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Art Therapy and Chronic Pain: Exploring Pain Tolerance, Body Sensations and Emotions

India Brown
ibrown@lesley.edu

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India V. Brown

Department of Expressive Therapies, Lesley University

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Dr. Raquel Stephenson

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Abstract

Over four weeks, topics of emotion, physical and body sensation, and chronic pain using art therapy were explored. The therapy provided a foundation for practicing mindfulness, increasing awareness, and expressing various symptoms such as somatic discomfort and emotional dysregulation. I co-facilitated a group consisting of individuals between the ages of 23 and 70 identifying as male or female, with a mix of white and black clients from the middle-class bracket. The group participated in art therapy and mindful meditation sessions in an outpatient program. Through this experience, I discovered that many individuals dissociate from their pain and emotional well-being. While chronic pain and mental health are comorbid, dissociation was a common theme that emerged from research and observation. While the group members felt comfortable discussing their chronic pain, they struggled with learning how to live with it and listen to their bodies. However, through mindfulness and art therapy, the group was able to become more aware of where the pain existed in their bodies and how to associate with it. I observed clients discussing their intolerance to pain through art and helped them learn to build tolerance while changing their core beliefs about their physical and emotional health.

Keywords: Emotion, physical and body sensation, chronic pain, art therapy. Mindfulness, awareness, expressive method, somatic discomfort, emotional dysregulation, group therapy, comorbidity, dissociation, mental health, mindfulness, body awareness, core beliefs, and physical emotional health

Identity Statement

I acknowledge my race and experiences. I am a straight, African American, Native American, Puerto Rican, and Colombian woman from New England. I lived in a multiracial state

and had several interactions with individuals from several cultural backgrounds while attending a public school. I grew up in a household where physical and emotional pain was frequently dismissed. In conducting this research, I consciously sought out a population where frequent dismissal and invalidation of physical and emotional wellbeing was prominent. This research is grounded in a community where chronic pain and mental health are part of an everyday battle of living, covering a culturally diverse population as well.

Introduction

Chronic pain and mental health are interlinked, with one often exacerbating the other. Art therapy offers individuals the opportunity to externalize their internal experiences, such as thoughts, feelings, and emotions, by providing a creative and expressive outlet. In the Mind Over Body group, which I co-facilitated, clients frequently shared their experiences of being dismissed by medical professionals for their pain, leading to feelings of hopelessness and helplessness. This study is significant because it sheds light on the damage caused by medical invalidation and the over-reliance on pain medication as a treatment for chronic pain. Many of the clients in the group reported having depression, general anxiety disorder, posttraumatic stress disorder, and a history of substance abuse. The findings of this research study highlight the importance of environment, mindfulness, and externalization of pain in managing chronic pain and mental health issues. Through the use of art therapy and mindful meditation, participants were able to increase their awareness of emotional well-being and physical pain. This study utilized weekly assessments conducted before and after each art therapy session to measure the effectiveness of these interventions. Overall, this research sheds light on the potential benefits of incorporating art therapy and mindfulness practices in the treatment of chronic pain and mental health issues.

Literature Review

Understanding the biology of pain is crucial in comprehending the sensory, emotional, and cognitive experiences of pain. This knowledge can be useful in guiding therapeutic approaches. Gaining insight into the neural networks involved can provide therapists with a new perspective to meet the needs of their clients. The study of biology can also offer an explanation for the comorbidities between chronic pain and mental health.

Pain

Biology of Pain

Pain is a common experience that most people have encountered at some point in their lives. According to the Portsmouth Persistent Pain Team (2019), pain is the brain's way of signaling the body of potential danger and a warning to prevent further harm. Pain can be classified into two types: acute pain, which is short-term and occurs when there is direct damage to the body, and persistent pain, which lasts beyond three months and results from increased pain signals lingering within the nervous system after the initial injury and pain have subsided.

Various factors contribute to the experience of pain, such as environmental conditions, memory, thoughts, emotions, lifestyles, and beliefs. Describing your symptoms can be challenging, and even if you succeed, there's no assurance that your account will be accepted. This problem has two dimensions. Firstly, it's hard for people to understand "neuropathic" pain, in which, in this condition, your nervous system generates signals that indicate harm to your brain even when there is no actual damage present. In this condition, your nervous system generates signals that report harm to your brain when no such damage exists (West-Knights, 2019). The brain's response to pain involves several parts working together, and there is no

designated section responsible for pain. The sympathetic nervous system initiates activation by increasing heart rate and perspiration, followed by the muscle system's activation, which maintains the affected body part still. Subsequently, the endocrine system reduces gut activity and directs more energy to assist in the healing process, while the immune system produces chemicals that aid in the healing process. If pain persists after an injury, sensitization occurs, where the nervous system becomes more methodical in sending information to the brain (Portsmouth Persistent Pain Team, 2019).

The endocrine system also manages the brain's stress control area, as highlighted by the Portsmouth Persistent Pain Team (2019). Increased and prolonged stress can affect the stress-regulating system, shifting it "from a state of overdrive to underdrive" (Luyten & Von Houdenhov, 2013, as cited in Sjöström, 2020, p. 840), and resulting in symptoms of stress. Traumatic experiences, such as early trauma or loss of relationships, can lead to stress and affect the brain's functioning. The brain comprises various parts that work together to manage emotions, process relevant information, and play a crucial role in fear and anxiety (Lobo et al., 2011). Therefore, understanding the importance of feeling safe is essential, as it influences mental and physical health, social relationships, cognitive processes, and behavioral patterns.

Stress can be experienced in several ways such as life situations like early trauma or loss of relationships (Sjöström, 2020). Trauma can become "lodged in the cellular memory of the body" (Sjöström, 2020, p. 845). When working with complex internal experiences such as trauma, therapists need to be aware of the reciprocal connection between body and brain, the affective interplay between physiology and psychology, and the critical role of the autonomic nervous system. This awareness assists in building rapport and creating a safe space for the client.

Porges (2022) reports that "the need to feel safe is functionally our body speaking through our autonomic nervous system - influencing our mental and physical health, social relationships, cognitive processes behavioral repertoire, and serving as a neurophysiological substrate upon which societal institutions dependent on cooperation and trust function are based" (p. 2). Therefore, when working with internal intricate experiences such as trauma, therapists must "hold an awareness of the reciprocal connection between body and brain, the affective interplay between physiology and psychology, and to consider the important role of the autonomic nervous system" (Sjöström, 2020, p. 847). Such awareness not only helps in building rapport but also creates a safe and comfortable space for the client.

Sensory, Emotional and Cognitive Experiences of Pain

Grace et al. (2014) define pathological pain as pain that persists beyond the protective purpose and can last for weeks, months, or years due to abnormal functioning within the nervous system or neuronal activity dysfunction. Mind-body practices based on theories such as the polyvagal theory offer an opportunity to understand the connection between trauma and chronic pain. According to Sjöström (2020), the polyvagal theory uses the vagus nerve as the primary player to explain the strong connection between the visceral sensing system, which includes the heart and respiratory organs, and the social engagement system, and the adaptive response system, which includes immobilization and the stress response of freeze. Understanding the reactive changes in the neural regulation of the autonomic system is crucial to emphasizing the importance of safety as social creatures. Porges (2022) states that the neural platform for cooperative behaviors supports physiological systems and enables accessibility to higher brain structures for learning, creativity, appreciation of aesthetics, and even spirituality (p. 3).

Cheng et al. (2022) reported that patients with chronic pain commonly suffer from comorbid mental disorders, such as anxiety, depression, and posttraumatic stress disorder. Research on changes in the relationship between pain and anxiety on a neural level provides information on the changes in neuroplasticity at the neurocircuit level (Cheng et al., 2022). Additionally, neuroplasticity can lead to memory-assisted maladaptive change when responding to painful stimuli (McCarberg & Peppin, 2019). Furthermore, many mental disorders are characterized by the persistence of negative emotions, which causes an inability to regulate emotions, thus developing and maintaining the disorder (Lobo et al., 2011). In addition to depression and anxiety, posttraumatic stress disorder is another common illness associated with chronic pain, which occurs after intense fear, life-threatening situations, sexual assault, severe wounds, or any threat to an individual's physical integrity (Lobo et al., 2011).

Huberman Lab (2021) explains how pain is experienced by the body and the brain, and how it can lead to chronic pain. The accumulation of information in the body can lead to learning and memory that can contribute to chronic pain. Neuroplasticity, which allows the brain to adapt and change in response to experiences, can also contribute to chronic pain even when efforts are made to change it intentionally. Pain is a subjective experience that involves both a physical and mental component, and it can be challenging to understand how pain is attempting to avoid physical harm to the body while being dissociated from it.

Excessive X-rays can perpetuate nerve damage, providing an example of how nerve damage is likely to occur during this process. Although there is generally no pain during an X-ray, internal damage can occur to nerves that cannot be felt. This highlights the impact that higher-level cognitive functioning has in interpreting the environment around us and linking the plasticity of perception to emotional pain and trauma. Interesting findings reveal a significant

impact on the subjectivity of pain. A mutation in sodium channel 1.7 allows some individuals to be unable to feel pain because they do not receive the necessary feedback to make micro-adjustments. If the body is feeling uncomfortable in a position, joints begin to deteriorate, eventually leading to a short life expectancy and accidents. Conversely, a mutation in that channel where "too much" pain is experienced suggests that pain can have some genetic component (Huberman Lab, 2021).

Trauma and chronic pain have an indisputable overlap. The mind and body are interconnected, which initiates working with the body. When clients learn to listen to the ways they talk to themselves whether it regards negative self-talk, physical challenges and limitations, traumatic experiences, or any other obstacle, modifications can be made (Psychology Today, 2023). Acceptance and commitment therapy has been successful in providing a level of mindfulness by inviting the client to stop living in denial or avoiding their emotions through awareness and eventually acceptance and commitment (Psychology Today, 2023). In the podcast, "The Chronic Illness Therapist" hosted by Destiny Winters, she discusses with licensed clinical social worker Zara Drapkin how to help chronic pain. Methods such as externalizing and connecting are strategies for creating relationships with other individuals and the individual's body. This provides a solid foundation for healthy bonds with others experiencing similar pain and/or chronic pain. Asking clients when the last moment of connection was felt allows the clients to consider how they live with chronic pain. Often, those living with chronic pain experience dissociation or disconnection from their body, inhibiting the ability to be present. This fosters a safe way for the clients to turn inward and be more present. A part of the mindfulness process and healing those with chronic pain and trauma is finding a sense of safety. Breaking down what it truly means to feel a moment of connection offers a perspective for

clients to become aware of the quiet or ordinary moments of their daily lives and to process the intricacies of their days. A moment of connection could be something as simple as sitting with your cat or dog and making eye contact or feeling content after a delicious meal. This offers finding moments of stillness or ease. The goal is never to diminish the sensation of pain felt previously or currently, but rather to offer painless moments that can often be overlooked when the majority of the client's life is feeling the existence of pain (Winters, 2022).

Clients have the opportunity to gain awareness of honoring pain as it exists and staying connected to meaningful activities. Understanding the difference between when pain is tolerable and when it is too much is a balance of trial and error, allowing reflective processing. This becomes a constant dialogue for clients to understand what is normal to experience, and what is not. When space is provided for clients to pause and witness mundane day-to-day noise that exists, it can be overwhelming or overbearing. This puts into perspective how clients may not give themselves the time to have this inner dialogue when there is neither time nor space for it to occur. Pain and emotion are intertwined where becoming mindful of the physical and emotional can become too much (Winters, 2022).

Art Therapy and Pain Management

Art therapy is a multifaceted practice that provides various forms of support during difficult times by offering tools to help clients cope with and work through pain, rather than simply eliminating it. In a group setting, a sense of community is established, creating a safe environment that promotes trust and can be strengthened over time (Elbrecht, 2018). Elbrecht notes that “trauma is isolating, so being welcomed into a group rather than feeling ostracized is healing in itself” (p. 44). However, the level of support provided in a group setting can vary,

potentially reducing or exacerbating pain symptoms, causing discomfort, or even increasing anxiety for some individuals (Winters, 2022). This discomfort and anxiety may suggest that some clients may view their body as an object or dissociate from their physical sensations and pain. According to Elbrecht, being present in one's body and "*being* in my body, not about *having* one" is crucial (p. 44). Developing a deep sensory awareness can allow for the exploration of multilayered self-perceptions, which may have not been previously recognized or experienced. However, the experience of these new layers of perception may lead to sensory overload, making pain, discomfort, and anxiety overwhelming for some individuals.

An approach to art therapy is body mapping through drawing. The client draws bilaterally in rhythm, transferring pain held in the body to paper. The podcast, Trauma Therapist with Guy Macpherson, introduces sensorimotor art therapy with Cornelia Elbrecht. In this podcast, Elbrecht describes the method of bilateral drawing as similar to experiencing a massage (Macpherson, 2022). The process requires clients to take an inward look, finding a movement that massages discomfort held in the body, eventually easing pain (Macpherson, 2022). The rhythmic repetition of movement can potentially decrease tension in the body (Macpherson, 2022). This process is a body-focused approach centered around the experience of drawing and drawing itself. Elbrecht refers to this as the “bottom-up approach.” This refers to the process by which our perceptions begin with an external stimulus and progress upwards until our minds form a mental representation of the object. (Cherry, 2023).

Using a body-focused approach that reflects the client's motor impulses invites an effective sensorimotor method to art therapy. Macpherson (2022) highlights discussion questions that examine how the movement feels in the body, how it resonates, and what happens if one draws this movement. By answering these questions, clients can experience physical states in

which they shift from a tense, closed, and blocked state to a more open, relaxed, and flowing posture (Elbrecht, 2018).

Art therapy provides a means of externalizing an individual's feelings and learning to dialogue and engage with whatever becomes internalized, giving it the space to be outside of the individual and to be seen and witnessed (Winters, 2022). This therapy approach authorizes clients to talk about their stories regarding pain, which allows negative dominant narratives (e.g., "my body is weak, I'm falling to pieces," etc.) to be released (Winters, 2022). Through the use of color, shape, and form, art therapy invites an expressive method of image-making, enabling clients to connect in a more organic fashion (Winters, 2022). Drapkin (2022) proposes an art therapy method that involves cutting up and deconstructing the image created to create a new image, which allows clients to control their process (Winters, 2022).

O'Neill and Moss (2015) utilized art therapy in a group setting to explore pain through visual representation, where "participants were invited to find expression for their pain experienced by representing it visually" (p. 161). The group began with a body scan where participants became aware of pain areas in their bodies. After a meditation, participants were given white postcards and asked to create a symbol that represented their pain quickly and spontaneously. They were then prompted to write down words describing their experience and to expand the drawing to larger artwork. Given that chronic pain, mental illness, and illnesses are often invisible, providing clients with the opportunity to create something visibly tangible can be a powerful process (Winters, 2022). The aim of the intervention was to provide "opportunities for self-expression through a creative activity; offering opportunities to gain a sense of control over difficult emotions and life situations; improving self-acceptance and self-esteem;

strengthening a sense of self; and enhancing adaptive coping skills and reducing stress" (O'Neill & Moss, 2015, p. 159).

Pain and Trauma

Eye movement desensitization and reprocessing (EMDR) is a method used for clients who have experienced trauma to understand and work with where the trauma is in the body. According to Mazzola et al. (2009), EMDR provides the conditions for new learning, resulting in the elimination of distressing symptoms by facilitating the expression of problematic emotional responses in a controlled manner. EMDR is a rapid information-processing therapy that enables patients to reprocess traumatic or dysfunctional thoughts, feelings, and somatic perceptions. Clients start working through these memories and stories using their dominant narrative, and for those being treated for chronic pain, EMDR interventions aim to change their cognitive, affective, and somatic symptoms while identifying inner resources that can provide relief. EMDR provides a safe and supportive space for clients to connect with themselves, advocate for their needs, and feel confident in their true selves (Winters, 2022).

Peter Levine, in his book Waking the Tiger: *Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences*, emphasizes the importance of the felt sense or internal body sensations as a crucial component of the healing process (Levine, 1997). According to the Chronic Illness Therapist podcast with Winters and Drapkin (2022), the mind and body require a sense of safety when delving into the painful territory of trauma. The podcast emphasizes the value of having a supportive presence during this process, as it can provide solace and emotional support. Narrative-based approaches, such as EMDR, can be particularly helpful for individuals who have experienced childhood trauma, as they provide a space to "re-parent" and learn

healthier relationships and coping mechanisms (Winters, 2022). Attachment-based therapeutic approaches can also be useful, as they offer a relational space for clients to feel validated and appreciated. Acknowledging past emotional neglect and unspoken expectations can lead to internal reconciliation, allowing individuals to find comfort in their needs and relationships with others (Winters, 2022). While moving away from past experiences can result in loss, it can also lead to personal growth and the creation of healthier relationships.

Winters and Drapkin (2022) discussed how past trauma is often present in individuals experiencing chronic pain; however, there are cases where individuals have no trauma history. Nevertheless, those with chronic pain are more likely to develop trauma and feel stuck or attacked in their bodies, regardless of their background. The experience of working through healthcare systems can also be traumatic, with frequent distress responses that can trigger trauma through the association with pain cues. One way to disrupt this cycle is to find ways for the individual to adapt their response to pain, which may involve calming the system and creating space for other experiences beyond the pain. For example, an individual might be able to appreciate a tranquil sunset even while experiencing pain. It takes time to reach this level of awareness and create space for other experiences (Winters, 2022).

Kolacz and Porges (2018) discuss how polyvagal theory is an important practice where the brain-body connection is composed of integrated sensory, interoceptive, and regulatory systems that monitor internal body conditions and the external environment, coordinating homeostatic processes required for maintenance of biological functions as well as response to threats from inside and out. Further, Porges (2021) explains that the theory emphasizes sociality as a core process in mitigating threat and supporting mental and physical health. This theory supports neuroplasticity and as Porges (2022) states, "it is proposed that feelings of safety have a

measurable underlying neurophysiological substrate" (p. 2). The awareness of feelings of safety becomes a developing property of the autonomic state, which alters the feelings of safety from being a subjective science to an objective science (Porges, 2022). The evidence reinforces the "conceptualization that the mental and physical health consequences of adversity are reflected in a retuned autonomic nervous system locked into states of defense that limited access to the calming pathways through the ventral vagus associated with sociality" (Porges, 2022, p. 4).

In addition, more empirical evidence has been provided supporting cognitive behavioral therapy, which has been linked as one of the most common and effective "psychosocial treatments" for chronic pain (Davis et al., 2015). When the individual has a specific view of their core beliefs on their pain, it can become extremely difficult to see from another lens. The long-term goal is to "improve coping self-efficacy, psychological and physical symptoms, and functional health" (Davis et al., 2015, p. 24). A meta-analysis by Davis et al. (2015) shows several benefits to CBT, improving the level of cognitive coping responses and yielding small to moderate effects for pain outcomes relative to control. In addition, "mindfulness training helps individuals attend to current experiences without suppressing or elaborating those experiences" (Davis et al., 2015, p. 25). Thus, increasing the capacity for tolerance through awareness when provided a safe space to experience pain and or stress perhaps is the key to minimizing maladaptive and automatic responses, both cognitive and emotional (Davis et al., 2015).

Method

The group convened via Zoom every week for four weeks, starting at 1 pm and lasting for an hour. The group was composed of six participants, a licensed clinical social worker who

acted as the group leader, and myself as an intern from Lesley University's expressive therapies program with a specialization in art therapy.

Participants

The study included 6 participants (5 women, 1 man) recruited from an outpatient facility. The age range of participants was 23 to late 70 years. All participants reported a history of trauma and experienced chronic pain with comorbid mental illness. Comorbidities included major depressive disorder, posttraumatic stress disorder, general anxiety disorder, and substance use disorder in remission. Participants also reported a general sense of hopelessness.

Procedure

At the beginning of each group session, a 5-minute check-in was conducted to allow members to share how they were feeling and to initiate a sense of presence and awareness in the group. A final check-in was also conducted at the end of each session to gather feedback on the art directive and overall experience. The art directives utilized in the group were inspired by Cornelia Elbrecht's book (2018), *Healing Trauma with Guided Drawing: A Sensorimotor Art Therapy Approach to Bilateral Body Mapping,* which provided a foundation for directives that would best meet the needs of the group. The first art directive prompted an artistic response to emotional pain, the second directive prompted an artistic response to physical pain, and the third directive prompted a response to a guided body-scan meditation and an artistic expression of any pain noted during the meditation. The primary goal of the group was to maintain a safe virtual space for participants to journey through uncomfortable territory.

Likert Rating Scale: Emotions Scale and Physical Sensation Scale

During the check-in process at the start of each session, group members used two rating scales that we created together. The purpose of the rating scale was to assess the participants' emotional and physical states and bring them into the present moment. By using this scale at the beginning of the group, we aimed to measure potential outcomes in reducing chronic pain and emotional distress. Additionally, the scale was intended to visually show the similarities and differences in the emotional and physical experiences of the group members.

The first rating scale was a physical and body sensation scale that ranged from 0 to 10, with zero indicating no physical discomfort, and 10 indicating extreme discomfort at that moment. The group members determined the in-between ratings based on the severity of their pain, and marking a 5 meant a middle ground ranging from tolerable discomfort to common experiences such as abdominal cramping.

The second rating scale was an emotional scale that ranged from 0 to 10, with 0 indicating a peaceful state and 10 indicating intense emotions such as crying, depression, and explosive anger/outbursts. The in-between ratings were determined by each participant's emotional state at the time of the check-in, with 5 indicating a middle ground of feeling flat, numb, unmotivated, or distant.

Materials

The art directives required participants to use a sheet of white paper of any size, along with a writing utensil such as crayons, markers, colored pencils, or pens. These materials were chosen based on their accessibility to participants and availability.

Record Keeping

I kept records in a journal where I planned weekly group directives and noted each participant's pain and emotional scale at the beginning and end of each session. Notes were also taken during the discussion of participant artwork and any feedback provided. Data from the group sessions were recorded in the order in which they were conducted. I did not gather any data while observing the art-making process, as a majority of group members had their cameras turned off during this time. Inconsistency was observed with some members leaving their cameras off until it was time to show their art.

During the four-week span of the group, I observed less resistance from the participants toward art therapy as a therapeutic approach. All members disclosed that this was their first time trying art therapy. I sensed a general curiosity and anticipation among the group members, which was reflected in their consistent attendance throughout the duration of the group.

Results

Each session consisted of a check-in, followed by an art directive, and then a discussion. The sessions concluded with a final check-in to note any changes in emotional and physical sensations. When participants reported progress in emotional well-being or physical sensation recognition, it was reinforced. However, when no measurable progress was made or regression was observed, the discussion focused on becoming mindful and understanding how it could exacerbate symptoms and sensations.

During the first session, participants created an image that represented their emotions and physical sensations. The second intervention involved a body scan meditation followed by the bilateral body mapping method, with slight modifications. In the third session, participants were asked to draw their pain monsters.

Over the course of the four-week program, participants showed a decrease in resistance to art therapy as a therapeutic approach. All participants reported that this was their first time trying art therapy, and there was a general sense of curiosity and anticipation among the group members.

The rating scales used at the beginning and end of each session showed a consistent trend towards decreasing physical discomfort and emotional distress. Additionally, during the final check-ins, participants reported an increased awareness of their emotions and physical sensations. The art directives provided a safe and creative outlet for participants to express their emotions and thoughts, which allowed for deeper discussions during the group sessions.

Overall, the program showed promising results in helping participants manage their chronic pain and comorbid mental health issues. The use of art therapy as an intervention was effective in providing a safe space for the exploration and expression of emotions and physical sensations.

Session 1

I opened the group with emotional and physical rating scales, which took roughly 5 minutes. We started with the emotional scale. Most of the group reported being at a 4 or 5, while a few were on the higher end near a 7 or 8. On the physical and body sensation scale, a few reported lower ratings of 3 or 4, while the majority of the group was between 6 and 8. For the art

directive, I asked the group to use a blank sheet of paper and create an image using line, shape, and color that represents their current emotions and body sensations. I gave the group 10 minutes to create their images and allowed for silence during the art-making process.

Afterward, we opened up the group to discussion, which took about 25 minutes. One client used colored pens to write words describing her emotional state and body sensation, sharing with the group that this exercise helped her to get out of her shell of minimizing her pain. Another client reported a realization of how much they are actually holding on to their emotional well-being and bodily sensations on top of their everyday life and responsibilities.

A client with Parkinson's disease shared her awareness of coping with loss and fear of losing independence as her Parkinson's progresses, and how this exercise helped her to get out of her head and try to move on. The group was able to share lived experiences as I provided validation and a space that allowed everyone to feel heard and respected. Although there was discussion on drawing abilities, I affirmed that the goal was not based on technical skills but rather to express anything that felt trapped on paper for us to discuss.

During the 5-minute closing check-in, everyone experienced an emotional shift, bringing them down to an overall calmness rating of 1. Although there was no change in physical and body sensations for anyone, the group members were able to express themselves and share their experiences in a supportive environment.

Session 2

For the next group, I facilitated the same 5-minute check-in. This week, I led a 10-minute body scan and mindfulness meditation, followed by another drawing activity. During the drawing activity, clients were asked to close their eyes and create an image using rhythmic motions to

massage painful areas. The intervention was inspired by bilateral body mapping, but with some modifications to better suit the group. The art-making process lasted for 10 minutes, followed by a group discussion, and lastly, a check-in for closing.

The intention of the activity was to guide clients into their bodies, to sit with any present sensations and become mindful of them, as well as where they reside in the body. I was also curious to see how a shift in the physical and body sensation scale would occur from the start of the group to the end of the group.

During the first check-in, one client reported a 0 for physical body sensations and a 7 for emotional well-being. Another client reported a 4 for both physical body sensations and emotional well-being. The rest of the clients were between 6 and 8 for physical body sensations and emotional well-being.

I then invited the clients to situate themselves in a comfortable position, either laying down or sitting upright, and to take a few deep breaths to settle. With every inhale, I asked clients to feel their spine elongate, all the way up to the crown of the head and reaching toward the sky. On the exhale, I asked them to feel the air leave the entire body.

I led a body scan meditation, starting from the crown of the head, where clients would pause and take a deep breath into the crown space of their head and allow any sensations present to be noticed and made aware. I then led the clients down each point of the body, asking them to inhale and exhale, noticing any sensations present.

I led the clients down the backs of their skull, jaw, throat, expanding over the shoulders and upper back, the chest, down the arms to the elbows, down the forearms, wrists, hands, fingertips. I asked them to take a pause and breathe for 2 breaths to acknowledge the length traveled before traveling back up the arms. Then, acknowledging the chest and upper back again,

we traveled down the stomach, feeling the ribs expand, down to the belly and lower abdomen, the pelvis, and the seat bone. We then continued down the hips, thighs, knees, shins, calves, ankles, feet, and toes. Clients were asked to pause to acknowledge the floor beneath their feet and breathe for 2 breaths. If any sensations came up, they were asked to acknowledge them by saying, “I feel you” or “I hear you”, then respectfully allowing themselves to move through the rest of the body.

We then traveled back up through the body, taking the time to pause and breathe at every point of the body listed to acknowledge any sensations present. Once we got back up to the crown of the head, I asked the clients to feel the space they were in, feel the room they were in, pick up any noises or sounds from their surroundings, and when they were ready and at their own time, to open their eyes. I welcomed them back into the Zoom space.

I then asked the clients to grab their piece of paper and any markers, pens, colored pencils, or writing utensils and create an image that represents anything that came up for them during the meditation using lines, shapes, and color.

During this experience, I had prepared a set of questions to ask each client to provide a general direction for the information I was looking to receive. The questions included:

- How does the piece resonate in your body?
- Where did you feel this?
- Does the feeling have a color, a texture, or a weight?
- Have you felt this feeling before, and are you aware of this sensation?
- How is the movement inside the piece?

The first client described feeling red rigid lines, mostly in her stomach area. The sensations present were irritable bowel syndrome (IBS), nausea, stomach pain, anxiety, and

trauma. She also reported feeling very heavy when asked about the weight of the feeling. When asked how the experience was for her overall, she stated that she tends to dissociate from her body and this made the pain more present. She mentioned using butterfly hugs in her individual therapy as a self-soothing tool.

The second client described an image of a figure with fire in the body, particularly in the legs where he feels the pain the most. The colors he picked were pink, yellow, and orange. When asked about the weight of it, he struggled to find the words to describe how it feels on paper but reported that it is a pain he cannot touch and feels heavy.

The third client described red curvilinear lines to reflect her multiple sclerosis, which was felt primarily on the right side of her body as a tremor. She stated there was nothing to take for the pain she was feeling. She used the color red to represent the tension in her body, which was picked randomly. She reflected on the question of weight, responding that it didn't have weight and that that happens later in the day.

The fourth client created squares all over the page, initially drawing perfect squares in a rhythmic way. When asked why she picked a square, she responded that she knew she had to draw a square because circles felt too soft. She commented on the body scan, reporting that the body scan made her more in tune with the pain which was uncomfortable, making her antsy. She continued to describe the squares as having sharp edges and this was representative of the discomfort. She drew them in black Sharpie, which was described as thick, and the pain was that prominent. She ended by reporting that she mostly felt the pain in her chest and stomach, and that it was heavy.

The last client created circles with their eyes closed and drew them constantly. She reported that it seemed the way to go and she followed her instinct. She drew a stick figure,

where the right knee and right hand were red, indicating where she felt the pain. When asked about the weight, she described it as thicker, milk-like, and viscous, and how the pain was always just constant. The sixth participant was not able to attend this session due to unprecedented circumstances.

After completing the exercise, we went around and applied two rating scales. One client rated their emotional well-being at a 7 and body sensations at a 5, stating they were angry and in tears. Another client rated their emotional well-being at a 2 and their body sensation at a 10. The others rated their emotional well-being between a 4 and 5 and their body sensation between a 6 and 7.

When I asked for feedback on the body scan, the clients stated they felt too in tune with the pain and most felt anxious; however, they also acknowledged that it was an effective exercise. They agreed that the body scan helped them get in touch with how they were feeling, even though nobody wanted to. The overall anxiety felt before the body scan went down.

Session 3

The last session began with a 5-minute check-in using the emotion and body sensation scale. This was followed by an intervention where participants were prompted to draw their pain monster using a blank sheet of paper and create an image using lines, shapes, and colors. The 12-minute exercise was complementary to the previous week's body scan as it allowed participants to externalize their painful bodily sensations onto paper. A group discussion was held for 12 minutes, and the session ended with a final check-in.

During the emotional scale check-in, one participant reported feeling guilty and scored a 5. Another participant also scored a 5 and reported feeling flat that day, while the others reported

feeling content with their emotions, scoring between 0 to 2. On the physical and body sensations scale, one participant scored a 7 or 8 due to consuming too much sugar, causing pain. Another participant scored a 5 and reported sensations of fatigue and constant migraines. The rest scored between 2-3, with nothing notable.

During the pain monster drawing exercise, one participant drew arrows pointing at a large figure with horns drilling into it. Another drew a person with spikes for hands and a sewn-shut mouth, expressing that the pain was invisible to others. The third participant drew an angry-faced figure with no arms or legs, a small body, and a small heart due to past traumas. The fourth participant drew a vulnerable and emotional pain monster, noting that suppressing emotions caused physical afflictions.

In the final emotional check-in, one participant scored a 6, another scored a 5, and one scored a 2. The rest scored between 0 and 1. On the physical scale, one participant scored a 7, another scored a 2, and the rest scored 0.

Discussion

Throughout the group sessions, participants were divided into smaller sections. Each session began with a brief check-in using the two rating scales, which were developed collaboratively by the group members. The first scale measured emotions, and the second measured body sensations/physical symptoms, with ratings ranging from 0 (lowest) to 10 (highest). Following the check-in, the group engaged in an art directive, followed by a group discussion. Finally, the session ended with a final check-in using the rating scales.

Overall, the method used in these sessions appeared to have a mixed effect on emotional well-being. In some cases, emotional well-being decreased following the art experience and

discussion. However, the effect on pain varied from session to session, with some clients reporting no change while others experienced a decrease in pain during sessions 2 and 3.

Environment

The data gathered from this group provided insights into the participants' core beliefs in relation to their pain. The environment in which the sessions took place had a significant impact on the entire process. As telehealth was the primary platform used to conduct the sessions, creating a safe and open space for the participants to feel seen and heard posed a few challenges. In particular, witnessing the art-making process was hindered by the fact that all participants had their cameras turned off during this part of the session.

From the perspective of an art therapist, this was seen as a disadvantage as it eliminated the ability to witness how the participants engaged with the art materials and the content they were creating. However, it was an advantage for the participants as it provided them with autonomy and control over their shared space, which fostered a sense of safety and comfort. Pain can become arresting, and individuals can tend to compulsively focus on it, where it will take over and defeat them repeatedly (Levine, 1997). The absence of cameras and microphones during the art-making process allowed participants to explore their inner world and expose vulnerable aspects of themselves that were available to be witnessed and held by the group, ultimately allowing trust to develop.

At the beginning of the sessions, I noticed that cameras would remain on during the rating scale and discussions, which I gathered was something common and familiar to the group. However, when it came to creating art, all cameras were turned off, and it was silent. After witnessing the absence and silence from the group, I understood that the art-making process for

this group was a deeply personal and vulnerable experience. How members experienced their pain became the focus not only of the individual member but also of the entire group, revealing their capacity to cope through their personal art (O'Neill and Moss, 2015).

As a co-leader, my priority was to help participants feel safe and live fully in the present moment, trusting that their body and mind would always communicate what needs to become aware (Dent, 2020). Although the telehealth environment presented some challenges, the group was able to create a safe space that allowed for exploration and growth.

Mindfulness

After the first art therapy intervention, I proposed the body scan meditation, which all members agreed to practice for the following week. The intention of the session was to help participants become mindful and aware of the pain residing in their bodies and to build a connection with their community in the present moment. Support from the group setting can be an influential resource for the healing journey (Levine, 1997). During this session, I noticed again that all cameras were off, which solidified my suspicion of what clients needed from the space to feel most comfortable and safe during these deeply sensory-based processes. This suspicion is an experience that humans have the capacity to feel, referred to as attunement, which is expressed through sensations and the felt sense (Levine, 1997).

After the body scan meditation, all participants agreed that while it was calming emotionally, being physically in tune with the pain in their bodies was uncomfortable, overwhelming, caused anxiety, and could not suppress the pain. Levine's (1997) concept of the felt sense is precisely that experience, where the individual attunes to the totality of sensations present. When the individual becomes consciously aware of the body and all the sensations, it

yields a more intense experience (Levine, 1997). This confirmed reports concerning awareness and becoming mindful of the pain their bodies hold and how it can be too much after dissociating from their bodies. In a sense, reintroducing the client to their body was a sensory overload where clients reported that it was effective, even though some did not want to be connected. The clients that did not want to be connected reported that breathing through the pain as the guided meditation prompted was helpful.

Externalizing Pain

When the group first started, a prevalent theme was a sense of hopelessness regarding chronic pain and emotional distress. The members often felt invalidated by medical professionals who dismissed their present symptoms or provided medication as a band-aid solution that did not address the root cause of their pain (West-Knights, 2019). As a result, the dominant narratives and core beliefs within the group revolved around the idea that there was no hope, nobody believed their pain because it was not visible, and there was no cure.

However, over time, these dominant narratives and core beliefs began to shift. Participants started becoming more aware of the pain that existed within their bodies and started noticing days or moments where the pain was absent. In a recent art intervention, clients were asked to take the pain they had been internalizing for so long and create a "pain monster" as a way of externalizing the pain. This intervention was a powerful moment for the group as they were able to witness everyone's pain monster. Through art therapy, participants were able to see their pain as a part of them, something that could be seen, and not dismissed or invalidated. The act of creating a pain monster was a visual intervention that helped clients realize that their pain was real and that they were not alone in their struggles.

The group setting provided a safe space for members to experience co-regulation and social engagement, enabling them to control possible threats not only through reflective thought and action but also in connection with others (Porges, 2022; Dent, 2020). Externalizing pain through art allowed participants to gain a better understanding of their internal sensations and helped them become more in touch with their pain. By placing their attention on external sensory stimuli, participants were able to develop a greater tolerance for their pain, which in turn provided them with a sense of conviction in their ability to navigate intense experiences and sensations (Dent, 2020).

Limitations of the Study

One of the limitations of this study was the limited amount of time available for gathering data. It would have been beneficial to have a longer period for check-ins, art-making, discussions, and incorporating a writing or reflective process for a takeaway from each group session, as well as a final check-in. Additionally, the bilateral body mapping exercise had to be modified to suit telehealth and the Zoom platform. Observing the art-making process and how participants interacted with the materials was challenging, as all participants had their cameras off unless they were sharing their art pieces. Zoom was also an inconvenient platform for various reasons. Some participants had background noise, making it difficult to hear or understand them, which required repetition or clarification. Due to the limited time, it became challenging to gather as much data as possible. Furthermore, some participants did not have access to many art materials or resources, which may have impacted their experience. Conducting this study in person, where the facilitator provides the materials, would have been ideal.

Another limitation of the study was the limited use of quantitative and qualitative methods. An extensive quantitative method could have been used to measure the scales, while an

extensive qualitative method could have provided more data to explore the participants' experience in greater detail.

Despite these limitations, the study provides valuable insights into the potential benefits of using art therapy as an alternative approach to managing chronic pain. Further studies could build on these findings by addressing the limitations outlined above and exploring the effectiveness of art therapy interventions in different settings and with a more diverse population.

Implications for the Findings

Further research is needed to investigate how art therapy can alleviate symptoms for individuals coping with chronic pain. Specifically, studies should explore the effectiveness of body scans and art interventions, including the use of the entire body to create an art piece. For example, participants could use a large sheet of butcher paper and cover their entire body in paint, moving on the paper in a way that massages the part of the body experiencing pain. This approach would be similar to Elbrecht's sensorimotor body mapping approach but would involve painting using the entire body. To ensure accessibility for individuals with motor limitations or accessibility challenges, this approach would need to be adapted accordingly.

To maximize the effectiveness of the study, it would be beneficial to conduct it in person for at least two hours to give each participant adequate time to process the information and achieve long-term benefits. Clay therapy would also provide valuable insights, as research has shown its effectiveness as a therapeutic tool for those who have experienced trauma. Another approach worth exploring is phototherapy, particularly analog or black-and-white photography, which is a deeply intimate and therapeutic experience from taking the picture to developing the film and printing the images. A narrative or creative writing approach could also be beneficial as

part of the discussion or processing session, allowing participants to keep their own records of their experience to reflect on whenever necessary.

To obtain effective results, a quasi-experimental design would be necessary, with a time period of 20-30 weeks. The outcomes and practice could help those experiencing chronic pain to find an alternative to pharmacological approaches, providing them with a stronger connection to their mind and body. Additionally, this practice could help individuals understand their trauma and its impact on their bodies. Art therapy has significant value due to its ability to produce a tangible artifact or creation, serving as a reminder of the individual's journey to healing and their ability to confront and hopefully overcome their once-severe chronic pain symptoms.

Conclusion

In conclusion, the group was formed with the intention of providing support to individuals struggling with chronic pain and emotional distress. Through various interventions, such as art therapy, mindfulness, and externalizing pain, clients were able to become more familiar with their bodily sensations and emotional well-being. This increased awareness and mindfulness helped to normalize discussions around pain, emotions, and how to verbalize their existence. By coming together in a group setting, individuals were able to see that they were not alone in their pain and that mental health is an important aspect of experiencing chronic pain. The journey of living with chronic pain can be lonely at times, but through this group, participants were able to connect with others and find a sense of community.

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