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How Creative Arts Journaling Offers a Holistic and Humanizing Container for Chronic Pain Experiences: A Literature Review and Autoethnography

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How Creative Arts Journaling Offers a Holistic and Humanizing Container for Chronic Pain Experiences: A Literature Review and Autoethnography

Capstone Thesis

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Expressive Arts Therapy

Elizabeth Kellogg

Abstract

This expressive arts therapy capstone thesis explores the efficacy of using a creative arts journal in the exploration and management of chronic pain, as well as the correlative mental health issues that arise from chronic pain experiences. Using a biopsychosocial perspective with an awareness of racial health disparities related to chronic pain, I have provided information about chronic pain from medical and humanistic perspectives with a critical review of the literature that showcases the usefulness of the arts for reducing pain, hopelessness, and depression, and increasing mood, self–understanding, and hope. While research on visual journaling for chronic pain is in a nascent stage, much can be drawn from art journaling research with a variety of populations. In addition, an examination of both the efficacy and drawbacks of pain diaries offers some greater insight into the usefulness of chronicling pain experiences. While there is little discussion in the literature related to the specific utility of the art journal format, an examination of a journal's purpose as a "container" offers some useful insights. Using an autoethnographic approach, I participated in a six–month visual journaling process to explore my own chronic pain experiences. The results of this self–study included a release of physical and emotional tension due to the externalization of pain, an awareness of coping strategies, and a greater sense of personal validity and visibility, among others.

Keywords: chronic pain, creative arts journal, autoethnography, pain diary, art journaling

Author Identity Statement: I identify as a middle–aged, White, cisgender, heterosexual woman with mixed European ancestry and a middle–class background who experiences chronic pain.

How Creative Arts Journaling Offers a Holistic and Humanizing Container for Chronic Pain Experiences: A Literature Review and Autoethnography

Introduction

In his phenomenological analysis called “The Experiential Paradoxes of Pain,” Drew Leder (2016) explored the ambiguity of chronic pain experiences, explaining that “pain can take on an uncertain and therefore uncanny nature—what did I just feel? Neither friend nor doctor nor technological device can step in to answer that question” (p. 448). Not only are pain experiences subjective and often elusive to the person with pain, but they also cannot be truly understood by an outsider. The confusion and solitary experience coupled with ineffability make arts–based expressions of chronic pain all the more relevant. Expressive arts therapist Natalie Rogers (1993) wrote, “We express inner feelings by creating outer forms” (p. 2). The ineffable, then, can be explored as color, image, texture, form, and even words, and it is the hope that through this process, one can release, even for a few moments, the tension of pain’s invisibility.

Figure 1

Pain Made Visible

I have been living with pain's invisibility for over two decades, managing chronic musculoskeletal pain and headaches mostly in the shadows, compartmentalizing my pain, sometimes hiding it, and many times "pushing through" pain in public and collapsing in private. It was not until the research for this thesis that I began to use the label "chronic pain" to describe my experience, and ironically, the act of sitting at my computer researching and writing this paper has caused me considerable physical discomfort. It is with this transparency and awareness that I have chosen to not only review the chronic pain literature with regard to the arts but to engage in a personal arts–based practice in my own visual journal to process and explore my pain experiences. My art journal has not only been a therapeutic container for my responses to chronic pain, but also a companion in my research process, as I often responded to ideas, concepts, questions, and interventions from the literature with visual art expressions and journal writing. As such, my art journal entries themselves have become an essential presence in this thesis as both research and chronicle, witness and voice.

In this introductory section, my aim is to define chronic pain and its impacts, present current pain management approaches and theories, situate arts–based therapy as a viable approach to coping with pain, and introduce art journaling as a valuable holistic and humanizing pain management tool. I will follow this with a review of the current literature and a discussion of my own process of visual journaling for chronic pain. Within this thesis, I use the following terms interchangeably: art journal, visual journal, visual art journal, and creative arts journal.

Chronic Pain

Chronic pain is an increasingly relevant concern, as approximately 50 million people in the U.S. (that's 20% of the population) experience chronic pain (U.S. Pain Foundation, 2021b); it is estimated that chronic pain impacts 20% of the population worldwide (Meehan & Carter, 2021). To situate chronic pain alongside chronic disease statistics, 133 million people in the U.S.

(or 45% of the population) contend with at least one chronic illness (Raghupathi & Raghupathi, 2018). According to a new definition from the International Association for the Study of Pain (2020), pain is an "unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage" (para. 3). The addition of "emotional experience" in the definition is noteworthy as it acknowledges the psychoemotional impacts of persistent pain and points to the "bi–directional influence" of physical and emotional pain (Gilam et al., 2020, p. 17). It is also important to make the distinction between the neural process of nociception in the body and the perception of pain, which Gilam et al., (2020) described as "a more 'reflective' process" of "perceiving nociceptive information" that can also be influenced by sociocultural factors and spiritual beliefs (pp. 17–18). Pain is considered "chronic" or "persistent" when it endures for more than three months, longer than the typical time it takes for tissue damage to heal (U.S. Pain Foundation, 2021c; Meehan & Carter, 2021), and chronic pain is an "umbrella term for a range of disorders" (Larsen et al., 2018, p. 723) from musculoskeletal issues and headaches to osteoarthritis, visceral issues, and fibromyalgia (Larsen et al., 2018; Kattari & Beltrán, 2022; Raffaeli et al., 2021). It is estimated that 1.9 billion people worldwide experience chronic tension headaches, and chronic low back and neck pain rank as the highest cause of disability (Mills et al., 2019). Chronic pain is also recognized as its own condition or diagnosis (Meehan & Carter, 2021) as it is thought that "[r]epeated pain exposure leads to chronic activation inflammation, and dysregulation of the stress and immune pathways of the brain" (Hass–Cohen et al., 2021, p. 1). In essence, chronic pain is both a symptom and a condition (Raffaeli et al., 2021).

The effects of chronic pain have real personal, social, interpersonal, cultural, and vocational impacts, and mental health issues associated with chronic pain include fear, avoidance, anger, depression, anxiety, social isolation, suicidal ideation, and loss of hope (Larsen et al., 2018; Hass–Cohen et al., 2022; Hass–Cohen et al., 2021). It is estimated that the co–occurrence of chronic pain and depression is around 40%–60%, there is a correlation between adverse childhood experiences (ACEs) and chronic pain risk, and "heightened attention to physical sensations" increases anxiety (Hass–Cohen et al., 2021, p. 2). Sadly, Dowell et al. (2022) reported that an estimated 9% of those in the U.S. who have died by suicide had been experiencing chronic pain. Due to the bidirectional nature of physical pain and emotional distress, and the experiences of loss and isolation many people with chronic pain feel, multidisciplinary and holistic approaches to pain management must be addressed and promoted.

Pain Management Treatments

Dowell et al. (2016) estimated that 20% of people with both acute and chronic non–cancer pain are prescribed opioid pain medication. An estimated 25% of people with chronic pain treated with opioid medication at primary care clinics in the U.S. engage in medication misuse, and opioid use disorder (OUD) may develop for 10% of people in these settings (Sokol et al., 2021). Due to the historical overprescription and misuse of opioid medications, and limited evidence supporting the efficacy of long–term opioid use, Dowell et al. (2022) advised a pain management approach that includes "a range of therapeutic options" (para. 4). The U.S. Pain Foundation (2021c) advised that a "multidisciplinary, multimodal approach that combines various treatments is typically most effective" (para. 3). Pain management programs that involve multipronged and multidisciplinary approaches with a biopsychosocial model in mind (Meehan & Carter, 2021) may have people interfacing with doctors, nurses, physical and occupational therapists, and psychologists, and may offer (or encourage) complementary and alternative approaches, such as massage therapy, acupuncture, chiropractic work, biofeedback, neurofeedback, Feldenkrais, yoga, Reiki, hypnosis, meditation and mindfulness practices, and more (U.S. Pain Foundation, 2021a). It is important to note that the U.S. Pain Foundation (2021a) also lists art therapy, dance therapy and music therapy on their page of recommended complementary treatments.

While not as common, arts therapies are beginning to appear within pain management programs, such as in the integrated pain management program at Boomerang Healthcare in Los Gatos, California. I was able to speak with Christine Hirabayashi, a licensed marriage and family therapist and board–certified art therapist at Boomerang, who offers art therapy to individuals and groups, as well as facilitates an open art studio. Hirabayashi described the value of the cross–disciplinary model where she works: "In the medical system it's all numbers—the pain scale—and there's no other real way to be able to share with the physician exactly what you're feeling. In our clinic, I work as part of an interdisciplinary team, so I do talk about client artwork with the team and sometimes the clients/participants will show their art to their doctors" (C. Hirabayashi, personal communication, January 13, 2023). In addition to Hirabayahsi's art therapy program, the Boomerang website lists a team of medical doctors, physical therapists, counselors, nurses, mindfulness and yoga practitioners, acupuncturists, Chinese medicine practitioners, and massage therapists (Boomerang, 2022).

Gate Control Theory and Neuroaesthetics

While the scientific complexities of neurophysiologic pain mechanisms are beyond the scope of this paper, there are two areas of study that have positive implications for the use of the arts in pain management. The first is Gate Control Theory (GCT), a theory developed by Ronald Melzack and Patrick Wall in 1965, which they revised in 1996, that postulates the spinal cord possesses "gates into which messages about pain arrive from all over the body" (Center for Integrated Healthcare, 2013, p. 1). Put simply, the theory posits that when the neurological gates are open, many pain messages are sent to the brain, but when some are closed—when engaging in relaxation, exercise, touch, and positive distractions—fewer messages are sent to the brain and thus, the felt sense of pain is diminished (Center for Integrated Healthcare, 2013; Hamel, 2021). It has already been established that stress and physical pain have a bidirectional relationship (Hobson et al., 2022) and multiple studies show the stress–reduction benefits of art–making. In their systematic review of the use of creative arts therapies for stress management, Martin et al. (2018) found that 81.1% of the 37 studies they examined revealed significant stress reduction as a result of engagement with the arts. While more research is needed in examining the role of GCT in creative arts therapies for chronic pain, the theoretical grounding for arts–based treatments seems promising.

The second area of study is a newer field of neuroscience called neuroaesthetics, which is "the scientific study of the neural bases for the contemplation and creation of a work of art" (International Arts + Minds Lab, 2023, para. 1). Susan Magsamen (2019), founder and executive director of the International Arts + Mind Lab at Johns Hopkins University School of Medicine, described that "aesthetic experiences enter the brain through the portal of the senses" and "profoundly impact our biological circuitry" (p. 4). Magsamen introduced current research using portable devices that measure biological changes in the body while people view or create art, and highlighted how "pleasure centers light up in the brain when we are both creating and beholding the arts or engaged in aesthetic experiences" (p. 3). While neuroaesthetics is a newer field, the current research endeavors to scientifically substantiate what many already know: the arts are tools for healing and "something we can't afford to live without" (Magsamen, 2019, p. 3).

Coping with Pain Through the Arts

Expressive Arts Therapy is a multimodal arts–based approach to therapy that utilizes a combination of art forms—writing, visual art, movement, drama, and music—often shifting from one art form to another (intermodality) to help clients in their process of self–understanding, personal meaning–making, self–expression, emotional regulation, nervous system regulation, and more. Central concepts of expressive arts therapy include imagination, creativity, expression, spontaneity, and play, and no art skills or elaborate art supplies are required (Estrella, 2023; Malchiodi, 2023; Knill et al., 2005; Rogers, 1993; McNiff, 2004). As Malchiodi (2023) wrote, "With the increasing recognition of body–based methods for regulation and recovery, expressive arts therapy is becoming part of the continuum of somatic practices with traumatic stress, attachment problems, addictions, and other health challenges" (p.3). While the focus of my thesis is primarily on visual art journaling, it is important to note that there are a number of studies that support the use of other arts modalities in the treatment of chronic pain, including music (Sihvonen et al., 2022), dance/movement (Shim et al., 2017), and drama (Christie et al., 2016).

A survey of the current literature reveals that there are many benefits to the use of the arts for chronic pain, including a reduction in perceived pain, depression, anxiety, and feelings of helplessness, and an increase in resilience, hope, visibility, coping mechanisms, understanding pain experiences, and self–acceptance (Hass–Cohen et al., 2022; Larsen et al., 2018; Charoenpol et al., 2019; Lou et al., 2022; Kattari & Beltrán, 2022). As there is some concern about the amplification of pain by focusing too much on chronic pain experiences (Hass–Cohen et al., 2021), the arts can also be used for decentering or distracting from the pain and "temporarily shifting attention away from the pain to focus on the aesthetics and creative process of artmaking" (Lou et al., 2022, p. 5). Hass–Cohen et al. (2022) suggested that art focused on meaning–making as opposed to sensation may help individuals "move toward acceptance and coping" (p. 2). Arts–based processes also help with the translation of chronic pain, as well as the communication of it, whether to friends and family, health providers, or the general public, increasing a sense of legitimacy and visibility (Lou et al., 2022). While still in the nascent stage in the research literature at this time, the positive implications for arts–based processes for chronic pain are clear.

Why Art Journaling?

Art journaling is a process of journaling using both visual art and written expressions. In their seminal text *Visual Journaling: Going Deeper than Words*, Barbara Ganim and Susan Fox (1999) wrote, “The act of drawing allows the journaler to see in graphic form what was initially an abstract, almost incomprehensible notion” (p. 1). Those with chronic pain often experience this incomprehensible notion, the abstractness of pain intensified by its invisibility. In describing a somatic art journal process for chronic pain, Cathy Malchiodi (2007) explained how one may discover a “visual language” for pain and that keeping a regular journal practice may encourage an “internal sense of control” (p. 190). While medical pain management protocols often encourage clients to track chronic pain intensity, triggers, symptoms, and copings strategies in pain diaries or pain logs to some positive effect (Charoenpol et al., 2019), these formats do not traditionally address the whole person, including the impacts of intersecting identities and worldview on pain perception, nor do they allow for personal expression and meaning–making. While a few studies explore the impact of visual art journaling and chronic pain, this is largely a new area of research. This paper offers both academic and personal perspectives, including my own, on the efficacy of using a multimodal creative arts journal for chronic pain, and I argue that the format of an art journal itself is a holistic and humanistic container for the exploration of the often elusive experience of chronic pain.

Literature Review

In the following literature review, I investigate the impacts of visual art interventions on those who experience chronic pain, including myself, with special attention to the use of visual journals. In alignment with my autoethnographic approach, I employ “active self–reflexivity” and "recenter the researcher's experience as vital in and to the research process" (Poulos, 2021, p. 4). As such, I have created arts–based dialogues with the research itself, responding to many of the studies and interventions in my own art journal, and in effect, repurposing the literature as creative prompts for my own chronic pain explorations.

Positionality and Pain

Figure 2

Protective Bubble

As I consider my own positionality regarding chronic pain, I recognize and name my unearned privilege, and my lack of barriers due to my identity as a White, cisgender, heterosexual woman with education and class privilege. In the art journal entry above, I explored the "protective bubble" that surrounds me, particularly as a White person with chronic pain. I also acknowledge the racial biases and mistreatment that persist in Western institutions of medicine that directly impact Black, Indigenous, and People of Color (BIPOC). This bias extends to the research literature, as most of the studies I encountered included participants who identified as White; in some cases, no racial demographics were collected, nor were other identity intersections such as sexual orientation, gender identity (beyond the male–female binary), or socioeconomic status. While the arts in the treatment of chronic pain can be used powerfully and ethically across cultures and social locations, caution should be taken in applying research results broadly considering this gap in inclusive research.

It is also important to acknowledge the historical legacy of White supremacy in medicine, and in particular, “the views of non–White individuals as ‘subhuman’. . . which were brought to the Americas by [White] Western Europeans” (Ghoshal et al., 2020, p. 2825). Racist views that Black and Indigenous people in North America were somehow impervious to or had high thresholds for pain have had a lasting influence on the medical community resulting in racial bias in treatments for pain, such as poor pain screening, fewer rehabilitation approaches or surgeries, the underprescription of pain medication, and more monitoring for misuse of opioid medications (Ghoshal, 2020; King, 2021; Hobson, 2022). In addition, the persistent “social threat” of everyday racism impacts both pain severity and pain sensitivity in BIPOC patients with pain (Hobson, 2022, p. 1). Hobson et al. (2022) noted that there is a bidirectional relationship between negative emotions and pain and that “racial discrimination and related stress has been shown to be associated with chronic pain severity and experimental pain sensitivity” (Hobson, 2022, p. 5).

While there is uncertainty about how people from different cultural backgrounds experience pain in different ways, it does appear that “pain is affected by culture” (King, 2021, p. 1). For example, King (2021) noted that communicating about pain may be more or less acceptable in different cultures or societies. Raffaeli et al. (2021) clarified that “while in the Western world [chronic pain] is often explained as caused by biological factors, other cultures give a metaphysical explanation” (p. 831). In all, it is important to acknowledge that pain is not just a physical or physio–emotional phenomenon, but it is also sociocultural. Views about pain and its causes, as well as how to cope with it are influenced by social, cultural, and sometimes spiritual worldviews.

Visual Art and Chronic Pain

Before exploring the benefits of creative arts journaling for chronic pain management, it is important to establish the utility of art–making for chronic pain in general. While few studies examine the specific method of using art journaling in the treatment of chronic pain and the correlative mental health issues that arise from persistent pain experiences, the general use of visual art interventions for chronic pain is present in the research literature. The following research highlights the interplay between pain experiences and mood states, stress, identity, visibility, community, mindfulness, and hope.

Rating Pain, Reducing Pain

One study highlighted the utility of art therapy in reducing acute pain and anxiety symptoms for patients in hospital inpatient settings. While not focused on chronic pain specifically, this study still offers some insight into how art–making may be used as a short–term intervention for pain coping. Shella (2018) described a four–year study of 195 hospitalized patients in Cleveland, Ohio who participated in art therapy using mixed media (paint, beads, collage, papier–mâché, etc.) at their bedside with a trained art therapist. Participants were majority female ($n = 166$) with an average age of 45 and a range of medical conditions. No other demographic data, such as race, was presented. Sessions lasted an average of 50 minutes and researchers found significant ($p > 0.001$) improvement in patients' anxiety levels, mood, and perceived pain after reviewing pre– and post–test anxiety and pain scales. Interestingly, age, gender, and choice of art materials did not appear to impact the results, suggesting that "art therapy can impact mood, anxiety, and pain regardless of other factors" (p. 62).

Hass–Cohen et al. (2021) piloted drawing protocols for 34 participants ages 19 to 66 (*M* = 36) with chronic pain. This one–time, two–hour pilot study was conducted in the state of California with predominantly White (73.5%) and female (82.4%) participants. Participants had a wide variety of medical diagnoses and a great majority (76.5%) had been experiencing pain for over two years. The study aimed to test two drawing protocols—a three–drawing and a four–drawing process—with the addition of a Memory Reconsolidation (MR) variable related to internal and external resource reminders. The study used an experimental pre– and post–test design with a control group, including a two–week follow–up; results reflected symptom change and frequency within participants, within groups, and between groups. Group selection was randomized, but there was no no–treatment control group. Results showed significant ($p < .05$) improvement in participant pain, depression, relationship quality, anxiety, and feelings of helplessness. There were negligible differences between three– and four–drawing protocols, and the MR variables. While the results do "provide support for the use of brief art protocols in therapy" (p. 8) for chronic pain, there are a number of limitations, such as a small sample size, too many outcome variables, and a lack of diversity in the sample.

Shella's (2018) and Hass–Cohen et al.'s (2021) studies revealed participant decreases in pain after art–making, in addition to improvements in mood. Since both studies were quantitative in nature and used pain, mood, and anxiety scaling tools instead of client interviews or artwork, I was left curious about the participants' creations, any insights gained from creating, and how it felt to translate their complex human experiences into a numerical scale of perceived pain intensity. Amanda Williams (2021), clinical health psychologist and consultant to the Pain Management Centre at University College London Hospital highlighted the limitations of common medical tools such as pain rating scales: "There are various rating scales, uni– or multidimensional, but most people with pain do not find these effective in expressing their pain"

(p. 177). She emphasized that “none of these ratings encourage emotional disclosure by people with pain about the effects of pain on them and their lives” (p. 177). In my own experience, pain is multidimensional, and the intensity of pain, which is the main focus of many pain scales, is only one dimension of my pain experience. When critiquing pain intensity scales in their groundbreaking book *The Challenge of Pain*, pain researchers and Gate Control Theory founders Melzack and Wall (1996) wrote, “to describe pain solely in terms of intensity is like specifying the visual world only in terms of light flux without regard to pattern, colour, texture, and the many other dimensions of visual experience” (p. 37).

In my own art journal, I experimented with using images to appraise a pain experience, and engaged in mixed media collage to “rate” my headache pain while releasing my emotions about it. I explored the colors, shapes, and textures of the pain, identifying the sensations as “red,” “hot,” and “torn”—descriptions that emerged from my reflection of the artwork itself. My appraisal of pain intensity arrived through the act of creating itself and by exploring the multiple dimensions of pain that included both my thoughts about the pain as well as my emotional responses to it.

Figure 3

Seven out of Ten

Chronic Pain and Invisibility

Invisibility is a description that shows up in both academic and non–academic works when referencing chronic pain experiences. In her personal essay "Understanding Pain," Emily Klamer (2019) wrote, "The source of my constant back pain is invisible, at least to the naked eye" and "I sometimes struggle with feelings that the pain is less real or less legitimate than acute pain (p. 13). In her study of "illness identity," Voorhees (2022) explained, "Because it cannot be physically seen, weighed, or measured, pain exists discursively, via an individual's communication of their experience and others' affirmation of that experience" (p. 2). Externalizing pain through art can become a path toward greater visibility. In their article "An Essay on the Space Outside Pain Where the Poem Takes Place" from the anthology *Painscapes: Communicating Pain*, Rosen (2018), wrote, "In making pain an object to be explored imaginatively, represented and communicated, the suffering self is transformed to some degree so that the hold pain exerts is circumvented" (p. 1031). In response to this topic of invisibility and pain externalization through art, I created an art journal page exploring how invisibility shows up for me. In my journal writing, I noted that not only does my pain feel invisible to the outside world, but I also contribute to this invisibility by hiding my expressions of pain.

Figure 4

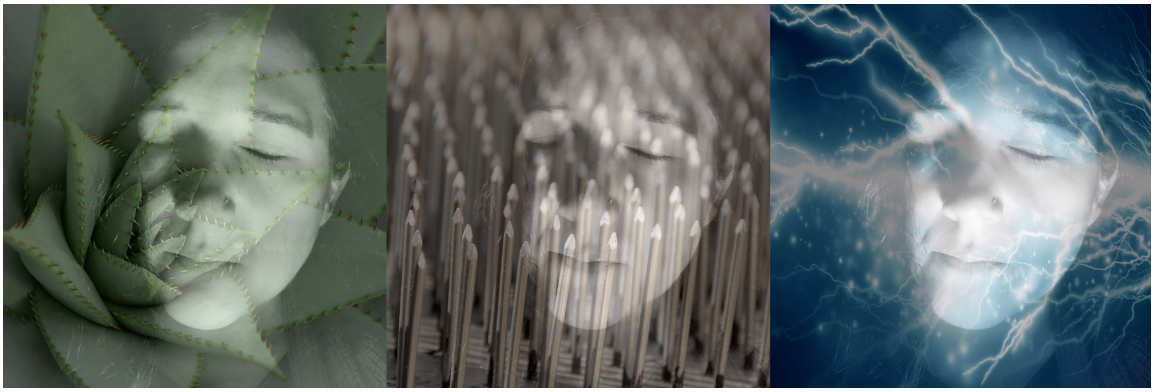
If I Hide, You Can't See Me

A study by Kattari and Beltrán (2022) explored the experiences of invisibility for people living with chronic pain, chronic illness, and disability. They used a "mixed arts–based methods" process (p. 505) involving an adapted Photovoice design with creative journaling and other visual art expressions. While the focus of this study was not on the specific utility of using creative journaling, some participants did create in a visual journal during the process. The first author, Kattari, who identified as a "disabled and chronically ill femme" (p. 505), participated by contributing their own journaling, photographs, and watercolor paintings to the data, adding an autoethnographic element and demonstrated self–reflexivity to the research design. Researchers recruited U.S. participants using Facebook and Twitter by calling for people with chronic pain, illness, or "non–apparent disability" to participate in a "visibility project" (p. 510). The recruitment call also encouraged people to share within their communities, so both purposive and snowball strategies were used. From this call, eight people ages 16 to 40 participated in the project. Researchers noted some diverse gender identities and a range of chronic pain and illness issues but no socioeconomic data were collected, and racial/ethnic diversity was limited as most participants identified as White. Participants were asked to create two sets of photographs, one set exploring perceptions from others and the other depicting intense pain or illness experiences. Participants were also encouraged to submit a page of writing addressing others' perceptions along with a reflection on "in/visibility" of pain or illness experiences (p. 511). To make the Photovoice process more accessible, flexibility was offered; participants could attend a scheduled photoshoot or engage with their own photo process and artmaking in a timeline that worked with their own pain and energy levels. After two months, participants submitted their photography, writing, and visual art for thematic analysis and for inclusion in a community arts event, accessible both in person and online. Kattari collaborated with Beltrán in exploring deeper themes in the data and also consulted with others in the chronic pain/chronic illness community regarding coding. Results from the thematic analysis included themes of "unfettered anger, challenging expectations, duality of reality, and resistance/resilience" (p. 512). Additionally, Kattari and Beltrán noted the importance of community support, social dialogue, visibility, voice, resisting ableist structures, centering marginalized narratives, and accessible research design. As Kattari & Beltrán (2022) shared, several participants and audience members at the community event felt "validated and uplifted meeting others with similar experiences" (p. 517), highlighting the healing power of visibility, community action, and engagement.

Inspired by the mixed media approach of Kattari and Beltrán's (2022) study I used a process of self–portraiture photography, combined with some digital editing using a double–exposure feature to explore three different pain sensations. I decided to use my own face as a way to be more visible in my artwork and to feel the power of superimposition. While I created this artwork digitally, I printed out the images and pasted them into my chronic pain journal.

Figure 5

Three Self–Portraits of Pain



Finding Flow: Mindfulness and Art

In a pilot study using visual art and mindfulness interventions for chronic headaches, Björling et al. (2019) utilized visual art and mindfulness interventions with a small group (*N* = 8) of self–selected 14 to 17–year–old adolescent girls with a history of non–injury chronic headaches at a Pacific Northwest high school. Seven out of the eight participants identified as White or European, but no other demographic data were reported. The study examined participants' perceived stress, momentary stress, and headache pain experience over a three–week period of twice–a–week interventions and stress–reduction psychoeducation. A follow–up interview occurred seven weeks later. The Perceived Stress Scale (PSS), Diamond Headache Questionnaire (DHQ), and a momentary stress scale were used pre– and post–intervention. Researchers used a participatory intervention approach, offering "a menu of activities" (p. 87) to choose from that included body scans, breathwork, meditation, body mapping, individual and group drawing, and mandala creation. Results showed little change in perceived stress over time, but there was a statistically significant decrease in headache pain self–reports over time ($F = 8.65, p < .015$). Momentary stress showed a significant decrease ($F = 11.87, p < .001$) overall, but there was an increase at the seven–week follow–up. While the implications of art–based mindfulness interventions appear promising for White adolescent girls with headaches, caution should be taken in applying these approaches broadly.

Of particular interest to me was the observation that the "pre–mindfulness art" showed attributes of "compartmentalization of stress" (confined to specific areas of the body) in contrast to drawings after mindfulness activities which "suggested a sense of movement or flow throughout their body" (Björling et al., 2019, p. 89). Inspired by the combination of mindfulness and art–making, I engaged in some self–guided intentional breathing and body scan activities, imagining my own headache pain diffusing and lifting. I created the following watercolor and ink drawing in my art journal, which I've titled *Transient Pain, Transient Relief*. In response to my artwork, I wrote the following in my journal: "Floating leaves and moons, moments of reprieve. Pleasure, distraction, beauty. Lightness. Buoyancy. Floating reprieve. Expansive, open, free." I was struck by the powerful combination of stress–relieving mindfulness interventions with artistic visual (and written) expression.

Figure 6

Transient Pain, Transient Relief

Making Room for Hope

As part of a six–week group therapy program called *Being Hopeful in the Face of Chronic Pain* in Edmonton, Ontario, Larsen et al. (2018) studied the impacts of a two–session hope collage activity that aimed to address positive emotions and hope, as people with chronic pain "must envision a future in which pain may play an ongoing role" (p. 722). Using an arts–based positive psychology framework and case study methodology, researchers endeavored to "allow participants to engage in the affective or 'felt' dimension of hope" through collage–making and sharing or debriefing with one another. Eleven women ages 25 to 68 participated in the study and the mean length of chronic pain in the group was 18.5 years. No other demographic data were collected such as sexual orientation, race, or socioeconomic status, and the intersecting identities of the facilitators and researchers were not stated. The hope collage activity involved creating collages using construction paper, various magazines, and of course, scissors and glue. Participants were encouraged to choose images that inspired hope and facilitators emphasized process and meaning–making over making a visually–pleasing artifact. In a follow–up session, facilitators invited sharing, conversation, and a debrief with participants as a group, and then interviewed each participant about their hope collage experiences two to three days later using Interpersonal Process Recall (IPR) procedures, which were audio recorded and transcribed. Trustworthiness was established through triangulation in the coding process, reflexivity, and meetings with researcher colleagues. Thematic analysis was used and three main themes were found: "Coming Together in Hope, Hope in Relation to the 'Other,' and Internalizing Hope" (p. 729). Results revealed positive impacts from the collage process itself, as well as from the connections between participants who found "similarity in struggle, which reduced a sense of isolation" (p. 729). The collage images "reminded participants that hope can be present even in the context of difficulty" (p. 731) and researchers found that the collage experience "generated positive cognitions and affect which worked to mitigate the deficit of positive emotions common in individuals with chronic pain" since "simply telling clients to think positively is rarely effective" (p. 732).

As a response to learning about the hope collage intervention, I explored my own "'felt' dimension of hope" (Larsen et al., 2018, p. 726) in my art journal. I had been curious about the differences between "pain venting," or expressing my pain unapologetically on the page, which offered some cathartic release and externalization of my pain, and focusing on positive emotions through finding and assembling hopeful imagery in the collage–making process. Larsen et al. (2018), described how a "positive feedback loop" (p. 724)—such as focusing on positive thoughts, resilience, and hopeful images—can interrupt the pain and negative emotions feedback loop and how "hope can be a "motivating force" (p. 725). Interestingly, the researchers clarified that the positive emotions do not replace the negative ones, "but actually counteract the impact of the negative emotions" (p. 724). In the following art journal page, I imagined a positive future of being able to do self–care (like taking a hot bath) without the risk of getting an intense "overheating headache." In this depiction, a bird is a companion and "helper," reminding me to pay attention to subtle shifts in my body when soaking.

Figure 7

Hope Collage: The Pain–Free Bath

Creative Arts Journaling for Chronic Pain

Filling in the Gaps

There is a gap in the research when it comes to assessing the specific use of a visual journal for chronic pain. While arts–based interventions for chronic pain exist in the literature as presented in the previous section, the impact of a multimodal creative arts journal for pain experiences has received very little attention. In fact, I located only one recent study which solely and specifically addressed the use of visual journaling in the treatment of chronic pain (Lou et al., 2022). However, as stress, anxiety, and depression often co–occur with and influence chronic pain, understanding how art journaling may support mental health, personal growth, and resiliency offers some important insights for chronic pain.

For example, a study of 67 Latinx adolescents engaging in seven different peer–led positive psychology–oriented creative journal arts interventions revealed statistically significant increases in resiliency and personal recovery attitudes, and decreases in depressive symptoms (Vela et al., 2019). A study on the use of creative journal arts therapy for three survivors of domestic violence showed some promising results, particularly related to improvements in resiliency (Ikonomopoulos et al., 2017). In a study of five Malaysian women exploring their experience of midlife through creative journaling, results of the 10–week journaling process showed increases in self–awareness of thoughts and feelings, increases in self–understanding, and greater "personal myth" and life insights (Rajasingam & Couns, 2017, p. 9). In a study of a six–week online arts journaling group for nine transgender clients ages 21–40, survey results indicated that participants experienced an increase in a sense of belonging and validation by sharing their art journals each week (Holder, 2021). While it is clear that visual journaling could use much more attention in the research literature, the existing studies do point to their beneficial impacts with a variety of populations.

What About Pain Diaries?

While creative arts journals are not as well–known within medical and psychological communities, paper or electronic pain diaries are more common and are often offered to clients and patients as both pain–tracking and communication tools. Pain diaries (sometimes called pain logs) are tools used for tracking pain frequency, intensity (often using pain rating scales), triggers, pain fluctuation, medication use, activities of daily living, and coping strategies, as well as the impacts of various interventions like exercise, diet, physical therapy, and relaxation techniques (Beauclaire, 2022; Alexander et al., 2016). While a few studies of diary use for acute pain have shown amplification of pain symptoms or an increase in recovery time (Ferrari & Louw, 2013; Ferrari, 2014), Charoenpol et al. (2019) reported that pain diaries, particularly for chronic pain, can "enhance the sense of self–control and facilitate communication with caregivers" (p. 478) and can lead to "improved self–management and more effectual treatment plans" (p. 477).

Qualitative data from a mixed–methods study on pain diaries for Thai patients with non–cancer pain offers some insight into the pain diary format for promoting internal change, self–understanding, and improved communication with medical providers. Charoenpol et al. (2019) recruited 72 Thai patients (59.7% female) from a Bangkok pain clinic to use pain diaries for four weeks; 56 patients completed diaries. In addition to completing pain inventories and questionnaires for quantitative analysis, participants also responded to five reflective questions in their pain diaries each week related to pain perception, pain control, pain management, communication of pain, and other observations. After four weeks, participants were divided into two focus groups for semi–structured interviews based on their level of engagement with the reflective questions. Interviews were recorded and transcribed. Recorded data from the focus group interviews, researcher notes, and thematic content analysis of diary entries revealed four emerging themes honoring both consistency and variation in the results: increased understanding of pain experiences; improved communication with and understanding from medical providers; and a reduction in "mood disturbance" due to the positive "venting effect" of writing (p. 11). As one participant shared, "*When I got the diary, I complain to the diary*" (p. 487); another participant stated, "*When I have vented away from the pain, it's like we've forgotten about this* *pain*" (p. 487). The positive effects of expressive writing from this study are important to note, as they show support for more expressive modalities contained within the journal format.

A Visual Journal Study for Chronic Pain

The only study I located that included a true visual journal format for the expression of chronic pain experiences was a subset of a larger Australian pilot clinical trial exploring visual art interventions for those with persistent pain. Lou et al. (2022) conducted a six–participant exploratory study involving the use of visual art diaries. Participants ages 21 to 71 were recruited from a Sydney pain management clinic; three identified as female, two as male, and one as non–binary. No information related to race, ethnicity, or socioeconomic status was reported. Using a qualitative description approach, researchers aimed to "develop an understanding of participants' expression and ideas about their pain experience through artmaking" (p. 3). Participants engaged in a five–week process of group art observation, art creation, and discussion at The Art Gallery of New South Wales (NSW). In between sessions, clients responded to open–ended prompts in their visual diaries. Visual analysis was used for diary drawings, group discussions and researcher observations were transcribed, and a thematic analysis was used for triangulated data analysis. Results showed the following thematic categories: "the lived experience of pain," "the drive for growth beyond the pain experience," and "personal values and perceptions guiding daily living and decision–making" (p. 6).

Sub–themes of the study included identity, the use of metaphor and personification, connections between physical and emotional pain, self–acceptance and self–worth, pain management strategies, and artmaking for pain distraction. Researchers increased trustworthiness through member–checking and active researcher reflexivity to reduce bias when interpreting participant data. For a few participants, art–making in their journals helped by "shifting attention away from the pain to focus on the aesthetics and creative process of artmaking" (Lou et al., 2022, p. 5) and many of the participants explored connections between physical pain and emotions using metaphor, with one participant "personifying bacteria [through drawing] to explore their beliefs of a parasitic relationship between pain and the physical body" (p. 5). The study did not address how the diary format itself—the container of the diary as an artifact or the regularity of its use—may have impacted participants' expression of pain experiences.

The Art Journal Format

Interestingly, very few academic articles I reviewed on art journaling addressed the format of the visual journal as opposed to other non–journal art formats. For example, what is the difference between the visual expression of pain on a loose piece of paper or canvas versus housing it inside a journal? What makes a visual journal a distinct experience and why might the journal structure itself be useful? In her exploration of how visual journaling might be helpful for a therapist's experience of vicarious trauma, art therapist Diana Gibson (2018) described the visual journal as a "contained space" and a space that can be used to "contain difficult material" (p. 99). Gibson (2018) journaled daily for six weeks, placing the journal in a locked filing cabinet in her therapy office at the end of her day, which she wrote, "left ample room in my heart for the emotions and thoughts concerning myself and my family" (p. 103). In her auto–hermeneutic study, Asli Arslanbek (2021) described written or visual diaries as a "container of emotions," a place for sharing one's "worldview with an imaginary audience" (p. 2), a "'safe space' outside the therapy room" (p. 8), and a "self–help tool" (p. 2). Lucia Capacchione (2015), art therapist and author of *The Creative Journal*, described a creative arts journal as "a safe, nonjudgmental atmosphere" (p. 9) and a place where "you just get to be yourself" (p. 145). Capacchione (2015) invited her readers to "go to your journal as you would to a good friend and confidant" (p. 143). As chronic pain is an often isolating experience, the notion of having a reliable "confidant" in the form of a creative arts journal who will accept and welcome any and all expressions may offer some relief. I found this to be true with my own journaling process, finding the container of the journal a safe and private space to explore my feelings about pain and to make my pain visible. I welcomed the chance to express, vent, and even complain about my pain without worrying about how it might look or how I might be received.

Figure 8

Art Journal Spread: Bilateral Drawings of Pain

In terms of form, the accessibility of a visual journal is also important to recognize. In assessing the role of diary writing as a "recovery–oriented tool," Alexander et al. (2016) addressed its accessibility and functionality: "Diaries are affordable and portable, and thus easily accessed, and can offer a venue of immediate support and catharsis" (p. 22). In her book, *Layers of Meaning: Elements of Visual Journaling*, art therapist Rakefet Hadar (2021) described the impact of a visual journal's "intimate format" created in her journal at the hospital when her mother was dying (p. 18). Hadar also noted that a visual journal is transportable, carriable, and can be a sanctuary or a "small escape" (p. 18) during challenging times.

Multimodality: A Combination of Visual Art & Writing

In terms of the multimodality inherent in visual journaling, Ganim and Fox (1999) described, "By combining verbal thoughts with imagistic perceptions, you will find that visual journaling serves as an important tool to integrate the functions of your visual, intuitive, feeling–centered right brain with your verbal, logical thought–centered left brain" (pp. 6–7). Sackett and McKeeman (2017) identified that "emotions are abstract and can be difficult to make tangible through words" and "images allow for a depth that words are not able to access" (p. 243). The same could be said for pain experiences, as finding language to describe the pain is often quite puzzling: "Because pain is a multimodal experience without commonly understandable or shareable metrics, anyone finds it hard to describe [their] pain" (Charon, 2021, p. 38). Using visual art and writing in combination, in tandem, or as a call–and–response approach offers a unique dialogue between image and word. While the primary focus of art journaling is using visual art expressions, Heib (2005) noted, "The process of writing is core to art–journaling. You use your verbal insights to focus and concretize your non–verbal expression" (p. 57). In a study of women with endometriosis pain, Bullo and Hearn (2021) identified that because patients need to rely on "language tools to externalize their internal experiences," they also "resort to imagery and/or metaphorical language to communicate their pain experiences" (p. 272). With the inclusion of visual art to help with metaphor creation, the once–elusive language may be found as I discovered after drawing my knee pain. Once I had created the image, I was able to explore the pain through writing and find some language, including important metaphorical language that helped me understand my experience.

Figure 9

Knee Cage, Art Journal Page

Note. The list of descriptors reads "ache, zing, burn/hot, sharp edges, pinch, restricted, crackly." My freewrite reads, "The pain is a vault, a cage, a great pinch between wires, a nervy zing, a gauntlet, a pressure cooker. The pain is like a wrap of barbed wire. Knee cage. Restricted. A batting cage. A trash compactor. Pulled, overstretched. Pain is like a mailbox, a rusty gate, paper cuts, a deep throb of a cramp. It's a piece of hot charcoal."

Engaging in Process, Releasing Perfection

When speaking with art therapist Leah Guzman about visual journaling, she described the process as a way to connect to her voice and that her intention in using her journal is about "getting loose"; she also shared that when she paints outside of the journal she experiences more hesitancy because the painting feels "more precious." In an art journal, she shared, it "feels safe to mess up" (Leah Guzman, personal communication, November 22, 2022). A visual journal is indeed a place to engage in the process without the pressure of making "good art." Ganim and Fox (1999) explained that visual journaling is not about "artistic talent" or even "creating art," for "it is about expressing an imagistic language whose alphabet is color, shape, line, form, and texture" (pp. 5–6). It is a place to seek self–understanding, which at times can be messy, unclear, or incomplete, just like chronic pain. For many with chronic pain, the root cause of their pain is unclear and some have not received an official medical diagnosis (Voorhees, 2022). So not only is the pain in process in an ongoing way but so is the medical understanding. Art journaler Juliana Coles wrote, "My journal is the container, soul home, or witness protection program, not some proving ground" (De Vries Sokol, 2008, p. 8). The repetition that is implied with journaling also contributes to its role as a process art. Hieb (2005) identified that "[d]oing something over and over gives you familiarity, erases awkward fears around performance, and returns you to the discovery methods of a child" (p. 102).

Ongoing Coping & Meaning–Making

The ongoing nature of chronic pain lends itself to an expressive process that welcomes repetition and regularity over time like the use of a creative arts journal. When speaking with expressive arts therapist Mimi Yasgur about my thesis topic and how my art journal felt like a *chronicle* of my pain experiences, Mimi noted that the words "chronic" and "chronicle" have the same root *chron*, which means time. Together we explored the idea of pain as recorded in the body and that journal entries can act like "time stamps" of the pain (Mimi Yasgur, personal communication, February 2, 2023). In my own journal, I not only explored the physical dimensions of my pain, but also my emotional landscape, and over time I was able to see repeating themes. Heib (2006) explained that with art journaling "you can notice progression, similarities, and changes as different elements dominate or are subsumed. You will see that visual themes tend to develop over time in the same way that themes emerge from your written journaling" (p. 102). In the upcoming results section, I will share some of the themes I noticed from my pain chronicling process.

Method

For my literature review, I utilized the Lesley University library database, the University of Washington library database, and Google and Google Scholar to find source material. In addition to using search terms like *art*, *visual art*, *art therapy*, *expressive arts therapy*, and *creative therapies*, my search terms for creative arts journaling included the following: *visual journal*, *art journal*, *arts journal*, *journal*, *diary*, *visual diary*, *art diary*, *creative journaling*, *artist book*, *altered book*, *therapeutic journaling*, *therapeutic writing*, and *journal–keeping*. I also used the search terms *pain*, *chronic pain*, *persistent pain*, *long–term pain*, and *pain management*. In addition to academic articles, I utilized several print books and ebooks and consulted eight print books on the topic of visual journaling (Hadar, 2021; Hieb, 2005; Ganim & Fox, 1999; Capacchione, 2015; De Vries Sokol, 2008; Soneff, 2008; Woods & Dinimo, 2006; Woods and Dimino, 2007). Additionally, I consulted with art therapists Christine Hirabayashi and Leah Guzman, and expressive arts therapist Mimi Yasgur as part of my research process.

For six months (September 2022 to March 2023) I utilized a visual journal to document and process my chronic pain experiences. My intention was to chronicle my pain experiences using visual art and writing in a journal at least once a week. I have utilized visual journals for the past two decades, but never with a focus on chronic pain, so this thematic focus was a novel endeavor. My journal was an 8” x 8” square shape with 60 sheets of 73–pound white unlined paper. I often used both sides of the pages and most entries were mixed media in nature, with a combination of acrylic paints, watercolor crayons, oil pastels, ink, pencil, collage images, and string, thread, or yarn. When I began this project, my hypothesis was that having an artistic, private, and nonjudgmental container to process chronic pain would increase my understanding of myself and my pain, as well as provide a physical and emotional release of internal tension through the externalization of my pain experiences.

Figure 10

Photograph of My Chronic Pain Art Journal

Results

During the six months of processing chronic pain in my art journal, I produced 65 pages of art and writing at an average of two to three entries per week. I did not use my art journal like one might use a pain diary or log by recording daily symptoms, activities, and pain severity; instead, I responded to pain experiences intuitively within my week, sometimes *during* an increase in pain, sometimes *after* a pain experience as a reflection, and sometimes as a way to respond to the research literature. The latter process was a surprise to me, as I did not set out to have an artistic dialogue with the literature itself.

A Focus on the Pain Experience

Approximately half of my journal entries were expressions of in–the–moment pain or reflections on specific pain experiences, particularly about headaches, migraines, and neck pain, though a few entries addressed low back and knee pain. As you can see from the images below, red and black are repeating colors.

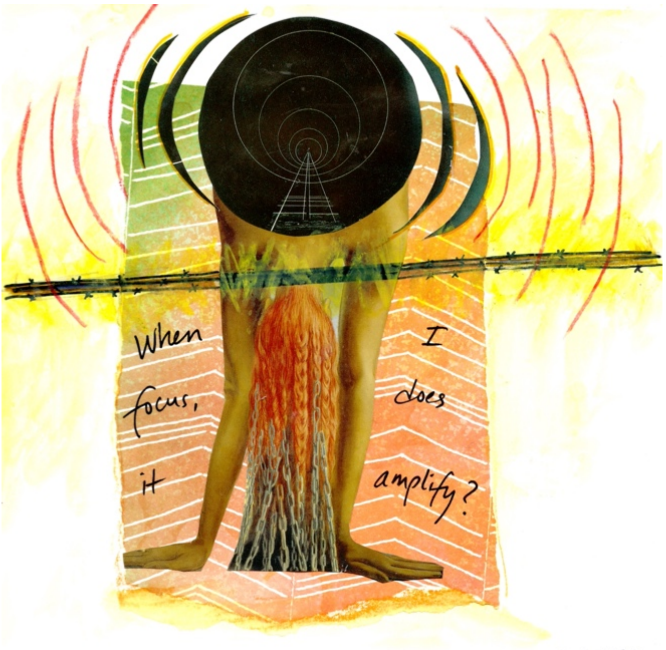
Figure 11

Expressing Pain: Eight Art Journal Entries

When turning to my journal for coping with pain in the moment, I often noticed a release of tension in my body and slower, deeper breathing within the first few minutes of creating. I felt relief in being able to externalize my pain and also felt a kinesthetic release when using my whole body to make marks on the page. Many times I noticed some diminishment of my pain and other times I wondered if focusing on my pain too much was amplifying it. In the following art piece, I explored that very question.

Figure 12

When I Focus Does it Amplify?



10.29.22

What I realized was that expressing myself in my art journal did not actually amplify pain but ruminating and focusing on it in my daily life often did. When journaling, I actually experienced some temporary relief because my imagery and writing could share the burden of my pain experience. I could see my pain and felt validated by my experience. My pain felt real, tangible.

When my pain level was too high, I was not able to use my journal for coping, but at a later time, after the pain had subsided, I was able to reflect on the experiences, which offered me a chance to metabolize or process what I had experienced. For example, the day after a particularly painful vascular headache, I was able to create artwork that represented my struggle. In response to my artwork (below), I wrote the following:

> I pace to keep the headache from burning me, hoping to chase it away with my back–and–forth movements, stumbling in the dark of the bedroom. I keep my mind on my feet. Feet walking, legs moving, trying to distract myself from the crushing headache and

nausea sitting like an egg stuck at the bottom of my esophagus. Nesting there. Tonight, after getting overheated, here I am, recovering from a simple bath that was meant to relax me.

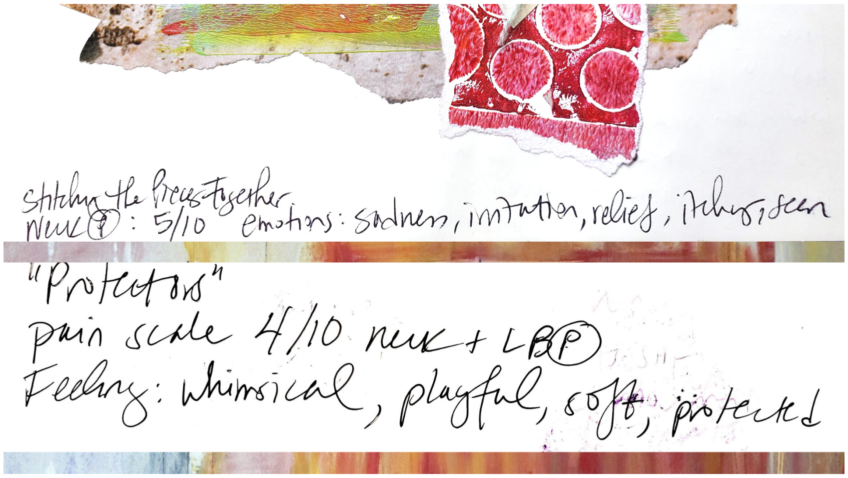
Figure 13

Birthday Headache 2022

While my focus was not on "tracking" my pain in any sort of uniform way, I did try out an approach proposed by art therapist Christine Hirabayashi to title the art, rate my pain at the time of creation, and write down words that represented my emotional state (Christine Hirabayashi, personal communication, January 13, 2023). Here are a few examples of my tracking, which allowed me to make greater connections between physical sensations and emotional reactions.

Figure 14

Pain and Emotional Appraisals



Note. The top text reads, "*Stitching the Pieces Together*, neck pain: 5/10. Emotions: sadness, imitation, relief, itchy, seen." The bottom text reads, "*Protectors*, pain scale: 4/10 neck and low back pain. Feeling: whimsical, playful, soft, protected."

It is interesting to notice how my appraisal of pain from each art journal entry experience only varied by one point and yet I had quite different emotional experiences. My art journal page called "Protectors" was an exploration of how the symbols of certain animals could be resources for me and I felt quite positive emotions when creating it despite my pain. I learned through the process of engaging with positive imagery that I could find relief and solace when focusing on strengths, resources, allies, and self–care.

Figure 15

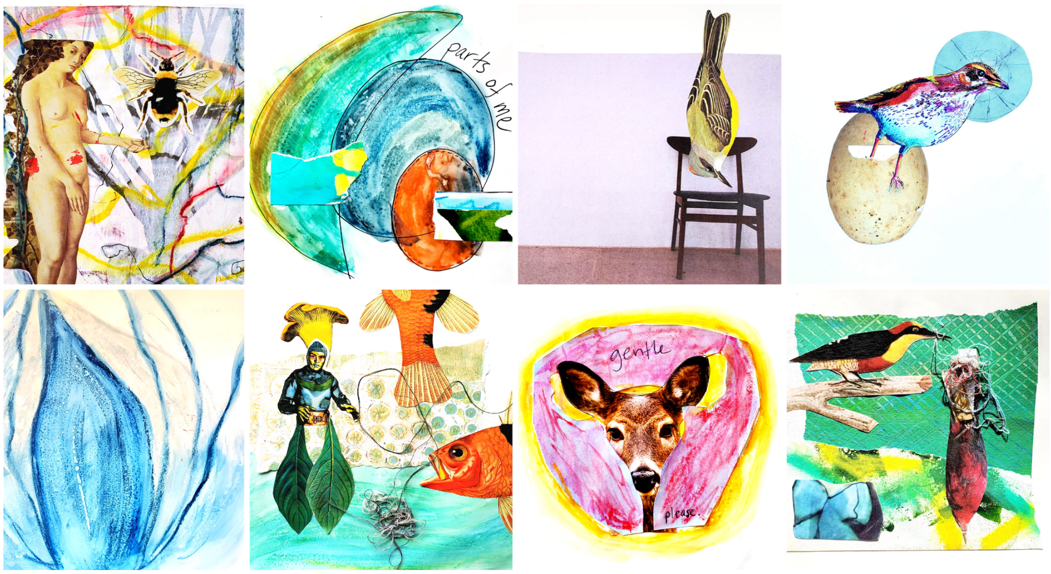
Protectors

Coping and Self–Soothing

Approximately one-fourth of my entries reflected my exploration of coping strategies, acceptance of pain experiences, and self–soothing. In some of my images, I explored what it might be like to "make friends" with my pain—to have a less antagonistic relationship with it. Softer imagery and blue and green colors became resources for me in self–soothing. Imagining cool water was often helpful for me and sometimes that led to a self–care activity like a cool compress or ice pack. A few times I was able to jump in the cool bay near my home and swim, which offered relief. My art often offered me a chance to reflect on what I needed or what self–care was in order. In a way, my art journal became one of my strongest advocates.

Figure 16

Coping and Self–Soothing: Eight Art Journal Entries



In the following journal, I identified ways that I could "extinguish the heat" of my inflammatory pain with "cool blue."

Figure 17

Cool Blue

Note. "Cool blue. Water. Extinguish the heat. The inflammation. Ways to cool: swimming, cold packs, cool breeze, splash of water, moist cool cloths, peppermint, eucalyptus, cool air, big deep breaths."

The How and Why Questions

The last fourth of my journal entries followed the *why* and *how* questions—why do I have these pains and how did they come to be?—and issues of identity. As my experience of musculoskeletal chronic pain has been a bit of an etiologic mystery, some of my art journal entries addressed my hypermobility and my background as a gymnast, as well as the instability and pain that comes with repetitive stress.

Figure 18

I Used to Be a Gymnast / Flexibility, Liability

In terms of identity, I explored feeling like a "chronic pain imposter" in some journal entries. As identifying with the label "chronic pain" is newer for me and I have been able to "hide" and compartmentalize my pain experiences for the most part, I sometimes found myself diminishing my experiences as less valid. Voorhees (2022) might have related my experience to a "personal–enacted identity gap" whereby participants in her study "downplayed" pain and consciously (or not) controlled "how they interacted with others to hide the severity of their pain" (p. 7). In one journal entry, I confronted the part of me that hides and "pushes through" my pain, which often exacerbates it, and I set new intentions for myself. This writing felt like it got to the core of my chronic pain journal journey in many ways, as I was able to envision a life *with* my pain and one where I could be visible and more authentic. I wrote, “May I feel the subtle shifts enough to know when it’s too much. May I not push through. May I listen to my limits. *Let me stop pretending that I don’t have pain*.” So may it be.

Discussion

> The act of communicating pain through writing, or other art forms, can be an act of taking power back and away from pain, a triumph over its omnipotence, by defining it and understanding it; by the aesthetic satisfaction of having created an imaginative work that is independent of its ravages and even of the sufferer who gave birth to it by the connection, both cognitive and social, between the sufferer/artist and the public. (Rosen, 2018, p. 1057)

In this combined literature review and autoethnography on the use of creative arts journals as holistic and humanizing containers for chronic pain experiences, my research focused both outward and inward. It was important to first understand chronic pain from a biopsychosocial perspective and the impacts of visual arts processing of pain experiences. It is clear from the research that the externalization of pain experiences through art is both valuable and effective in reducing pain, depression, anxiety, isolation, and helplessness, and increasing positive emotions, visibility, and hope (Hass–Cohen, et al., 2022; Larsen et al., 2018; Charoenpol et al., 2019; Lou et al., 2022; Kattari & Beltrán, 2022). Since chronic pain is so prevalent in the U.S. and worldwide, and multidisciplinary and multidimensional chronic pain treatments are the preferred approaches, research into the effectiveness of arts interventions is essential for greater incorporation of arts–based methods in pain management programs. The intersections of neuroscience, pain research, and the arts feel like a particularly salient area of study with the emergence of neuroaesthetics.

While I located just one recent study that focused specifically on a visual journaling process for chronic pain, I was able to extrapolate from a study using an enhanced pain diary and a few studies that incorporated art journaling for a variety of populations with outcomes showing increased resilience, self–understanding, belonging, and validation. None of these studies, however, substantially addressed the journal format, including how the medium contributed to arts–based processing. By drawing from my own experiences, consultations with arts therapists, texts on art journaling, and articles that addressed the way a journal can provide a "container" for emotional processing, I was able to construct an argument that begins to answer how chronic pain—an ongoing experience—might be useful to explore in a format that is all about chronicling. I also emphasized the medium's accessibility, process focus, intimacy, and privacy. Through my research, I was able to deepen my understanding that pain scales, pain diaries, and pain logs, while helpful for tracking and rating pain, only show one view of the person experiencing chronic pain. Arts–based processing can offer a more holistic and humanizing view–one that allows room for explorations of emotion, identity, culture, visibility, community, and more.

The autoethnographic component of this project involved my six–month experiment with a creative arts journal for chronicling and processing my own pain as I engaged in academic research. Interestingly, the more I processed my own pain experiences in my journal, the more I found myself digging into the research. The more I researched, the more I wanted to experiment with the topics I was encountering in my journal space. This bidirectional relationship was a surprise, but an informative one, as my journal also became a tool for research literature inquiry. For example, the frequent absence or inattention to heterogeneous samples in chronic pain studies concerned me and ignited further research on racial health disparities for chronic pain. This research sparked an exploration of my positionality and unearned racial privilege related to my pain experiences, which I explored in my journal. It is clear that more research is needed related to BIPOC who experience chronic pain, with acknowledgment of past and current harm, and with attention to a number of intersections such as gender identity, socioeconomic status, sexual orientation, and age.

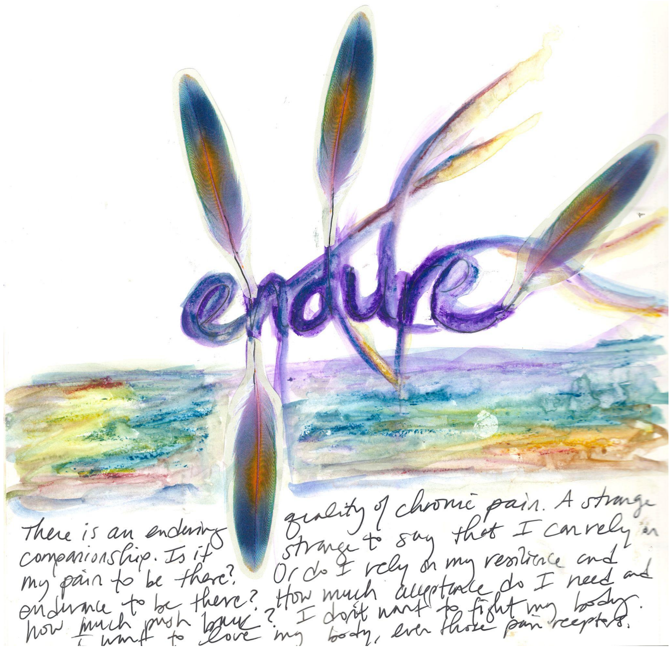
One area of the research in arts–based processing of chronic pain involved the influence of community. Studies often utilized the group format for arts interventions, and several studies revealed the positive impacts of creating and sharing artwork where participants reported feeling less alone and isolated (Cross, 2022; Larsen et al., 2018; Tarr et al., 2018; Kattari and Beltrán, 2022). In one study, the group format "diffused individual pain narratives and built a sense of collective purpose" (Tarr et al., 2018, p. 589). While art–making can be a solitary pursuit to positive effect, sharing artworks in groups, with loved ones, or even online can offer visibility and validity. My own visual journaling process was a solo project, so I did not get the benefit of community sharing and witnessing. While my journal was a loyal and accepting companion for me, I did not experience greater visibility except when sharing a few journal entries with friends or on social media. As I know that online spaces are becoming powerful spaces to feel seen and supported for those with chronic pain, chronic illness, and disability, it may be part of my next step to be more present in these communities online.

One reality many with chronic pain experience is the endurance that is required for processing, managing, and thriving amidst pain experiences. The repetitive nature of chronic pain is a test of stamina and resilience—things that can be explored and celebrated through art–making. To close, I want to share a journal entry I wrote in response to creating an art piece in my journal called *Endure*. That word "endure" kept finding its way into my artwork and writing, almost like a lyric to a song that is repeated in the chorus. I reflected on the ongoingness of chronic pain, of its often mysterious nature, and of the relationship I have with my body that has become adept at speaking the language of nociception:

> There is an enduring quality of chronic pain. A strange companionship. Is it strange to say that I can rely on my chronic pain to be there? Or do I rely on my resilience and endurance to be there? How much acceptance do I need and how much pushback? I don’t want to fight my body. I want to love my body, even those pain receptors.

Figure 19

Endure



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