supervision and I will do that with my expression in life, whether that's my art-making or going and seeing music or*

*walking or whatever. But when I'm there with a person, something of the sameness of the nature of facing what's unknown or too hard to palate is available in me.*

We seem to be avoiding ending our encounter, until abruptly interrupted. I experience mutual warmth and understanding until we go our separate ways, only to meet briefly again outside, the intimacy lost in mundaneness.

Figures 1, 2 and 3 are of Sarah's creative interview output, accompanied by text taken from her verbal reflection. Figure 4 is my immersive visual analysis and narrative response to the interview.

*I feel like I've drawn deep colours from being in deep contact with people in their visit and whatever I've done, I've put yellow beside the deep colour, which is that feeling of now separating back out, and going back out into the world. I'm not being deliberate about that, but that's what I'm looking at, that's what I feel when I look at what I've drawn. And I think that's literally what I do. You can't desensitise and I wouldn't want to. My world at home is impacted from my work regarding themes, regarding what I'm touched by. Because I genuinely do get an experience of what I love when I'm at work, and I just love people and I love what they're endeavouring for themselves.*



Figure 1. Sarah, Art response, pastel on paper, 210 x 297mm.



Figure 2. Sarah, *Art response*, paper clay, 50 x 50 x 10mm.

*...this sculpture material (has) taken a great print of my hands and... taken a little print of the piece of each other that we don't ever get to materialise or see, because it's a space, the space between the hands we hold*



Figure 3. Sarah, *Art response*, watercolour on paper, 210 x 297mm.

*...when I think of myself, I am an allied health worker... [I'm] clearly seeing myself as a visual artist professional as well as a professional art therapist and the two interrelate so well though they are quite strikingly their own thing too... (I) see the fluidity. I see some strong line and soft line, and sense of circular motion – that's relationship to me.*



Figure 4. Jody Thomson, *Immersive visual analysis – Sarah*, pastel on paper, 297 x 420mm.

*This is a story about time, commitment, balance, validation and resilience; about self care, deep respect and structure.*

*It's about professional and personal identity, and the challenge for value. It's about teamwork and holistic support through time-pressured trauma.*

*Of needs – being needed; meeting the needs of others; the need for release and the relief in letting go.*

*Of being held while holding yet ultimately, taking leave.*

In responding in the immersive visual analysis (Figure 4) to my interview with Sarah, I realised that colour and form unconsciously took on themes. The passionate red of her commitment to the value of art therapy at end of life are held by the blue of her role in an allied health team; the green and fertile relationships that are central to her professional work are encapsulated throughout her artwork. Passion and role come together as the purple of professional identity. The many turnings



that emerged as I drew become symbolic of the tangents and digressions flowing through the interview. The river of our conversation curls and overlaps during the companionship of art-making, of coming together. There is discomfort and struggle in the overall shape – the struggle for professional validation; the need for release and relief; being overburdened, yet managing balance, separation and self-care. I left both the interview, and my art-making, enlivened, yet I felt somewhat bereft in needing to leave and to let go.

### **Interview two – Mary: self-care, structure and boundaries**

A telephone line between us; dogs bark in the background and the line drops out. We are momentarily cut-off from each other, but we pick up again. Mary asks for specific and clear questions, rather than answering my single open-ended prompt. The themes of clarity, control and boundaries emerge early, with me somehow reverting to the role of student, feeling unable to challenge or clarify any apparent contradictions.

*I'm very realistic about what I can achieve in the space of a two-hour workshop or a short-term program. I'm not aiming to change lives – all of my work has a significant psycho-education component, I'm not just providing creative processes – I want people to have strategies to deal with stress... I do want to give people skills – I'm there for such a short time. Yes it's wonderful to have this hearty experience, but that can be really fleeting when they walk out the door and get on with the rest of the day ... I want people to take home skills, and increased capacity to cope. But I can only do what I can do in those short periods of time.*

Mary agrees to make an image in response to our interview in her own studio to bring to a follow-up interview:

*I'll be making art as part [of] what you're seeking from me, but also because there's... some sort of structure and I don't have to think of it... I'm contributing to something... and there's been a conversation, so there's an*

*investment from both of us into the conversation... and make the time to reflect on... some of the discussion or something that was triggered in me, it's not what I naturally make time for.*

The next day, Mary and I sit beside each other in a large and echoing conference room to talk about her image (Figure 5). The text accompanying the image is an excerpt from her reflection. This is followed by my immersive response (Figure 6) and narrative response to our interview.

*I often use these pages in my paintings... I love the paper, the smell of it, its got oily finger marks everywhere. [My grandmother] was great at baking cakes... She died seven years ago, and was always a great literal 'feeder of others'... I think for me choosing to start with this piece in reference to my work as an art therapist in oncology – I think's interesting – I think it's pretty symbolic of feeding – feeding myself, the work itself feeding others... and also sustenance and sort of energy, warmth... these recipes just felt like the right place to start... the pages are very fragile and one started to tear... I liked these gaps – I like the idea of the light potentially coming through these broken bits of pages... I also think the metaphor of a teapot is one of investing time... and I think that what we offer clients as art therapists is a 'coming into the moment', because the creative process slows people down, because they're not using language in the first instance... I just followed what felt pleasurable... I like its simplicity. It's not busy with a whole lot of colours and forms... sometimes you don't need to get too complicated. It was really thinking about that metaphor of the food and what sustains me and what sustains my clients in the work – it's the creative process.*

*This is a story about meeting perceived needs and being of service to others – the need for clarity, guidance and knowledge; for*





Figure 5. Mary, *Art response*, mixed-media, 210 x 297mm.

*relinquishing and regaining control, self-care, respect and nurture.*

*Underneath, it's a story about time, loneliness, distance and self-reliance; and the impact of transient relationships and professional dislocation.*

*Of spending time to make special; to softly create from pain – with the potential to transform what is loved, which became fragile, damaged yet unbroken*

*And about responsibility, generosity, patience, sharing and the importance of family and community in providing comfort and sustenance, when art reflects the white-water of life.*

When, after meeting with Mary, I began my immersive visual analysis (Figure 6), I found myself hesitating, uncertain, disconnected, holding back. I struggled to find my flow, and the colours of our conversation. A thin, controlled line emerged, with sharp edges. Then a square block of colour signals the space between our phone interview and when



Figure 6. Jody Thomson, *Immersive visual analysis – Mary*, pastel on paper, 297 x 420mm.

we met. As I listen to the recording of Mary speaking of the image in the sketchbook nestled snugly on her lap, the texture of my art-making changes suddenly. I am taken back into that room, where as we talk, her hand soothes the image in circles, round and round, softly stroking the artwork. My colours are the same as at the beginning – the colours of boundaries, clarity and self-care. But the shapes have softened and gaps emerge to take on a different texture as I listen to the grounding colours. Through my own artmaking, I am at last in touch with what Mary has embodied in her art – fragility, acceptance, isolation and the need for sustenance, nurture and a sense of belonging.

### **Drawing it all together**

As reflected in the literature, the therapist-participants perceived the value of art therapy, for patients suffering from trauma, pain or existential distress caused by the experience

of cancer, in providing choices, safety and a genuine, companioning relationship. In their experience a therapeutic relationship may be made more intimate through art therapy. The image made in therapy was seen to contain and externalise ‘the unspeakable’ and possibly facilitate personal growth when living beyond cancer, and even at end of life.

*I came to understand that point at which treatment ends, while naturally a relief for the majority, it's not a celebration for the majority... all this intervention, monitoring, care, it has just stopped because they are deemed free of the disease, but no one can claim a future that is entirely free of recurrence... there's lots of unfinished business which can affect their recovery... but one's life is completely and utterly changed and its impossible to go back to what was because that isn't there anymore – elements of it are but much has been shaken up (Mary)*

Byron, the last participant I interviewed, spoke eloquently about art therapy in palliative cancer care:

*In palliative care, no one actually talks about the actual idea of death... from a philosophical perspective, rather than specific deaths – how we feel about it, fear it, how it affects our personal and cultural lives... (the work) can often be an overview of life as a journey; have a focus on existential issues – loss of meaning, loneliness, loss of status, the terror of uncertainty; resolution of past or present trauma; troubling grief reactions; confusion; images of family; the loose ends of life that can't now be dealt with; troubling relationships... this is what I find quite inspiring about the whole area – just seeing people do growth... look it makes for it makes for better death – if you're more fulfilled, you have a better death (Byron)*

I found that including the art-making process within the interviews enabled an emergent

possibility of knowing *differently*, inherent in art therapy: knowing *inwardly*, opening another pathway for generating insight. A narrative that emerged strongly through a recursive relationship between talking and art-making that of how therapists respond to existential concerns and repeated losses inherent in the work – the physical and social losses, and in many cases loss of life experienced by cancer patients, and the impact of these losses on patients' families. As Waller and Sibbett (2005) state “art therapists have had to come to terms with the fact that many of their clients are almost certainly likely to deteriorate and die, so they have needed to face death as a central aspect of their work” (p.iii).

Through the therapist-participants' images (Figures 1-3, 5, 7, 9), their reflections and my image-making (Figures 4, 6, 8, 10), stories emerged of deeply felt sadness in letting go of relationships made more intimate through imminent death; of the need for self nurture, boundaries and belonging; of how creative processes provided release and relief; of the frustration in witnessing patients' lives not fully lived; and the loneliness of dying. Most remarkable was the therapist-participants' motivation, passion and commitment to this client group and their experience of the work as an inspiring and meaningful privilege.

## Conclusion

In this article I have presented the method and products drawn from a recent study exploring the experience of art therapists working with cancer patients in Australia. The research was grounded in ‘not knowing’, and in being open to emergent, tacit, not-yet-spoken insights. My research aim, discussed in this article, was to explore the ways in which art-making, in addition to traditional interview methods, might provide a more nuanced “route to ethnographic knowing” in a way that parallels art therapy practice (Hogan & Pink, 2012, p.230).

The study drew together my own experience and training with the combined knowledge and life experience of four therapist-participants, each familiar with the artistic process as a

method of enquiry. It explored the potential of using art-making by both the therapist-participant and myself, as a form of “artistic evidence” (McNiff, 2014). My methodological ‘(bri)col(l)age’ emerged in response to the research. It opened a space for the participants to express not only their professional knowledge, but to access, through the art-making process, the phenomenon of their lived experience in a tangible and observable way.

In keeping the image, and the image-makers’ insights, fundamental, I aimed to hold a productive tension between allowing the therapist-participants’ words, and especially their images, to speak or make visible for themselves, whilst acknowledging that my findings are inevitably perspectival. The study has provided a way of understanding the therapists’ experience, each similarly grounded in their own training and practice, using shared creative expression to “open liminal spaces for discovery” (Finley, 2014, p.532), communication and facilitate connectedness.

Participating in the art therapy method with colleagues as a researcher has deepened my learning about the quality and texture of the relationship and the intimacy enabled by the art-making process. It has also enhanced my respect for the power and potential of images to embody a more nuanced and different way of expressing and communicating the lived experience that lies beneath the surface.

## Endnotes

1. A prerequisite of professional art therapy education in Australia and the United Kingdom is fine art training, experience or knowledge.
2. Ethics approval was obtained for this study from Western Sydney University in 2015.
3. This data is published separately (Thomson, 2016).
4. Each participant chose their own pseudonym.
5. The images are reproduced as closely as possible to the originals in terms of tone and colour. Minor editing has been done to adjust for inadequacies in photo-documentation.

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## Appendix

Images by, and my image response for, the other two participants.



Figure 7. Poppy, *Art response*, mixed-media, 200 x 297mm.



Figure 8. Jody Thomson, *Immersive visual analysis – Poppy – a river of relationship – connectedness & compassion*, pastel on paper, 297 x 420mm.



Figure 9. Byron, *Art response*, pastel on paper, 210 x 297mm.



Figure 10. Jody Thomson, *Immersive visual analysis – Byron – a river of reality – trauma, intimacy, loneliness and death*, pastel on paper, 257 x 420mm.