
Art Therapy for Chronic Pain: Applications and Future Directions L'art-thérapie dans le traitement de la douleur chronique : Cas d'utilisation et orientatons à venir

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ABSTRACT

Chronic pain is acknowledged as a phenomenological experience resulting from biological, psychological, and social interactions. Consequently, treatment for this complex and debilitating health phenomenon is often approached from multidisciplinary and biopsychosocial perspectives. One approach to treating chronic pain involves implementing mind-body treatments such as art therapy. Art therapy for chronic pain is a nascent area of study, and this literature review endeavours to (a) evaluate the quality of literature investigating this area, (b) discuss how art therapy and other creative arts therapies treated the biopsychosocial dimensions of chronic pain, and (c) identify challenges and future directions for research on this topic.

RÉSUMÉ

La douleur chronique est reconnue comme une expérience phénoménologique qui résulte d'interactions biologiques, psychologiques, et sociales. Par conséquent, le traitement de ce phénomène complexe et débilitant est souvent l'objet d'une approche et de perspectives multidisciplinaires et biopsychosociales. L'une des approches adoptées pour traiter la douleur chronique consiste à mettre en œuvre des traitements corps-esprit comme l'art-thérapie, qui est un domaine de recherche tout nouveau. La présente revue de la littérature vise à (a) évaluer la qualité de la documentation d'études dans ce domaine; (b) discuter de la façon dont l'art-thérapie et d'autres formes de thérapie par les arts créatifs ont permis de traiter les dimensions biopsychosociales de la douleur chronique; et (c) identifier les défis à relever et les orientations à suivre dans la recherche à ce sujet.

Chronic pain is a mysterious experience and has been the subject of human study for centuries (Todd, 1999). In contemporary society, chronic pain is responsible for hundreds of millions of dollars in lost work and compensation (Harstall & Ospina, 2003). In the year 2000, healthcare costs related to chronic pain in Canada were estimated to be \$6.2 billion a year, exceeding the health care costs expected by individuals not suffering from chronic pain by \$4.25 billion (Lynch, Schopflocher, Taenzer, & Sinclair, 2009). Chronic pain is clearly a considerable problem, and the purpose of this article is to investigate, by way of a literature review, how art therapy has been used to treat this condition. Before

presenting the literature review, however, we will first introduce the definitions of chronic pain followed by an overview of the pain experience. The rationale describing the compatibility of art therapy as a chronic pain treatment will then be discussed.

DEFINITIONS

On a personal level, the psychosocial impact of chronic pain can be considerable because it is a difficult condition to explain, treat, and overcome (Asmundson, Vlaeyen, & Norton, 2004; Butler & Moseley, 2008; Caudill, 2002; Chapman & Turner, 2001; Harstall & Ospina, 2003). When it comes to defining chronic pain, it becomes apparent why it is a challenging condition to treat. Many sources describe chronic pain as pain lasting longer than three to six months from the date of injury (Hardin, 2004; Harstall & Ospina, 2003; Koenig, 2003).

Yet, other authors consider it arbitrary to define chronic pain based on a time-frame. For example, Niv and Devor (1999) suggest that more emphasis should instead be placed on the increased complexity of chronic pain. Butler and Moseley (2008) propose a different approach in asserting that “all pain experiences are a normal response to what your brain thinks is a threat” (p. 26), and part of treating the pain is finding out why the brain is indicating a state of danger by maintaining a pain response.

Another way of understanding chronic pain and the related maintenance of a danger signal from the brain can be achieved through the subdivision of chronic pain into malignant and benign categories (Hardin, 2004). Malignant chronic pain refers to pain originating from the progression of a life-threatening illness whereas benign pain refers to pain occurring without significant physical cause (Hardin, 2004). Finally, under the classification of benign pain, Niv and Devor (1999) advocate for the term “recurrent pain” when referring to pain originating from temporary changes in physiology. This definition is meant to account for recurrent pain conditions such as migraines, since migraine sufferers are not in constant pain—rather, they only experience pain during a migraine episode. Although a universal system of categorizing pain does not exist, providing categories for different kinds of pain is meant to assist healthcare professionals specializing in this area to better meet the treatment needs of their patients.

EXPERIENCE OF PAIN

Regardless of the nuances involved in its definition, chronic pain is widely accepted to be a phenomenological experience. In other words, the chronic pain experience is unique and based on the perception of the individual experiencing it. How people experience their pain is influenced by cultural ideas of pain, gender expectations of how one must cope with pain, the quality of personal relations with family or society at large, personal coping capacity, and the presence of other stressors, such as job loss (Butler & Moseley, 2008; Camic, 1999; Garguilo, Mc-

Caffrey, & Frock, 2003; Hardin, 2004; Koenig, 2003). The experience of chronic pain can deprive individuals of their identity, occupation, healthy relationships, mental health, and general quality of life (Collen, 2005).

The most common consequences of chronic pain cited in research studies and other scholarly literature related to the subject include increased reports of depression, anxiety, and anger in relation to increased pain (Camic, 1999; Caudill, 1999; Dersh, Polatin, & Gatchel, 2002; Hardin, 2004; Leo, 2003). Chronic pain can also impact family life (Harstall & Ospina, 2003; Koenig, 2003; Otis, Cardella, & Kerns, 2004); affect self-image; and contribute to decreased activity, mental deconditioning (Hardin, 2004; Koenig, 2003), **social stigma (Collen, 2005)**, feelings of loss (LeResche, 2001; Smith & Osborn, 2007), social isolation (Garguilo et al., 2003), memory deficiency, and suicidal ideation (Hardin, 2004). Furthermore, the long-term incapacities resulting from chronic pain can create economic strain, thereby adding yet another stressor (Collen, 2005).

STATUS OF TREATMENT

As a consequence of the far-reaching impacts of chronic pain, researchers from a variety of disciplines such as medicine, physiotherapy, occupational therapy, psychology, social work, nursing, and the creative arts therapies have examined the cause, course, treatment, and impact of chronic pain in an attempt to ameliorate the immense personal, social, and economic cost it incurs. With no known cure for chronic pain (Butler & Moseley, 2008), interventions for chronic pain often require the collective efforts of each of the above professions to address and manage the biological, psychological, and social aspects of the chronic pain experience (Lipman, 2005).

To address these areas in chronic pain management, professionals specializing in this field often use the biopsychosocial model of treatment (Butler & Moseley, 2008; Caudill, 1999, 2002; Garguilo et al., 2003). The biopsychosocial model tackles the aforementioned unique and multidimensional challenges implicit in treating chronic pain by explicitly drawing attention to the interactions among biological, psychological, and social aspects of the pain experience in order to foster self-management (Butler & Moseley, 2008; Caudill, 2002).

Furthermore, because the biological, psychological, and social factors involved in the pain experience occur differently in each person, implementing the biopsychosocial model allows for more specialized patient-centred treatment. Finally, by employing the biopsychosocial model, a multidisciplinary team is able to assess the factors posing barriers to self-management of chronic pain for each patient and then collaboratively devises a treatment plan to support the patient in overcoming those barriers (Lipman, 2005).

The biopsychosocial model is the most widely employed for treating chronic pain because it transcends treating merely the physical symptoms of pain. However, this model is not without its pitfalls. Gatchel and Turk (2004) emphasize that the biopsychosocial model can only be effective in a true multidisciplinary team in

which professionals are working collaboratively with the patient as opposed to a team wherein the patient is passed off from one professional to the next.

Common barriers that impede effective chronic pain management can stem from various sources. One of the most common causes for chronic pain mismanagement is lack of education (Phillips, 2008). Contrary to the treatment of acute pain, which requires rest to allow the body time to heal, chronic pain management requires the patient to remain active. For an individual living with chronic pain, managing pain symptoms solely with passive strategies, such as rest, not only leads to physical deconditioning, exemplified by loss of muscle tone and physical stamina, but also to mental deconditioning (Butler & Moseley, 2008; Caudill, 2002). Mental deconditioning can lead to decreased ability to be mindful or the inability to experience positive sensations. Further difficulties in managing chronic pain can stem from a history of trauma and unaddressed emotional pain (Phillips, 2008). Also, Janca, Isaac, and Ventouras (2006) posit that the comorbidity of mental and physical disorders can pose barriers to treatment.

With an emphasis on phenomenology, self-management, and the biopsychosocial model, mind-body interventions are often employed to help chronic pain sufferers understand the full impact chronic pain has in their life. Mind-body interventions specifically assist patients in understanding how psychological and physical symptoms are intertwined. Examples of mind-body interventions include yoga, meditation, psychotherapy, and art therapy. Art therapy by definition is a form of psychotherapy that combines visual art-making and psychotherapy to promote self-exploration and understanding (Canadian Art Therapy Association, 2008).

More specifically, the process involved in art therapy also “helps people resolve conflicts and problems, develop interpersonal skills, manage behaviour, reduce stress, increase self-esteem and self-awareness, and achieve insight” (American Art Therapy Association, 2008, para. 1). As a result, engaging in art therapy can assist patients in developing an awareness of how psychosocial factors can affect their symptoms in both positive and negative ways using both verbal and non-verbal communications.

This is similar to the goal of self-management manuals, such as *Managing Pain Before It Manages You* by Margaret Caudill (2002), which aim to foster awareness of the mind-body connection by guiding patients through exercises such as pain diaries that teach patients to compare the intensity of their pain to their emotions and stress level at the time of the flare-up. Art therapy has been implemented to foster the same awareness.

Consequently, this literature review investigates how art therapy as a mind-body intervention can help those living with chronic pain to better understand and manage their symptoms. As no such review has been undertaken to date, the current applications of art therapy as a mind-body intervention for chronic pain will be reviewed and thematically compiled with particular consideration of the biopsychosocial model, in order to understand the present status of art therapy as an intervention for chronic pain.

METHOD

In compiling this review, both electronic and library databases were searched using the keywords “art therapy” and “chronic pain.” Journal articles, books, and book chapters from 2009 and earlier are all included in this review.

Chronic pain as an area of study is vast. Not only is the approach to treating pain different depending on age group, treatment also differs depending on what condition is causing the chronic pain. For this literature review, the focus has been centred on the treatment of non-malignant chronic pain in adults. Articles pertaining to art therapy for pain management in children or conditions such as cancer, AIDS, and hospice care were omitted, as other collateral issues, such as impending death, fall outside the immediate scope of this article.

All articles were audited based on the major consensus that chronic pain is best treated from a biopsychosocial perspective. The mode of creative arts interventions (visual art, music, and drama) was not a criterion for omission, based on the idea that therapies employing each of these art modalities are based on a common arts-based theory that views the arts as a symbolic medium for expressing underlying subconscious psychological material (Knill, 2004). Consequently, although the primary focus of this article is art therapy, information on other forms of creative arts therapies will be included in this review.

Articles were analyzed for the following components in relation to art therapy and art-making: (a) physical pain symptoms, (b) psychological well-being, (c) social interaction, and (d) how art therapy was used as an intervention. Complementing the analysis of how art therapy met the biopsychosocial criteria for chronic pain treatment, additional art therapy components, such as changes in the art (when applicable) and the art process, were also analyzed and catalogued to identify if there is a specific protocol for implementing art therapy in chronic pain treatment. This second-step analysis was also conducted to provide clarity to professionals not familiar with art therapy and its uses in the chronic pain setting. Art activities implemented by professionals other than art therapists were included in the review to provide additional clarity to issues surrounding art therapy as an intervention.

LITERATURE REVIEW

The findings of this literature review will be presented in two sections. First, we will examine how art therapy and other creative arts therapies are used for chronic pain. Following this discussion, existing concerns, gaps in the literature, and future directions for research in the area of art therapy will be explored.

State of Art Therapy

The existing state of art therapy and other art-based modalities for chronic pain treatment appears to be primarily exploratory with a large proportion of anecdotal case studies, case illustrations, and program evaluations. In evaluating the existing literature on art therapy for chronic pain, the following areas will be discussed:

(a) art therapy and the biopsychosocial model, (b) the role of the working alliance, and (c) the art therapy process.

ART THERAPY, THERAPEUTIC ART-MAKING, AND THE BIOPSYCHOSOCIAL MODEL

Across all of the articles utilized for this review, authors described patient progress in terms of one or more of the following criteria associated with the biopsychosocial model: (a) changes in physical symptoms, (b) changes in psychological well-being, and (c) changes in social interaction. In this section, art therapy and therapeutic art will be discussed to help establish similarities and differences between the two areas.

Changes in physical symptoms. Changes in physical symptoms were discussed in nine journal articles and two book chapters. Physical changes were predominantly discussed in terms of pain relief in seven articles (Bullington, Nordemar, Nordemar, & Sjöström-Flanagan, 2005; Dannecker, 1991; Pavlek, 2008; Rockwood Lane, 2005, 2006; Sivik & Schoenfeld, 2005; Theorell et al., 1998) and two book chapters (Landgarten, 1981; Long, 2004). Although some articles, such as Rockwood Lane (2005, 2006) who advocated the use of the creative arts in nursing practice, provided only anecdotal evidence of physical changes during art-making, the other articles and book chapters provided more substantial explanations of the mechanisms thought to contribute to decreasing somatic symptoms.

Through a clinician-based focus group, Bullington et al. (2005) reported that pain symptoms subsided when patients were able to resolve some of their psychological issues connected to their past through music and dance/movement therapy. They were able to cultivate an awareness regarding the connection between mind and body.

Conversely, Long (2004) implemented art therapy as a means of pain modulation. In the case illustration of a 79-year-old woman who was severely incapacitated by arthritis in her shoulders, art therapy was utilized to identify the nature of her pain through colour and to externalize it through visual representation as metaphor. In this case the woman likened the pain in her shoulders to a clawed "pain monster" (p. 330). The woman was then directed to depict her pain monster and illustrate through the art how to defeat it. As the client found a way to vanquish the pain monster in her art, the pain in her shoulder subsided. This method was also used in conjunction with processing relevant psychological material that arose during therapy to address other painful areas in the woman's body. According to Long (2004), the results that came from sessions with the woman were quite unexpected, as this type of response was not documented in the literature.

This example provides a surprising twist with respect to what the literature predicts as the outcome of art therapy. In this case, art therapy was a primary intervention that brought about the relief of pain. Long (2004) also addressed psychological material with the woman. However, she discussed neither the interplay between the symbolic battle with pain in conjunction with psychological material nor whether they related to each other at all. Furthermore, the results

cited by Long are merely observations of a treatment process and lack the methodological rigour of a formal case study.

The reduction of physical symptoms in chronic pain patients through the use of creative arts therapies is exciting. However, there is no clear indication that only positive gains are to be had from art therapy. In fact, exacerbation of pain was discussed in three articles (Sexton-Radek, 1999; Sexton-Radek & Vick, 2005; Theorell et al., 1998). In the consecutive studies carried out by Sexton-Radek (1999) and Sexton-Radek and Vick (2005), artists suffering from regular migraines who entered the "Migraine Masterpieces" art competition were surveyed about how art-making helped them cope with their recurring headache pain. Although a portion of respondents in each study reported that art helped reduce their migraine pain, other respondents claimed that the art-making process and or odours from the art materials actually triggered migraines. Nevertheless, despite the fact that art was identified as a pain trigger for some artist migraine sufferers, they still reported engaging in art-making. These particular respondents were able to identify their triggers and modify their art-making practice to avoid triggering a migraine. Less clear findings were reported in Theorell et al.'s (1998) 2-year longitudinal pilot study where the patients' global perception of good health fluctuated over the course of therapy in relation to reports of psychological stress. Theorell et al. hypothesized that difficulty in identifying improved physical symptoms was likely due to increased uric acid in the patient's system as a result of increased daily activity.

Finally, with respect to physical symptoms, distraction from pain during art therapy was discussed in three articles (Dannecker, 1991; Reynolds & Prior, 2003; Shapiro, 1985). In each of these articles the authors observed reports of pain from their patients during the art-making process. Although there is no discussion in any of these articles regarding the potential reasons underlying this phenomenon, Shapiro (1985) observed that her patients typically perceived more pain at times when they had little to do or were unoccupied. This might indicate that the engagement in art therapy may redirect patients' attention away from pain into other activities.

Changes in psychological well-being. The psychological aspects of the chronic pain experience were the most widely discussed topic across the literature reviewed. In 15 articles or book chapters, 21 themes pertaining to psychological well-being were identified. It is interesting to note that the way this area was explored appeared to be aimed at different goals. Three categories were identified: (a) understanding the patients' phenomenology through metaphor from arts-based therapies, (b) improved emotional status as a marker of therapeutic progress, and (c) perception of self.

In addressing psychological material attached to the chronic pain experience, art therapy appears to be a mechanism through which subconscious psychological material can be processed. Due to the phenomenological nature of art therapy, the themes in art therapy treatment can vary from one patient to the next. In fact, a Swedish study found 500 different themes arising out of dance/

movement therapy regarding the chronic pain experience (Flanagan, 2004). Also, such themes appeared to change as patients moved through their treatment (Dannecker, 1991; Landgarten, 1981; Shapiro, 1985). In the case of informal assessment monitoring themes in the patients' art, metaphor was found to be useful in understanding the patients' current status and progress/decline from a phenomenological perspective.

Change in psychological well-being was also used as a marker for successful therapy (Theorell et al., 1998). Factors such as generally improved affect (Shapiro, 1985), decreased anxiety or depression (Bullington et al., 2005; Pavlek, 2008; Sivik & Schoenfeld, 2005), improved emotional coping (Sivik & Schoenfeld, 2005), expression of grief (Reynolds & Prior, 2003), and ability to project oneself into the future (Bullington et al., 2005; Henare, Hocking, & Smythe, 2003; Landgarten, 1981; Shapiro, 1985) all appeared to be associated with the patients' improved ability to cope with pain.

Through the course of art therapy, change in self-perception was also discovered in chronic pain patients. Landgarten (1981) used art therapy to assess the patients' ability to self-manage their pain symptoms. Those patients who showed the greatest progress and likelihood of actively managing their pain demonstrated a change in body image, acceptance of their chronic pain condition, and assumed responsibility for their personal well-being. Those individuals who were less likely to have benefited from art therapy were still focused on trying to find a cure for their chronic pain and continued to depict examples of passive coping skills, such as rest and continued reliance on pain medication.

Assessment of self-management, as presented by Landgarten (1981), was not mirrored in subsequent journal articles with the exception of Theorell et al. (1998), who conducted a follow-up questionnaire investigating the lasting effects of art psychotherapy 6 months after termination. Some patients appeared to maintain the therapeutic gains from art therapy while others experienced a decline. The observations from both Landgarten (1981) and Theorell et al. (1998) suggest how art therapy assessment can help identify changes conducive to self-management in the patient, and that art therapy does not affect every patient in the same way. In light of this comparison, a question arises for both practice and research regarding the importance of conducting assessments to measure the patients' ability to self-manage their pain.

Social change. Of the components of the biopsychosocial model, the social aspect of treatment is explored the least. A total of six articles addressed this issue, and the topics of increased socialization, job seeking, leading more active lives (Collen, 2005; Theorell et al., 1998), improved relational coping (Sivik & Schoenfeld, 2005), building and maintaining new relationships (Reynolds & Prior, 2003), and establishing better communication with family (Landgarten, 1981) were discussed in all articles as positive outcomes of art therapy. While social issues are very closely tied to psychological components reported in the previous section, it seems as though, in reporting research results, social changes are underemphasized within the existing literature.

THE WORKING ALLIANCE

The most prevalent theme identified in the articles reviewed is the importance of the working alliance. It is widely asserted that a key component to effective psychotherapy is a strong working relationship between client and therapist (Bordin, 1979; Gelso & Carter, 1994; Sufran & Muran, 2000).

Bullington, Nordemar, Nordemar, and Sjöström-Flanagan (2003) and Theorell et al. (1998) found that as patients made meaning of their art, they reported an increased level of stress. This was reflected in various ways, including temporary withdrawal from treatment (Bullington et al., 2003), **increased blood serum levels** as a marker of stress, and self-report by the patients indicating elevated stress levels (Theorell et al., 1998). Furthermore, case studies presented in Bullington et al. (2003) and Dannecker (1991) revealed that some patients with chronic pain also had a history of emotional and psychological trauma, which manifested as physical symptoms.

Sivik and Schoenfeld (2005) emphasized the importance of understanding and treating possible underlying psychological trauma in patients diagnosed with psychosomatic chronic pain. Because chronic pain aggravated by an unaddressed trauma is said to be a result of memories repressed in the unconscious that manifest themselves physically in the form of pain (Sivik & Schoenfeld, 2005), the working alliance becomes even more important in supporting the patient as these repressed traumatic memories surface.

PROCESS OF ART THERAPY

Comparing art therapy to the biopsychosocial model is useful in identifying how art therapy is a compatible therapy within the biopsychosocial model of treating chronic pain. Discussing the process of art therapy clarifies the interplay between the biological, psychological, and social dimensions of chronic pain and offers insight into what might be expected from art therapy for chronic pain patients.

During the initial stages of art therapy, themes arising for chronic pain sufferers were identified as dependence on others (Dannecker, 1991) and pain-centred thought processes (Shapiro, 1985). In other words, not only did patients have a tendency to be more reliant on family members for help, but they also tended to over-focus on their pain, thus disrupting patients' regular routines and activities. Other themes identified during dance/movement therapy and music therapy included feeling separated from the body (Flanagan, 2004) and feeling a sense of chaos (Bullington et al., 2003, 2005).

Several articles reported on the importance of allowing patients to engage in the process in a way they felt most comfortable in order to build confidence. Dannecker's (1991) case study showed that in the beginning stages of art therapy, the patient was more interested in learning technical aspects of art-making and reproducing well-known works of art created by the masters. Dannecker interpreted the act of reproducing the artwork of masters as a defense mechanism.

This theme of guardedness also appeared in Bullington et al. (2005) during the course of dance/movement therapy. However, instead of the patient being reluctant to creating art, the patient was reluctant to move her body. In cases of both visual art and movement therapy, patients eventually could move through their initial trepidation and explore underlying issues that aggravated their pain through the use of art and movement metaphor for their internal process. Specifically, metaphors were used as a mechanism to bridge meaning arising from art-making to the lived reality of the patient. Overcoming initial reluctance toward the creative process would not have been possible without first allowing the patients to engage in a way that felt comfortable and free of judgment.

Art therapy and self-management. The combination of processing patients' personal metaphors and the informal assessment that takes place in allowing the patient to engage the art process at their own pace also lends itself to encouraging and practicing self-management. Self-management refers to the patients' ability to recognize the factors that cause their pain to flare up and the techniques that can be used to avoid those flare-ups. The ability to recognize these factors happens during the art therapy process by allowing patients to draw metaphors for their art and applying them to their past and present experiences. Teaching self-management is currently regarded as one of the most important components of chronic pain treatment (Butler & Moseley, 2008; Caudill, 2002). Despite this, relatively little art therapy literature was devoted to this area. Many articles appeared to consider barriers to self-management as a consequence of unresolved psychological issues (Bullington et al., 2005; Dannecker, 1991; Flanagan, 2004). While this is in agreement with the barriers presented by Phillips (2008), some case studies suggest that art therapy might have the potential to make an even greater contribution to self-management.

Existing Concerns

It is evident from the small volume of literature regarding the use of art therapy in the treatment of chronic pain that there is much to be learned and understood in this field. Table 1 and Table 2 outline methods, findings, and limitations of each journal article discussing, respectively, art therapy and therapeutic art-making for chronic pain. In addition to the sparse nature of the literature, there are also issues with the methodology behind the available literature. Typically, the studies, both quantitative and qualitative, contained small sample sizes. As such, findings were not generalizable.

Furthermore, art therapy was used in conjunction with other treatments, and it was not clear what effect art therapy by itself had on the patients in that study. With respect to the case studies and case examples presented, the issue of small sample size and generalizability surfaces once more. There are additional problems with case examples found in textbooks. Such examples may be informative, but do not employ systematic research methods carried out with rigour to ensure validity or trustworthiness and a comprehensive analysis of all case variables.

Table 1
Art Therapy and Chronic Pain

<i>Title and Author</i>	<i>Type of Study/ Method</i>	<i>Sample</i>	<i>Purpose</i>	<i>Results</i>	<i>Limitations</i>
<i>Meaning Out of Chaos: A Way to Understand Chronic Pain</i> (Bullington, Nordemar, Nordemar, & Sjöström-Flanagan, 2003)	<ul style="list-style-type: none"> • Focus group of clinicians 	<ul style="list-style-type: none"> • 1 occupational therapist/music therapist • 1 physiotherapist/dance therapist • 1 medical doctor • 2 adults with prolonged somatic symptoms 	<ul style="list-style-type: none"> • Enrich the clinicians' understanding of chronic pain experience 	<ul style="list-style-type: none"> • Patients appeared to derived meaning from chaos 	<ul style="list-style-type: none"> • Results were solely based on clinicians' interpretation • Results were not confirmed with patients • Results were not generalizable
<i>From Pain Through Chaos Towards New Meaning: Two Case Studies</i> (Bullington, Nordemar, Nordemar, & Sjöström-Flanagan, 2005)	<ul style="list-style-type: none"> • Focus group of clinicians • Information from focus group was used to construct two case studies 	<ul style="list-style-type: none"> • 1 occupational therapist/music therapist • 1 physiotherapist/dance therapist • 1 medical doctor • 2 adults experiencing prolonged incapacity from somatic symptoms 	<ul style="list-style-type: none"> • Inform clinicians' understanding of phenomenology of the pain experience by investigating "meaning out of chaos" as a theoretical construct to describe successful rehabilitation 	<ul style="list-style-type: none"> • Two types of chaos were identified: Chaos I—the patients' lack of understanding toward their condition • Chaos II—the lived experience of chaos as patients gained more awareness about their condition 	<ul style="list-style-type: none"> • Respondents were not randomly chosen. Rather the patients who best illustrated meaning out of chaos were chosen • Case studies are subject to clinicians' interpretation
<i>Body and Expression: Art Therapy with Rheumatoid Patients</i> (Dannecker, 1991)	<ul style="list-style-type: none"> • Case illustration 	<ul style="list-style-type: none"> • 3 women diagnosed with rheumatoid arthritis 	<ul style="list-style-type: none"> • Investigate how art therapy is helpful in treating rheumatoid arthritis 	<ul style="list-style-type: none"> • Patient defense mechanisms evident in the art • Patients initially desired objective critique and instruction with respect to their art • As patients progressed, art changed • Partial alleviation of pain 	<ul style="list-style-type: none"> • Because this article is a case illustration, results reported are not generalizable
<i>Painning Out: An Integrative Pain Therapy Model</i>	<ul style="list-style-type: none"> • Therapy model evaluation by anonymous 	<ul style="list-style-type: none"> • Adults aged 25–55 • 6 females, 3 males • Diagnosed with 	<ul style="list-style-type: none"> • Investigate the effectiveness of an integrated pain therapy model 	<ul style="list-style-type: none"> • Integrated model presented in the study was successful in decreasing intensity and frequency of subjective 	<ul style="list-style-type: none"> • Small sample group limits the generalizability of findings • Results were not compared

<i>Title and Author</i>	<i>Type of Study/ Method</i>	<i>Sample</i>	<i>Purpose</i>	<i>Results</i>	<i>Limitations</i>
(Pavlek, 2008)	questionnaire	various pain syndromes	<ul style="list-style-type: none"> Contribute to and complement already existing knowledge of mind-body interventions for chronic pain Investigate how art therapy can be used to assist with the treatment of chronic pain 	<p>pain events</p> <ul style="list-style-type: none"> An increase in functional coping skills was also found 	<p>with other models of treatment</p> <ul style="list-style-type: none"> No comparison was made with a different group of people completing the same program
<i>All I Have Is Pain</i> (Shapiro, 1985)	<ul style="list-style-type: none"> Case illustration 	<ul style="list-style-type: none"> A woman in her 60s who experienced life-long problems with back and neck pain from a childhood injury 	<ul style="list-style-type: none"> Measure the effectiveness of a currently-running integrative health program in the treatment of psychosomatic symptoms 	<ul style="list-style-type: none"> Client was able to use art to work through issues of body image and self-esteem while physiotherapy provided increased physical comfort and strength Art therapy offered and unique perspective in a multidisciplinary setting Patients reported significant improvement in emotional and relational coping, decreased somatic symptoms, anxiety, muscular tension, and internalized anger Prolactin levels in 10 randomly chosen participants reflected positive patient reports The first year of treatment was marked by emotional turmoil, followed by a slow improvement after two years Authors found this approach to rehabilitation more successful than others 	<ul style="list-style-type: none"> Because this article is a case illustration, results reported are not generalizable This is an older study based on few scholarly sources
<i>Psychosomatic Integrative Treatment and Rehabilitation</i> (Svik & Shoenfeld, 2005)	<ul style="list-style-type: none"> Longitudinal program evaluation 	<ul style="list-style-type: none"> 650 men and women experiencing chronic psychosomatic symptoms enrolled in a Swedish integrative rehabilitation program 	<ul style="list-style-type: none"> Describe and test the feasibility of art psychotherapy with patients experiencing long-term symptoms 	<ul style="list-style-type: none"> Patients reported significant improvement in emotional and relational coping, decreased somatic symptoms, anxiety, muscular tension, and internalized anger Prolactin levels in 10 randomly chosen participants reflected positive patient reports 	<ul style="list-style-type: none"> The description of this program evaluation is brief and does not provide critical and rigorous discussion of its findings
<i>The Treatment of Patients with Chronic Somatic Symptoms by Means of Art Psychotherapy: A Process Description</i> (Theorell et al., 1998)	<ul style="list-style-type: none"> Quantitative, 2-year longitudinal pilot study 	<ul style="list-style-type: none"> 24 patients (22 women; 2 men) who had been unable to work for over a year due to their somatic symptoms 	<ul style="list-style-type: none"> Describe and test the feasibility of art psychotherapy with patients experiencing long-term symptoms 	<ul style="list-style-type: none"> Patients may have been reluctant to describe themselves as feeling better since that would mean the cessation of treatment No direct comparison with other forms of psychotherapy so the efficacy of art therapy as a modality cannot be confirmed Art psychotherapy is not clearly defined 	<ul style="list-style-type: none"> Small sample size Patients may have been reluctant to describe themselves as feeling better since that would mean the cessation of treatment No direct comparison with other forms of psychotherapy so the efficacy of art therapy as a modality cannot be confirmed Art psychotherapy is not clearly defined

Table 2
Therapeutic Art-making and Chronic Pain

<i>Title and Author</i>	<i>Type of Study/ Method</i>	<i>Sample</i>	<i>Purpose</i>	<i>Results</i>	<i>Limitations</i>
<i>Life of Pain, Life of Pleasure: Pain from the Patients' Perspective—The Evolution of the PAIN Exhibit</i> (Collen, 2005)	<ul style="list-style-type: none"> Personal commentary 	<ul style="list-style-type: none"> 1 middle-aged man with long-term incapacitation due to pain 	<ul style="list-style-type: none"> Describe personal pain experience and the barriers encountered Raise awareness of the pain experience and the difficulties facing pain sufferers 	<ul style="list-style-type: none"> Communication of the pain experience was difficult Author experienced disbelief from health professionals Found that art was the most effective way to describe his symptoms An online gallery was created so that other pain sufferers can share their experiences 	<ul style="list-style-type: none"> The information from this personal commentary is not generalizable Does not employ any qualitative research methods
<i>Chronic Pain: Gaining Understanding Through the Use of Art</i> (Henare, Hocking, & Smythe, 2003)	<ul style="list-style-type: none"> Small-scale qualitative study 	<ul style="list-style-type: none"> 14 patients, aged 27–63 attending a pain rehabilitation program 10 women; 4 men Unlimited cultural backgrounds 	<ul style="list-style-type: none"> Provide a detailed description of the pain experience 	<ul style="list-style-type: none"> Five general themes were identified: gaining pain, losing self, redefining self, identity, through others, being hopeful, and being on a journey Engaging in meaningful occupation was strongly associated with redefining self, experiencing oneself as a whole, and being hopeful about the future Art was found to be a distraction from illness, a way of expressing grief, filling an occupational void, increasing choice and control, increasing present moment awareness, encouraging spontaneity, revising priorities, facilitating positive emotions, restoring self-image, building new relationships, contributing to others, and regaining the ability of projecting oneself into the future 	<ul style="list-style-type: none"> The themes identified in the study are subject to both researchers' interpretations and the experiences of the patients Narratives of art work were not explored through questioning. As such, only the "in the moment" experience was captured Narrow socio-economic class Experiences are based on interview and self-report, thus making the findings impossible to generalize No men included in the study Only artists participated in this study
<i>A Lifestyle Coar-Hanger: A Phenomenological Study of the Meanings of Artwork for Women Coping with Chronic Illnesses and Disability</i> (Reynolds & Prior, 2003)	<ul style="list-style-type: none"> Qualitative study using an interpretive phenomenological analysis 	<ul style="list-style-type: none"> 35 female artists, aged 29–72 living with various chronic illness lasting longer than two years Homogenous socioeconomic and cultural backgrounds 	<ul style="list-style-type: none"> Explore meaning of living with chronic illness 	<ul style="list-style-type: none"> Art was found to be a distraction from illness, a way of expressing grief, filling an occupational void, increasing choice and control, increasing present moment awareness, encouraging spontaneity, revising priorities, facilitating positive emotions, restoring self-image, building new relationships, contributing to others, and regaining the ability of projecting oneself into the future 	<ul style="list-style-type: none"> The themes identified in the study are subject to both researchers' interpretations and the experiences of the patients Narratives of art work were not explored through questioning. As such, only the "in the moment" experience was captured Narrow socio-economic class Experiences are based on interview and self-report, thus making the findings impossible to generalize No men included in the study Only artists participated in this study

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<i>Arts in Health Care: A New Paradigm for Holistic Nursing Practice</i> (Rockwood Lane, 2005)	<ul style="list-style-type: none"> • Program description 	<ul style="list-style-type: none"> • Individuals confined to hospital care 	<ul style="list-style-type: none"> • Describe a model of implementing an AIM program and how nurses can incorporate art in their practice 	<ul style="list-style-type: none"> • Describes benefits of AIM programs at various hospitals around the world • Benefits of AIM programs include patients reporting being happier, reduced physical symptoms, and decreased pain 	<ul style="list-style-type: none"> • This article only describes AIM programs and their positive benefits • Information is purely anecdotal • AIM programs are not compared for reliability • Article provided no systematic critique of AIM programs • Article provided no case examples
<i>Creativity and Spirituality in Nursing: Implementing Art in Healing</i> (Rockwood Lane, 2005)	<ul style="list-style-type: none"> • Program description 	<ul style="list-style-type: none"> • Individuals confined to hospital care 	<ul style="list-style-type: none"> • Explain how nurses can implement creative and spiritual modalities as advanced therapeutics 	<ul style="list-style-type: none"> • From their first contact with patients, nurses can assess what patients' interests are and encourage them to engage in creative activities such as music, dance, drawing, and journaling • Characterized the nursing role as the best suited to guide patients to use creative outlets as methods of healing • Creative activities can elicit positive physiological responses 	<ul style="list-style-type: none"> • Theories and suggestions for nursing practice overlap with those of the art therapist, yet there is no mention about ethical implications for practicing outside nursing competencies • Does not discuss contraindications of engaging in creative activities
<i>Interplay of Art Making Practices and Migraine Headache Pain Experience</i> (Sexton-Radek, 1999)	<ul style="list-style-type: none"> • Qualitative study using mail-in survey as primary tool for gathering information 	<ul style="list-style-type: none"> • 151 participants of an American art contest for migraine sufferers 	<ul style="list-style-type: none"> • Explore the relationship between art-making and the migraine pain experience 	<ul style="list-style-type: none"> • In some cases different art materials and processes were associated with different kinds of migraine pain • Respondents devised coping strategies to alter their art-making habits • Emphasized the importance of taking detailed headache history prior to engaging in art therapy with migraine patients 	<ul style="list-style-type: none"> • Not all respondents reported the process or materials involved in art making as triggers. Some experienced relief • Results not generalizable • This information was not compared to individuals experiencing migraines who engaged in art therapy • No investigation of addressing the emotional effects of migraines on respondents through art therapy

An issue surfaces with respect to art therapy versus the implementation of recreational art-making. When discussing art therapy as an intervention for any condition, it is important to recognize that art therapy is a specialization within the realm of psychology and requires additional education (Heywood, 2003).

Therapeutic art-making, on the other hand, is a term that is used in this article to refer to arts programs that are implemented as a form of distraction or entertainment with the underlying assumption that engaging in a creative process is naturally therapeutic (Rockwood Lane, 2005). Although the distinction may seem minor, ignoring the difference between the two carries with it ethical implications and further dilutes an already weak body of knowledge regarding art therapy for medical conditions such as chronic pain.

Two articles published by Rockwood Lane (2005, 2006) describe the benefits of implementing Arts in Medicine (AIM) programs in the hospital where she works. She asserts that nurses are the most appropriate professionals to deliver creative interventions because they have the most intimate contact with the patients and their families. Although nurses providing art materials for patients as a means of passing time and improving the hospital experience is helpful, Rockwood Lane (2005, 2006) does not acknowledge the difference between recreational art-making and art therapy. This is particularly problematic when extolling therapeutic art-making as means of communication between the patient and the health care professional.

No doubt pain is a condition encountered in hospital settings, and because of its phenomenological qualities, it is understandable that healthcare professionals would want to capitalize on the communicative qualities of art products to offer more comprehensive treatment (Rockwood Lane, 2006). Although not hospitalized, Collen (2005) described his art-making as the most effective way of communicating the extent of his chronic pain symptoms with his doctor. Irrespective of the rich information that can be gained from the art-making process and the subsequent art product, professionals must exercise caution with respect to extracting meaning from patient art.

Specifically, in trying to make meaning of clients' artwork, professionals may bring up additional anxiety as observed by Bullington et al. (2005) and Theorell et al. (1998). These practitioners noted that as patients made meaning of their art, they experienced an increased level of anxiety. As such, while implementing AIM programs in which pain management would be a component, it is important that firm guidelines be established to delineate the boundary between art therapy and reactional art-making.

Furthermore, it should be recognized that not all patients need art therapy, and recreational art-making may suit only some patients. In the literature reviewed in this article, only Heywood (2003) emphasizes that art therapy is a special area of practice and requires special training. Therefore, awareness of this issue appears to be underaddressed at this time. Furthermore, to ensure that patients are receiving the kind of creative intervention they require, Heywood also suggests that policies

must be put in place outlining referral procedures and competence guidelines for practitioners who wish to practice art therapy.

Although AIM programs do not deal exclusively with chronic pain, there are several points that are helpful to note regarding how studies examining therapeutic art-making can inform art therapy. AIM programs are in part responsible for raising awareness of creative self-expression in healing. With respect to chronic pain, the previously discussed articles on AIM serve to bring to light the lack of clarity between art therapy and art-making that can exist in these programs.

Because art therapy is grounded in psychotherapy practice, it is important that certain ethical considerations be made. Furthermore, it is important that other professionals understand the ethical consideration involved in art therapy to avoid the inappropriate blurring of disciplinary lines. Finally, in some cases covered by this review, an awareness is raised regarding how some art materials can stimulate the onset of pain flare-ups in individuals who suffer from migraines (Sexton-Radek, 1999; Sexton-Radek & Vick, 2005). This suggests that before implementing art with patients suffering from chronic pain, the issues underlying their condition must be considered.

SUMMARY

In reviewing the literature on the topic of art therapy for chronic pain, art therapy was investigated in relation to the biopsychosocial model. The literature appeared to emphasize treating the psychological aspects of chronic pain; some findings, however, suggested that art therapy could be used to alleviate physical symptoms in some patients. Addressing the social issues resulting from chronic pain was largely unexplored. Social issues were used as an indicator to mark psychological change during therapy.

The description of the art therapy process was also investigated in the literature. A discussion of the art therapy process should be distinguished from therapeutic art-making. Although therapeutic art-making was shown to be beneficial in improving the quality of life for patients, the process involved in art therapy is the mechanism that ensures patients' emotional safety and allows them to resolve the personal conflicts that exacerbate their pain. Ethical issues arising from unclear distinctions and boundaries between art therapy and therapeutic art-making are unexplored in the literature.

Although these articles yielded some beneficial information regarding how individuals were affected by art-making, the articles presented were few, originated in different countries, and portrayed a mosaic of contexts and purposes because they were written by authors with different professional backgrounds such as nursing, art therapy, music therapy, dance/movement therapy, and occupational therapy. Also, some articles provided only observational data that relied on personal commentary. Such observations were not collected using rigorous research methods, further diminishing the strength of their findings.

GAPS IN THE LITERATURE

Clearly there are many gaps in the literature regarding the use of art therapy for chronic pain treatment, as this topic of inquiry is still nascent. Most of the art therapy literature addresses psychosomatic forms of pain, and even then only a handful of articles were found. Most studies describe how art therapy was used in long-term treatment (Bullington et al., 2005; Long, 2004; Theorell et al., 1998). Only Pavlek (2008) used art therapy in a comparatively brief integrative treatment program using multiple treatment modalities over the course of 10 weeks. More studies need to be carried out to test the efficacy of brief forms of art therapy described by Pavlek (2008). Second, most of the sources included were of a qualitative nature, with only Theorell and colleagues (1998) and Pavlek (2008) providing quantitative data. As such, more quantitative studies must be carried out in order to gain a better understanding of how many patients find art therapy beneficial to their chronic pain treatment, making the findings more generalizable.

Finally, there was relatively little information regarding how art therapy operated in conjunction with other chronic pain treatments. Consequently, a multidisciplinary study might provide valuable insight into how art therapy complements other treatments. As part of investigating the role of art therapy in multidisciplinary settings, it would be valuable to further explore the collaboration between the different modalities of creative therapy as well.

FUTURE DIRECTIONS

Art therapy has shown promise as a treatment for chronic pain in some individuals. Meanwhile, the literature signals prudence regarding its use, as its positive effects were not consistent across all studies. For art therapy studies to be meaningful, researchers need to specify what kind of “art therapy” was carried out. As well, recreational use of art as therapy must be differentiated, for ethical reasons, from “art therapy” as a psychotherapy practice conducted by specialized professionals. The use of the term “art therapy” was overly flexible, as the different modalities of art were often grouped together.

At the moment, it appears that most of the studies exploring art therapy for chronic pain management are a means of exploring a new approach to providing more holistic treatment. Exploration is the key to learning more about a new field of study. Although interest has been shown in the use of art therapy for chronic pain treatment, this area of study remains relatively unexplored, with only a handful of articles on this topic in peer-reviewed literature. It remains an important topic for future research.

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References

- American Art Therapy Association. (2008). *About art therapy*. Retrieved from <http://www.arttherapy.org/aboutart.htm>
- Asmundson, G. J., Vlaeyen, J. W., & Norton, P. J. (2004). Fear-avoidance models of chronic pain: An overview. In G. J. Asmundson, J. W. Vlaeyen, & G. Crombez (Eds.), *Understanding and treating fear of pain* (pp. 3–24). New York, NY: Oxford University Press.
- Bordin, E. S. (1979). The generalizability of the psychoanalytical concept of the working alliance. *Psychotherapy: Theory, Research, & Practice*, *16*(3), 252–260.
- Bullington, J., Nordemar, K., Nordemar, R., & Sjöström-Flanagan, C. (2005). From pain through chaos to new meaning: Two cases studies. *The Arts in Psychotherapy*, *32*, 261–274. doi:10.1016/j.aip.2005.04.007
- Bullington, J., Nordemar, R., Nordemar, K., & Sjöström-Flanagan, C. (2003). Meaning out of chaos: A way to understand chronic pain. *Scandinavian Journal of Caring Sciences*, *17*, 325–331. doi:10.1046/j.0283-9318.2003.00244.x
- Butler, D., & Moseley, L. (2008). *Explain pain*. Adelaide, Australia: NOI Group.
- Camic, P. M. (1999). Expanding chronic pain treatments through expressive arts. In C. Malchiodi (Ed.), *Medical art therapy with adults* (pp. 43–61). Philadelphia, PA: Jessica Kingsley.
- Canadian Art Therapy Association. (2008). *Frequently asked questions*. Retrieved from <http://www.catainfo.ca/faq.php>
- Caudill, M. A. (1999). Medical evaluation and management of chronic pain from a primary care perspective. In Gerald M. Aronoff (Ed.), *Evaluation and treatment of chronic pain* (3rd ed., pp. 67–78). Baltimore, MD: Williams & Wilkins.
- Caudill, M. A. (2002). *Managing pain before it manages you*. New York, NY: Guilford.
- Chapman, R. C., & Turner, J. A. (2001). Psychological aspects of pain. In J. D. Loeser, C. R. Chapman, & D. C. Turk (Eds.), *Bonica's management of pain* (pp. 180–189). Philadelphia, PA: Lippincott, Williams, & Wilkins.
- Collen, M. (2005). Life of pain, life of pleasure: Pain from the patients' perspective—The evolution of the PAIN exhibit. *Journal of Pain and Palliative Care Pharmacotherapy*, *19*(4), 45–52. doi:10.1300/J354v19n04_08
- Dannecker, K. (1991). Body and expression: Art therapy with rheumatoid patients. *American Journal of Art Therapy*, *29*(4), 110–118.
- Dersh, J., Polatin, P., & Gatchel, R. (2002). Chronic pain and psychopathology: Research findings and theoretical considerations. *Psychosomatic Medicine*, *64*, 773–786. doi:10.1097/01.PSY.0000024232.11538.54
- Flanagan, C. S. (2004). Creative arts therapy in the rehabilitation of chronic pain; Movement and metaphor—reflection by clients and therapist: An experiential study [Abstract]. *Nordisk Fysioterapi*, *8*(3), 120–131.
- Garguilo, H., McCaffrey, R., & Frock, T. L. (2003). Understanding chronic pain and the mind body connection. *Holistic Nursing Practice*, *6*(17), 281–289.
- Gatchel, R. J., & Turk, D. C. (2004). Criticisms of the biopsychosocial model in spine care: Creating and then attacking a straw person. *Spine*, *33*(25), 2831–2836. doi:10.1097/BRS.0b013e31817d24ad
- Gelso, C. J., & Carter, J. A. (1994). Components of the psychotherapy relationship: Their interaction and unfolding during treatment. *Journal of Counseling and Development*, *41*(4), 296–306.
- Hardin, K. N. (2004). Chronic pain management. In P. Camic & S. Knight (Eds.), *Clinical handbook of health psychology: A practical guide to effective interventions* (2nd ed., pp. 75–99). Toronto, ON: Hogrefe & Huber.
- Harstall, C., & Ospina, M. (2003). *Multidisciplinary programs for chronic pain: Evidence from systematic reviews*. Edmonton, AB: Alberta Heritage Foundation for Medical Research.
- Henare, D., Hocking, C., & Smythe, L. (2003). Chronic pain: Gaining understanding through the use of art. *British Journal of Occupational Therapy*, *66*(1), 511–518.

- Heywood, K. (2003). Introducing art therapy into the Christie hospital Manchester UK 2001–2002. *Complementary Therapies in Nursing and Midwifery*, 9, 125–132. doi:10.1016/S1353-6117(03)00021-0
- Janca, A., Isaac, M., & Ventouras, J. (2006). Towards better understanding and management of somatoform disorders. *International Review of Psychiatry*, 18(1), 5–12. doi:10.1080/09540260500466766
- Knill, P. J. (2004). The foundations for theory of practice. In P. J. Knill, E. G. Levine, & S. K. Levine, *Principles and practice of expressive arts therapy* (pp. 75–82). Philadelphia, PA: Jessica Kingsley.
- Koenig, H. G. (2003). *Chronic pain: Biomedical and spiritual approaches*. Philadelphia, PA: Haworth.
- Landgarten, H. B. (1981). *Clinical art therapy: A comprehensive guide*. New York, NY: Brunner/Mazel.
- Leo, R. J. (2003). *Pain management for psychiatrists*. Washington, DC: American Psychiatric.
- LeResche, L. (2001). Gender, cultural, and environmental aspects of pain. In J. D. Loeser, C. R. Chapman, & D. C. Turk (Eds.), *Bonica's management of pain* (pp. 191–195). Philadelphia, PA: Lippincott, Williams, & Wilkin.
- Lipman, A. G. (2005). Pharmacotherapists need to know non-drug therapies. *Journal of Pain & Palliative Care Pharmacology*, 19(3), 3–4.
- Long, J. K. (2004). Medical art therapy: Using imagery and visual expression in healing. In P. Camic & S. Knight (Eds.), *Clinical handbook of health psychology: A practical guide to effective interventions* (2nd ed., pp. 315–341). Toronto, ON: Hogrefe & Huber.
- Lynch, M. E., Schopflocher, D., Taenzer, P., & Sinclair, C. (2009). Research funding for pain in Canada. *Pain Research and Management*, 14(2) 113–115. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2706647/pdf/prm14113.pdf>
- Niv, D., & Devor, M. (1999). Transition from acute to chronic pain. In G. M. Aronof (Ed.), *Evolution and treatment of chronic pain* (pp. 27–45). Baltimore, MD: Williams & Wilkins.
- Otis, J. D., Cardella, L. A., & Kerns, R. D. (2004). The influence of family and culture on pain. In R. H. Dworkin & W. S. Breitbart (Eds.), *Psychosocial aspects of pain: A handbook for healthcare providers* (Vol. 27, pp. 29–45). Seattle, WA: IASP.
- Pavlek, M. (2008). Paining out: An integrative pain therapy model. *Clinical Social Work Journal*, 36, 385–393. doi:10.1007/s10615-007-0136-y
- Phillips, M. (2008, December). *10 common barriers to successful treatment of chronic pain and brief interventions to resolve them*. Presented at the Brief Therapy conference, San Diego, CA.
- Reynolds, F., & Prior, S. (2003). 'A lifestyle coat-hanger': A phenomenological study of the meanings of artwork for women coping with chronic illness and disability. *Disability and Rehabilitation*, 25(14), 785–794. doi:10.1080/0963828031000093486
- Rockwood Lane, M. (2005). Creativity and spirituality in nursing: Implementing art in healing. *Holistic Nursing Practice*, 19(3), 122–125.
- Rockwood Lane, M. (2006). Arts in health care: A new paradigm for holistic nursing practice. *Journal of Holistic Nursing*, 24(1), 70–75. doi:10.1177/0898010105282465
- Sexton-Radek, K. (1999). Interplay of art-making practices and migraine headache pain experience. *Headache Quarterly: Current Treatment and Research*, 10(4), 287–291.
- Sexton-Radek, K., & Vick, R. M. (2005). Art and migraine: Researching the relationship between artmaking and pain experience. *American Journal of Art Therapy*, 22(4), 193–204.
- Shapiro, B. (1985). All I have is pain: Art therapy in an inpatient chronic pain relief unit. *American Journal of Art Therapy*, 24(2), 44–48.
- Sivik, T., & Schoenfeld, R. (2005). Psychosomatic integrated treatment and rehabilitation. *Advances in Mind-Body Medicine*, 21(3/4), 55–58.
- Smith, J. A., & Osborn, M. (2007). Pain as an assault on the self: An interpretive phenomenological analysis of the psychological impact of chronic benign low back pain. *Psychology in Health*, 22(5), 517–534. doi:10.1080/14768320600941756
- Sufran, J. D., & Muran, J. C. (2000). Resolving therapeutic alliance ruptures: Diversity and integration. *Journal of Clinical Psychology*, 56(2), 233–243. doi:10.1002/(SICI)1097-4679(200002)56:2<233::AID-JCLP9>3.0.CO;2-3

- Theorell, T., Konarski, K., Westerlund, H., Burell, A.M., Engström, R., Lagercrantz, A.M., Teszary, J., & Thulin, K. (1998). Treatment of patients with chronic somatic symptoms by means of art psychotherapy: A process description. *Psychotherapy and Psychosomatics*, *67*, 50–56. doi:10.1159/000012259
- Todd, E. M. (1999). Pain: Historical perspectives. In G. M. Aronof (Ed.), *Evolution and treatment of chronic pain* (3rd ed., pp. 3–10). Baltimore, MD: Williams & Wilkins.

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