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How Art Therapy Promotes Resiliency in Individuals with Chronic Pain: A Literature

Review

Capstone Thesis

Lesley University

May 5th, 2022

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Art Therapy

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Abstract

Chronic pain is one of the most prominent physical health challenges in the United States. It is a health condition where people have not only debilitating physical pain but also mental health distress. With this combination of physical and mental symptoms, people with chronic pain must get good quality care. To properly support those with chronic pain, healthcare practitioners must be educated in caring for patients to better treat and understand them. This thesis searched for literature on chronic pain and art therapy to determine the benefits of art therapy for people with chronic pain. This search was conducted online using several bibliographic databases, including APA PsycArticles, ProQuest, and Academic Search Premier websites. The search was limited to articles published from 2000 to the present. This search supported the notion that art therapy can significantly improve the quality of life of those with chronic pain. Most significantly, art therapy can help those with chronic pain communicate and instill hope. Art therapy helps patients communicate their experiences with others and offers a chance to change their outlook on life regarding their pain and suffering through hope. In this research, it was important to recognize the impact of cultural and socioeconomic barriers and impact on those with chronic pain, including the expensive cost of care for lower-income individuals or individuals in an area where care is not easily accessible.

Keywords: art therapy, chronic pain, resilience, mental health, healing

The author identifies as a white, queer, cisgender woman from New England of mixed European ancestry.

How Art Therapy Promotes Resiliency in Individuals with Chronic Pain

Introduction

According to a 2016 study by the Centers for Disease Control (CDC), chronic pain affects twenty percent of the adult population in the United States (Dahlhamer et al., 2019). That is equivocal to 42 million American adults living with chronic pain in this country. Chronic pain (CP) can be debilitating and significantly affect an adults' function in society. CP is defined as "persistent or recurrent pain lasting longer than three months" (Treede et al., 2015, p. 1005). CP is associated with anxiety and depression, as the pain can cause mental anguish, debilitating one's life (Shurtleff, 2018). These individuals can go through a plethora of expensive diagnostic tests and procedures prior to the confirmation of their medical diagnosis. This can be tumultuous and stressful time for an individual trying to explain their symptoms to numerous providers, family members and their employers before acquiring a diagnosis and treatment. Often these patients can feel like they are not being heard which can lead to a misdiagnosis of their conditions and thus delaying proper medical care (Shurtleff, 2018). This trial-and-error process can be lengthy and cause an increase in the physical symptoms of chronic pain. It can also greatly impact the individual's mental health, causing an increase in anxiety and depression. As a result of the effects of the disease process of chronic pain, different treatments have been developed to address both the physical and mental health of individuals. These treatments include acupuncture, massage therapy, cognitive behavioral therapy (CBT), meditation and mindfulness techniques (Shurtleff, 2018). Several different health care providers such as psychologists, physical therapists and acupuncturists are responsible for delivering these interventions to care for those afflicted with chronic pain. Art therapists are also among those that impact the treatment for these individuals.

The American Art Therapy Association (AATA) defines art therapy as “an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (AATA, 2022). Art therapy provides a way for people to express themselves and give them a sense of hope while they are struggling with their illness.

The purpose of this paper is to provide mental health providers with a comprehensive perception and approach when caring for individuals with chronic pain. This literature review will provide evidence that art therapy will increase the ability of individuals with chronic pain to cope with their daily pain and the included challenges. This population needs the necessary support to help them destress and cope to be resilient. Chronic pain can also go misdiagnosed which can lead to lower quality of life. Patients can feel like they are ignored and can make them less likely to communicate with their doctors. This is a problem as it impacts the patient’s life and creates mistrust in the healthcare system.

Method

The articles used in this literature review were searched for in Lesley University’s database and through Google Scholar search engine. The search terms that were used included “chronic pain”, “art therapy”, “trauma”, “treatment”, “PTSD”, “post traumatic growth”, “CBT”, “coping”, and “stress”. The articles that were gathered include collections of qualitative, quantitative, and arts-based data. Articles were chosen if the participants of the study had chronic pain and the researchers were measuring pain intensity, stress, coping, or Post traumatic stress disorder.

Literature Review

Chronic Pain and Trauma

Pain is an evitable part of living; we will all experience it at some time in our lives. Once pain turns into chronic pain it is no longer a symptom but a problem. CP can affect our ability to work and participate in the activities we enjoy doing (Koestler & Myers, 2002). It can affect the relationships that we have with our family, friends, coworkers, and employers. CP can be debilitating physically, emotionally, socially, and financially (Koestler & Myers, 2002). CP is defined as “pain that is ongoing and has lasted six months or longer” (Koestler & Myers, 2002, p. 17). There is a vast array of treatments for those with chronic pain. An effective model for treating CP is through a multidisciplinary approach which involves physician specialists, psychologists, physical therapists, and other health care practitioners (Koestler & Myers, 2002). This approach requires coordination and communication among a number of healthcare providers.

The American Psychological Association defines trauma as “an emotional response to a terrible event like an accident, rape or natural disaster” (APA, 2021, para. 1). It is estimated that 50% to 70% of the general population and 90% of the mental health population have a history of trauma (Classen & Clark, 2017). With trauma comes emotional distress, like fear, anxiety, and depression (Teater & Teater, 2017). Trauma can occur at any age and cause long-term effects for children who have suffered trauma. One study from Mock et al. (2011) shows that there is a link between childhood trauma and chronic illness later in life. Trauma-informed care is important because of how many people experience trauma. It can lead to better care and better treatment for survivors of trauma (Classen & Clark, 2017). Trauma-informed care is beneficial to all health-care practitioners as it makes the patients feel safe.

Studies have shown that there is a link between chronic pain and trauma. PTSD is a common disorder that one can develop after experiencing trauma. Researchers are finding that CP sufferers are experiencing symptoms like PTSD but do not meet the full DSM criteria. Specifically, chronic migraine sufferers and fibromyalgia patients have a history of being diagnosed with PTSD. Understanding the comorbidity of PTSD and chronic pain can help develop an integrated treatment plan for these patients where both the physical and emotional parts are focused on.

In an article Peres et al. (2009) the authors investigated the relationship between PTSD and those who have fibromyalgia and chronic headaches. This research clarifies possible correlations between trauma and the two types of chronic pain. PTSD has two subtypes; with Subtype 1, for example, the autonomous nervous system is hyperactive. The body responds in different ways to trauma; one way is that a person could have an anxious or dissociative reaction (Peres et al., 2009). According to the researchers, headache patients are seen with this type of response and often have PTSD subtype I. Subtype II is when a person responds to trauma by freezing or experiencing immobility (Peres et al., 2009). Fibromyalgia (FM), a prevalent musculoskeletal pain disorder with symptoms that include chronic fatigue, nonrestorative sleep, functional disability, and mood disturbance (CDC, 2020). These symptoms resemble PTSD, according to Peres et al. (2016)

FM patients reported significantly higher levels of various forms of traumatization and dissociation than patients with other types of chronic pain. For instance, in FM patients, but not in patients with rheumatoid arthritis, there was a significant correlation between traumatization and dissociative symptoms. (p. 352)

These results show the uniqueness of FM and the presence of trauma with this type of chronic pain. With the chronic migraine patients:

Symptoms consistent with a diagnosis of current PTSD appear to be more frequent in patients with recurrent headaches than reported in the scientific literature for nonpatient populations; therefore, screening for PTSD symptomatology is recommended as part of routine clinical evaluation for headaches. (p. 354)

This information will help healthcare practitioners to better treat chronic pain patients. Trauma is not a symptom talked about enough with chronic pain. The mental health symptoms with chronic pain can be just as severe as the physical ones.

Researchers Åhman and Stålnacke (2008) studied patients with injury-related chronic pain and measured the levels of pain intensity, post-traumatic stress, anxiety, and depression. Patients ($N = 160$) were recruited from Pain Rehabilitation Clinic at the Umeå University Hospital in Sweden, where 68% of participants suffered whiplash injuries and 32% of participants had pain from fall-related injuries (Åhman & Stålnacke, 2008). To gather data, a self-report scale called the Impact of Event Scale which measured post-traumatic stress reactions. Another scale called the Visual Analogue Scale was used to measure pain intensity. The third scale called the Hospital Anxiety and Depression Scale which is used to measure anxiety and depression. They found that 48% of the participants reported moderate to severe stress responses, 38% reported moderate stress response and 10% reported severe stress response (Åhman & Stålnacke, 2008). There was no difference in stress response between the patients with whiplash injuries and patients with other injuries (Åhman & Stålnacke, 2008). This study shows a correlation between post-traumatic stress and injury-related chronic pain.

After a traumatic event, a person could have a positive psychological change, known as post-traumatic growth (PTG). Ayache and Goutaudier (2021) looked at post-traumatic growth and chronic pain. This cross-sectional, qualitative study gathered participants ($N = 683$) from social media groups living with chronic pain. The researchers assessed multiple characteristics and symptoms such as post-traumatic growth, depression, pain inflexibility, pain acceptance, and others. Data was collected through online questionnaires. The researchers used a person-centered approach to identify the three clusters. The participants were broken up into three clusters "based on levels based on levels of pain-related daily interference, inflexibility, pain acceptance, and PTG were identified by a cluster analysis" (Ayache & Goutaudier, 2021, p. 4). The first group, labeled the distressed cluster, had the highest pain-related interference and inflexibility level but had the lowest levels of pain acceptance and PTG. The second group had intermediate levels of pain interference, stubbornness, and acceptance while also displaying a high level of PTG. This group was labeled the growing cluster. The third and final group had the lowest levels of interference and inflexibility, with the highest level of pain acceptance but a low level of PTG (Ayache & Goutaudier, 2021). The third group was labeled a low disruption cluster. Ayache and Goutaudier found that "compared with the distressed group, the growing cluster tends to develop a more open attitude toward pain and less interference with daily life. This result suggests a positive change in participants sufficiently disturbed by daily pain" (p. 6). The author's findings are like previous research and studies.

Coping Strategies and Stress

Patients suffering from chronic pain can benefit from using coping strategies and is a healthy way of dealing with stress and pain. It can significantly improve the quality of life for these patients. Two types of coping include passive and active, passive is characterized as

helplessness, or they can turn over the control of pain to external resources. Active is when the patient attempts to control their pain using internal resources.

Baastrop et al. (2016) compared coping strategies between two different types of chronic pain patients. The researchers used patients with FM and neuropathic pain (NP). The study's goal was to identify the differences between the various coping styles between the groups. Patients were either recruited from a pain clinic or an ad in the media. Participants ($N = 84$) had either, NP ($n = 30$), or FM ($n = 28$), or were in the control group ($n = 26$). The participants filled out a Coping Strategy Questionnaire, a self-rating scale with 48 items to gather their data. The questionnaire aimed to measure how much each patient used seven different cognitive coping techniques like "diverting attention," "reinterpreting pain sensations," "coping self-statements," "ignoring sensations," "increasing body activity level," "praying-hoping," and "catastrophizing" (Baastrop et al., 2016, p. 517). The researchers found that the FM and NP patients used coping strategies more frequently than the control group (Baastrop et al., 2016). FM patients believed that they had more control over their pain than NP patients (Baastrop et al., 2016). Both FM and NP patients thought they had less control over their pain than the pain-free patients (Baastrop et al., 2016). Both groups also feel less confident in decreasing their pain (Baastrop et al., 2016). The study helped gain insight into the coping abilities of chronic pain patients. CP patients seemed to use more maladaptive or passive coping and more active coping strategies (Baastrop et al., 2016). The results showed that FM and NP patients did not cope differently from pain. The only difference was that the FM patients felt more control of their pain than the NP patients. Chronic pain patients can feel discouraged that they do not have any control in their pain. This study showed that the diagnosis of chronic pain does not affect the coping strategy a person with CP uses.

Other research explored coping in general for CP patients and testing out styles and types of coping. Fox et al. (2016) researched a type of coping style that is sensation-focused, and specifically examined reduced pain intensity and situational anxiety with this style. The participants ($N = 43$) were gathered from a tertiary pain management clinic and a rheumatology clinic. Data was gathered by the participants filling out a questionnaire and then listening to two audio scripts taken from two widely used pain treatment manuals: “Psychological approaches to pain management: A practitioner’s handbook” and “Pain and behavioral medicine: A cognitive-behavioral perspective” (Fox et al., 2016). The scripts were sensation-based interventions that asked the participants to focus on pain sensations or engage on a distraction task and rate their pain intensity and their anxiety during and after these tasks (Fox et al., 2016). The results showed that matching a person's coping style has a beneficial effect on pain intensity and situational anxiety (Fox et al., 2016). During and after the sensation-focused intervention, some participants had significantly lower levels of anxiety (Fox et al., 2016). One group ($n = 16$) had significantly lower anxiety following the sensation-based intervention ($M = 2.00$, $SD = 1.51$) versus the distraction-based intervention ($M = 3.44$, $SD = 1.86$). The other group ($n = 19$) did not have a significant change in levels of anxiety between the sensation-focused ($M = 4.26$, $SD = 2.64$) and the distraction-based intervention ($M = 3.11$, $SD = 2.87$). These results show the correlation between coping style and type of intervention more in one group than the other in terms of anxiety reduction. Coping strategies are important for chronic pain sufferers to have because they need a healthy way to handle the stress associated with their health. These interventions show that sensation-based and distraction-based coping techniques can be a tool for this population.

Treatment Frameworks

Commonly used treatments for pain are prescription drugs, physical therapy, surgery, psychological interventions and mind-body therapy like acupuncture, and nutritional supplements. Among psychological interventions, are cognitive behavioral therapy (CBT) which uses discussion, listening and counseling to teach people with chronic pain coping skills, and better deal with the stress that pain can cause. Many studies show that CBT helps with anxiety, and stress. Cattanach et al. (2021) conducted a study where participants with chronic pain participated in several sessions that dealt with different intervention practices. Sixty-nine participants were enrolled into the study. After the sessions, interviews were conducted with the participants. (Cattanach et al., 2021). Questions that were asked during the interviews included:

How did you feel about joining the groups? What, if anything, do you feel has changed now for you after having completed the program? When you think of the meaning of your pain now, what comes to mind? What were the most important or useful ways to deal with chronic low back pain that you learned from the group meetings? Describe for me how it has helped. What were some things that you found difficult about the groups? What are your biggest roadblocks/obstacles to continuing? (p. 321)

The data was developed through qualitative analysis where themes and subthemes were found within the data (Cattanach et al., 2021). These themes included mindfulness techniques like meditation, body scan meditation, and 3-min breathing space exercise. Other themes foundations of pain psychology treatments with a subtheme of didactic learning. The findings show that this kind of intervention is beneficial to people with chronic pain. Meditation and mindfulness are accessible treatments to do that can be done within the person's home. With the stress, time, and

effort it can take to get to a medical clinic, easy and accessible treatments are a necessary part of chronic pain care.

Kutsuzawa et al. (2021) aimed to determine the effectiveness of individual CBT protocols for chronic pain. Clinical referrals recruited participants from hospitals and advertisements. The participants underwent 16-weekly face-to-face sessions and answered questions. Each session was a different focus; for example, one session was tactile attention shift training which involved moving attention away from painful areas. Another session was on memory work which revolved around memories associated with pain. The participants could give information on their pain intensity levels, catastrophic thoughts about pain, disability in daily life, depressive symptoms, and anxiety levels (Kutsuzawa et al., 2021). The researchers found no significant changes in pain intensity, but significant changes were found in pain catastrophic thoughts, pain-related disability, depression, and anxiety. The findings show that these new interventions positively affect chronic pain.

Although most CBT studies are done in person, one study has looked at an internet-based CBT program. (Gasslander et al., 2021) A total of 187 participants ($N = 187$) who had chronic pain were recruited from a specialist pain clinic. Participants were then randomized into either iCBT ($n = 95$) or a waiting list control group ($n = 92$) (Gasslander et al., 2021). The intervention consisted of six to 13 modules. Participants were asked to fill out questionnaires before, after, and during the intervention. Researchers followed up twelve months after the treatment (Gasslander et al., 2021). "Treatment adherence was divided into three variables labeled treatment progress, treatment completion, and exercise completion data" (Gasslander et al., 2021, p. 3). The researchers found that the internet-based treatments were most beneficial to those who thought them to be effective and credible (Gasslander et al., 2021).

Murphy et al. (2020) did a study on using cognitive behavioral therapy with veterans with chronic pain (CBT-CP). The veterans were taken from a variety of Veterans Affairs healthcare settings. The author's hypothesis was that CBT-CP would be associated with significantly decrease in pain intensity and higher quality of life (Murphy et al., 2020). The researchers gathered ($N = 1,331$) veterans with complaints of chronic pain and pain-related impairments (Murphy et al., 2020). Participants were turned away if they had any untreated psychosis, were abusing substances or were currently experiencing suicidal ideation. Researchers defined CBT-CP as "a structured, time-limited intervention that teaches patients how to better manage chronic pain and improve their quality of life" (Murphy et al., 2020). Measures were used to evaluate pain intensity, pain catastrophizing, pain interference, and depression. These measures were completed at the beginning, during and at the end of the treatment. To measure pain intensity, the Pain Numeric Intensity Scale was used. The Pain Catastrophizing scale was used to measure pain catastrophizing. Pain interference was measured using the interference Subscale of the West Haven-Yale Multidimensional Pain inventory. To measure depression two scales were used, the Beck Depression Inventory and the Patient Health Questionnaire. To measure quality of life, the World Health Organization Quality of Life-BREF was used. The results showed improvement across all outcome measures across the course of CBT-CP. Pain catastrophizing showed a significant drop and scores showed very good results. Pain interference showed a clinically significant reduction. Depression had a medium to large clinically significant effect. And finally, quality of life showed improvement from baseline to conclusion of treatment with small to medium effect size. The treatment was shown to effectively change the relationship, management, and response to chronic pain.

Acceptance and Commitment Therapy (ACT) is a type of behavioral therapy based on the relational frame theory (Harris, 2019). The aim of it is to “maximize human potential for a rich and meaningful life, while effectively handling the pain that inevitably goes with it” (Harris, 2019). ACT has to do with psychological flexibility which is the ability to act mindfully and be guided by our values. With greater psychological flexibility, the greater the quality of life (Harris, 2019) of life. There are six core therapeutic processes of ACT these are: contacting the present moment, defusion, acceptance, self-as-context, values, and committed action (Harris, 2019).

Another treatment that is used to change the relationship that one has with their chronic pain is Acceptance and Commitment Therapy (ACT). The purpose of the was to investigate if internet-guided ACT could help patients with chronic pain (Buhrman et al., 2013). The participants were recruited from the Pain Center at the Uppsala University hospital in Sweden. Patients would be contacted via telephone to see who was interested. For those who were interested an interview would be scheduled over the phone. The purpose of the interview was to see the eligibility and complications of participants. During the interview, questions were asked about perceived discomfort level, pain intensity, pain duration, previous contact with healthcare systems, psychiatric and somatic disorders, and information about the study (Buhrman et al., 2013). Participants were turned away if they had ongoing medical investigation or treatment that could interfere with the participation of the study. 76 participants were gathered and were randomized into either the treatment group ($n = 38$) or the control group ($n = 38$). Most of the participants were women between the ages of 27 and 69. The participants were given access to an internet program which was divided into seven sections. Participants were encouraged to

work on one section a week. The control group participated in a moderated online discussion forum where weekly discussion topics were introduced like

How is chronic pain presented in the media?”, “is it helpful to meet other individuals with chronic pain?”, “what experiences do you have of the health care system?”, “Are there books, movies, or music that you find helpful when the pain is worse?” and “How do you stay active despite your pain? (p. 310)

The results showed that the significant effects in acceptance, activity engagement and pain willingness. There were also significant results on depression and anxiety scales.

Similarly Afari et al. (2011) investigated the efficacy of the ACT protocol with diverse chronic pain conditions with three hypothesized: that ACT will provide improvements in pain interference, pain severity, emotional distress, activity levels, and quality of life for patients with benign chronic pain conditions compared to baseline, ACT will produce significantly greater improvements in these outcomes and higher levels of satisfaction with treatment than CBT, pain acceptance will mediate treatment response in ACT and perceived pain control will mediate treatment response in CBT (Afari et al., 2011). One hundred and fourteen participants were gathered between the ages of 18 and 89 years old who reported with chronic benign pain of any type for at least 6 months. Participants were excluded if they had any psychotic illness or manic episode or substance use disorder (Afari et al., 2011). Participants were broken up randomly into six groups and were not aware what they were doing until the first session. Assessments included measure of pain interference, pain severity, emotional distress, physical activity, quality of life, and treatment satisfaction (Afari et al., 2011). There was a 6 month follow up those looked improvements. The results showed less improvement than previous ACT studies. ACT can be a

helpful tool for chronic pain sufferers who are struggling with their diagnosis and are not accepting it.

Art Therapy and Resilience

Resilience can be defined as characteristics and processes which leads to positive adaptation in the face of adversity (Berberian, 2019). Art therapy (AT) has many benefits, providing communication, promoting sensory-based experiences, allowing opportunities to explore psychological distress, as well as others. AT can increase quality of life by acting as a distraction from the pain.

Berberian (2019) illustrated the essential benefits of AT and resilience. The first benefit is to provide an accessible and developmentally suitable means of communication. “Art therapy broadens the range of expressed affect, often enabling the individual to communicate what is internally withheld or externally oppressed” (Berberian, 2019, p. 16). The second benefit is that AT promotes a range of sensory-based experiences. Art can utilize a variety of materials from paint to clay to markers. Depending on the material, it gives the user a different experience. A client can feel empowered when they get to choose and explore the material how they want. The third benefit is that art therapy activates the preverbal and body memories of stored experiences and can provide a less threatening venue for expression through creation and metaphor. Metaphor is utilized in art therapy when appropriate. These memories become less threatening when mitigated through visual symbolism than through verbal disclosure (Berberian, 2019). Another benefit that Berberian describes is how AT provides structured opportunities to explore psychological distress and mitigate tensions. In an art therapy session, the combination of the malleability of the materials, the decisions made, and the finished product provide high levels of predictability and control which generates a sense of competency in times of distress (Berberian,

2019). Another benefit that Berberian speaks about is how AT allows for witnessing emotional expression through attuned presence. When art therapists provide art materials it enhances their presence and can provide a dialogue between the therapist and client (Berberian, 2019). The trust in the relationship creates resiliency as a positive interpersonal relationship is formed. All these benefits support an environment for creative problem solving, with these together provide a theoretical construct for art therapy's promotion of resilience.

With the struggle that chronic pain brings along, it can be hard to have hope and resilience when nothing seems to be getting better. A mixed method study by Lynch (2013) looked at the experience of people with chronic pain making art and what kind of adaptation they have to artmaking. The researcher's hypothesis was that the participants made a positive adaptation to the experience of pain and learn more about coming to terms with it. Participants ($N = 15$) were recruited from a pain management unit who had chronic pain and actively created art. The participants had a variety of diagnoses which included fibromyalgia-type pain, back pain, and spinal cord. An exploratory self-report questionnaire on demographic information like duration of pain, age, gender, diagnosis of pain as well as rating of pain severity, and the type of art participants created. Seventeen questionnaires were distributed and 15 were completed. Both women ($n = 13$) and men ($n = 2$) were in the study with the mean age being 52 years. The participants had all been living with pain for many years with a mean duration of 14.3 years (Lynch et al., 2013). The mean severity of pain was 5.56 out of a 10-point scale with a mean range of 3.7-8.7 shows that the pain was generally moderate to severe. The types of art included watercolor, drawing, clay work, photography, collage, and others. Key themes were identified that included physical and psychological aspects of pain and its limitations. Participants noted how living with chronic pain can bring on fatigue and exhaustion. (Lynch et al., 2013). The

physical limitations interfered with art making and the mindset needed for artmaking. Loss was identified in many areas like cognition, confidence, sleep, mood, hope joy and identity. Several themes were brought up by the participants about art making. Many participants described how they have used art to distract from the pain. On the other hand, their experience of pain, informed and expanded their art (Lynch et al., 2013). The distraction that art provided for these participants people help with resilience because the art takes their mind off the pain. Those with chronic pain can utilize hobbies such as knitting as not only an interest, but it helps them with their quality of life.

Art Therapy and Chronic Pain

Art therapy helps CP patients communicate their pain to others for those who do not understand what chronic pain feels like or how a person is feeling with chronic pain. The visual aspect can both help the person with CP and people on the outside. Art therapy can also bring hope to CP sufferers. Making art together and hearing other people's stories can create an environment to inspire hope. The art becomes a symbol of the pain and all the emotions with it.

A 12-week community-based art therapy group was offered to people living with chronic pain. The participants were gathered from various projects where artists interacted with people with chronic pain through an art class format. The authors, O'neill & Moss (2015) held the group in an arts center across from a hospital and was proposed by the hospital's rheumatology clinical team. Participants ($N = 9$) self-identified as having chronic pain and included both males ($n = 4$) and females ($n = 5$). The group met once a week and began with introductions and a guided meditation then to the artmaking which was based on a theme or directive. The group finished with discussion, reflection and sharing. The article gives several examples of what participants had made and the process that the participants went through as well as a case study. One example

was one of the weekly directives was to move beyond the pain and focus on the issues surrounding it. One of the participants was suffering from a migraine at the time and made a brain out of clay. They made a lightning bolt that showed where the pain was and another line that went down the spine to show that the pain penetrates the central nervous system. After, this participant talked about how they tried many different pain management programs, and none were as effective as art therapy with coming to terms with their condition. The participant was fascinated with how art could be used in this way and was reflecting on their pain in a symbolic form. This study allowed for the participants to discover the power that art can have. It allows the person to explore their pain and their treatment journey. With the study being a community-based group, participants were able to be around other chronic pain individuals and not feel alone in their treatment journey. Participants were able to share their experience in a comfortable, supportive environment.

Art therapy can instill hope into those with chronic pain. One qualitative study created an arts-based group intervention for people with chronic pain. The study focuses on the in-session experience of hope for participants during the intervention. The guiding question was “What are clients’ experiences of hope while sharing their hope collage as part of the Being Hopeful in the Face of Chronic Pain (BHFCP) group counselling treatment? (Larsen et al., 2018 p. 726). Participants were gathered through medical clinics, health agencies and chronic pain support groups. Women ($N = 11$) between the ages of 25 and 68 attended the 6-week group therapy program. During the hope collage intervention, participants were supplied with collage materials and invited to create a hope collage. Materials included construction paper, a large selection of magazines, scissors, and glue. Data was collected by interviews after the third session. In the interviews the participants were asked to recall thoughts, feelings, and experiences of hope they

had during the hope collage debrief. Three themes were established that came out from the debriefing with clients, coming together in hope, hope in relation to the other and internalizing hope. Interpersonal connections were made between the participants as some described the group as “safe”, “secure”, “very positive and hopeful”. Hope was generated by the group and held for other group members. Finally, participants gained a new awareness of hope by describing cognitive and emotional shifts. Hope allows one to have positive thoughts of the future. It gives a person something to look forward to.

Another study was done that had participants draw representations of their pain. The study examined an individual’s perception of living with chronic pain. Each drawing was considered to represent the participants lived experience (Kirkham et al. 2015). The sample consisted of seven women in middle adulthood. All participants ($N = 11$) had complex cases and multiple sources of pain. The participants were gathered from pain management clinic. Interviews were conducted to gather data from them. Each participant was instructed illustrate their drawing using a variety of materials like crayons, pencils, and paint, and an A3 sheet of paper. Participants had fifteen minutes to create their images in privacy. Afterwards, the participants were asked about what they had drawn and what it meant to them followed by questions such as on “what living with chronic pain meant to them, how they cope, particular struggles they faced, and their hopes and fears” (Kirkham et al., 2015 p. 400). Four of the participant’s drew images that depicting violence, suffering and persecution. Color is an important part of the drawings. Dominant colors in the drawings were red and black. Red was used to symbols anger and the heat from the pain while black was used to represent the oppressiveness and malignancy of pain (Kirkham et al., 2015). This method shows how art can

be used to communicate non-verbally. The person also gets to express non-verbally how their pain feels to them.

A pilot study by Hass-Cohen (2021) looked at drawing protocols for chronic pain. The aim for the mixed method pilot study was to demonstrate the role of drawing protocols managing pain. The study is a study. The participant's ($N = 34$) ranged in ages from 19 - 66 years old. Most of the sample was female ($n = 27$) The sample had a variety of diagnoses such as Complex Regional Pain Syndrome, Rheumatoid Arthritis, Fibromyalgia, Polio, Sciatica, and others. The three-drawing protocol had three prompts: "Draw the problem, draw the internal and external resources that help with the problem, and draw the problem as you see it now", participants were to draw an image for each prompt. The results showed that there was a significant improvement ($p < .05$) in the rating of pain, depression, anxiety, relationship quality, and helplessness from pre-test to post-test (Hass-Cohen et al., 2021). This study showed that art interventions can be beneficial and effective in the treatment in chronic pain. Protocols like these are easy to implement and in treatment and require little training for clinicians. Drawing protocols such as these are also more accessible for when little supplies are available. Not only does this protocol have the person recognize the problem but also have them think of the resources that can help them.

Cultural Considerations

Treating chronic pain can be expensive with multiple doctors' visits and buying medicines. Many people today struggle paying medical bills and expenses every day. The healthcare is not treating all chronic pain patients the same. For example, Lee (2020) found that "sickle cell disease patients experienced 50% longer wait times in the emergency department, and this delay has been shown to be independently associated with race and with sickle cell

disease diagnosis” (p. 903). Minorities experience inadequate access to chronic pain care which presents a barrier for getting consistent care. “Hispanics are significantly less likely to have consulted a primary care physician for pain compared to other ethnic groups” (Lee et al., 2020, p. 904). Without proper outpatient pain management, patients may receive help from urgent and emergency room settings. Using the emergency room is a more costly alternative to outpatient pain management. With minorities seeking care in emergency settings, it results in a higher incremental cost in their healthcare (Lee et al., 2020). Generally healthcare professionals are not trained in cultural humility while working with patients. Resulting in a loss in productivity is also a result of poor chronic pain treatment in minority populations. “Black patients with common pain conditions exhibited 2 hour per week of pain-related lost productive time in work compared with their white counterpart” (Lee et al., 2020 p. 904). Inadequate chronic pain care has an impact on the economic cost of disparities of pain. If someone goes into a healthcare facility and has a negative experience that affects their treatment, they are more than likely going to have less trust in healthcare. It is not right that people get discriminated against in the waiting room or get lesser care. Minorities should feel comfortable seeking medical treatment without the fear that they will receive worse care than the person next to them.

Discussion

Chronic pain is a term used for persistent pain that lasts at least three months. There is a wide spectrum of causes and can come in many forms from Complex Regional Pain Syndrome to Sciatica. It can be very difficult to live day to day with immense pain and not have it impact one’s life. CP can interfere with one’s professional life, academic life, and personal life and many may feel like they have to put their life on hold. It can affect the physical, emotional, social, and financial aspects of their lives (Koestler & Myers, 2002). The pain can also evoke

other symptoms on top of the pain like stress and anxiety which require coping skills for the person to be able to handle the distress.

Coping strategies are important for someone with chronic pain to have. With the many stressors that can accumulate in their treatment process, it is unhealthy for feelings of distress to go untreated. Untreated stress and anxiety can also show physical symptoms and further deteriorate their health. Being in tune with the mind and body can help integrate the mental symptoms as well as the pain that they are feeling in their bodies. Sensation-based exercises such as those in the Fox (2016) study, can be advantageous in the coping process. This type of coping strategy can be a newfound connection with the mind and body that can help those with CP. Anxiety can be a debilitating side effect of constantly having CP on a person's mind and can bring about unhealthy behaviors. A distraction-based exercise can be a healthy coping strategy to decrease anxiety.

Getting treatment for chronic pain can be a difficult journey to navigate as no one treatment will work for all chronic pain. A team of doctors are used to help determine the best way to treat the person. Going through multiple tests and treatments can put a toll on one's mental health as well and can get discouraged that they will never get better. Some treatments that CP sufferers will do are acupuncture, massage therapy, meditation and mindfulness techniques, and CBT. These treatments may only provide temporary relief of symptoms and would have to be done multiple times. CBT can be helpful for CP as it is a kind of therapy that helps treat the thoughts and behaviors of the person. The findings from a study done by Cattanaach (2021) show that mindfulness, meditation, and CBT can all be beneficial to people with CP. ACT can also be a helpful treatment to use for people with CP. The therapy uses acceptance and mindfulness techniques to deal with negative unhealthy thoughts and instills the

commitment to a healthy and constructive lifestyle that helps pursue the persons goals. Buhrman (2013) findings were that after the ACT intervention that there were significant effects in the participants acceptance, activity engagement and pain willingness.

Post traumatic growth is a positive psychological change that can happen after someone has experienced a traumatic event. A study examining PTG, and chronic pain was done by Ayache and Goutaudier (2020) and found that one of the groups had more open experience to pain and less interference in daily life. While three groups were identified, levels of pain disruption and levels of PTG varied. From the results, the author gathered that for PTG to occur, the challenge should be sufficient but not exceed psychological resources (Ayache et al., 2020). It would explain why those with high levels of PTG also had moderate levels of pain disruption.

Resiliency is when someone comes back from a difficult time in their life stronger than they were before. Those with chronic pain need resilience so they won't get caught up with all the stress of their pain and wondering if they will get better. Art therapy has been shown to promote resiliency in those struggling by distracting them and showing them that there is hope. Berberian illustrates the benefits of art therapy. The benefits will help promote resiliency because of how useful art therapy can be for the healing process. Berberian highlights how interacting with art materials allows for a tactile and sensory-based experience that can be explored. Art therapy can also release tensions and instill safety in clients through the therapeutic and artistic process.

The artistic process and the reflective ability that art therapy has can bring about hope for chronic pain sufferers. Larsen (2018) studied how a group of chronic pain participants would react when creating a hope collage. From that study, the results showed that hope created a positive environment through the mutual connection within the group, the atmosphere of the

group being described as “very positive and hopeful” along with the facilitators having a hopeful approach (Larsen et al., 2018, p. 729). The hope collage was a highly interactive study and as a cause of that it allowed the participants with chronic pain to have positive emotion and having hope for themselves and others.

Chronic pain management can be expensive and not readily available to everyone depending on where you live. Chronic pain is a specialty that may not be provided in all areas. Minorities often get lesser care which can put them more at risk. This discrimination in healthcare causes minorities to lose trust in the healthcare system. This lost in trust will cause them to find other means for their pain management that may not be safe or as effective. Healthcare practitioners should be educated in cultural humility to better serve minorities. This can stop the discrimination and lack of quality care that they are facing.

Conclusion

This literature review aims to educate those who care for those with chronic pain. Chronic pain is a debilitating illness with many symptoms that are not just a part of the diagnosis but come with additional symptoms like stress and anxiety. It is not an illness that can just be ignored and hope it goes away. CP is very much a part of the person’s life and often changes their life because of how much attention is required to manage the pain. Pain management treatments treat the physical symptoms that are happening in the body, but the mental symptoms also account for a lot. The mental symptoms can be just as distressing as the physical ones and so it is important that CP patients get help with their physical health as well as their mental health. Being educated with the field of chronic pain and knowing how to treat it is key to provide this population with quality care. Practitioners also should listen to their patients and be aware of their own biases so that they can treat the patient the best they can. Art therapy interventions

have beneficial attributes in the coping and treating of CP. AT can promote resilience through the interventions and the themes that are used. Giving a patient hope that their condition will get better and giving them control over their health is beneficial to their mental health.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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