

Running Head: CAS WITH ART AND CHRONIC PAIN

The Effects of Clearing a Space with Art  
on Women with Chronic Pain

A thesis submitted  
in partial fulfillment  
of the degree of  
Masters of Arts in Marital and Family therapy  
Notre Dame de Namur University

Submitted by  
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May 2013

**Signature Page**

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**Dedication**

This thesis is dedicated to my dog Oliver (2003-2013) who brought incredible joy to my life and who always comforted me when I was in pain.

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### **Abstract**

This research project studied the effects of Clearing a Space with Art, a Focusing Oriented Art Therapy (FOAT) approach (Rappaport, 2009) on women with chronic pain. It was hypothesized that Clearing a Space with Art would lead to measurable decreases in anxiety, depression and stress, increases in mindful awareness, decreases in pain intrusion and pain perception, and increases in pain accommodation. The study also hypothesized that the practice of FOAT would be perceived as beneficial to chronic pain sufferers thereby promoting its increased use and further research into its benefits.

Research was conducted in a group setting over the course of three sessions. The participants consisted of eight females who experience chronic pain, ranging in age from 32 to 82. Measurable depression decreased, mindful awareness and attention increased, and perceived pain decreased. Additionally, the majority of participants found Clearing a Space with Art to be relaxing and stated it would be a useful tool in their pain management.

*Keywords: Focusing Oriented Art Therapy, chronic pain, depression, anxiety, mindfulness*

“The seed of suffering in you may be strong, but don't wait until you have no more suffering before allowing yourself to be happy.”

Thich Nhat Hanh

## CHAPTER 1

### PROBLEM STATEMENT

#### **Introduction**

Chronic pain is a major public health issue. Millions of Americans suffer from chronic pain and it is estimated to cost billions of dollars in health care and lost productivity, according to a report by the Institute of Medicine (2011). For the individuals who suffer from chronic pain, treatment is not always very effective. Pain medications may not alleviate physical symptoms adequately. In addition to physical symptoms, many experience psychological and emotional symptoms such as anxiety, depression, anger, interference with sexual activity, sleep deprivation, and problems with memory (Dopson, 2010). Chronic pain is highly comorbid with depression and anxiety (Kirsh, 2010). These added stressors contribute to a decreased quality of life and may even exacerbate pain. This thesis attempts to explore if an adjunct method will help improve pain management. This research explores if anxiety, depression and stress can be reduced, if mindful awareness and attention can be increased, and if pain appraisal can be effected by participating in a mindfulness based art therapy intervention.

#### **Importance/Impact**

Chronic pain exerts a toll on the individual and the economy. It is vital that different modes of treatment are explored and integrated into better pain management including increased self-management of the pain. Chronic pain is a common complaint in the aging population. The U.S. is an aging society and the number of older adults is increasing rapidly, consequently increasing chronic pain rates (Peterson & Moddeman, 2010). Obesity rates are also climbing and added weight frequently results in increased

pain for individuals, and contributes to diabetes, which can also have painful symptoms (Schoenberger, 2013). In addition, as the U.S. enters its twelfth year of war, the amount of military personnel wounded in battle continues to climb increasing the need for services surrounding returning vets. Many of these vets will have complaints attributable to injuries sustained in the war, both physical and psychological, which frequently result in chronic pain (Galloway, Buckenmaier & Polomano, 2011)

### **Pain**

Pain is a subjective experience. The word itself brings up different thoughts and feelings for everyone. Hurt, ache, ail, afflict, distress, suffer, agonize. Pain is an unpleasant sensory and emotional experience. Pain is discomfort that is caused by illness or injury, disease or disorder. Pain that lasts a short time and goes away once an injury or ailment is healed is known as acute pain. Acute pain may be excruciating but it is relatively brief. Chronic pain, on the other hand, is long lasting. It can be constant, like the ache of an arthritic hip, or it can be recurrent such as in a migraine headache. Chronic pain may arise out of an injury or illness or it may develop organically due to other issues. Chronic pain persists due to pain signals continually firing in the nervous system for weeks, months, and even years ([www.ninds.nih.gov](http://www.ninds.nih.gov)). Common chronic pain problems include but are not limited to low back pain, arthritis, severe headache or migraine, joint pain, fibromyalgia, and pain due to diabetes and stroke.

### **Psychological symptoms**

As previously stated, chronic pain is not solely a physical health problem. The prolonged suffering of physical pain can lead to a myriad of psychological and emotional problems including anxiety and depression. Most people with chronic pain report that

their condition has impaired their ability to function in terms of daily life activities as well as social and recreational activities (Schoenberger, 2013). This can lead to feelings of isolation, hopelessness, loss of control and fear about the future. Chronic pain also commonly disrupts sleep, which contributes to increased fatigue and difficulty concentrating (Schoenberger, 2013). Depression is common in people with chronic pain (Bair, 2003), as is anxiety (Asmundson & Katz, 2009).

### **Biopsychosocial model**

Since chronic pain affects both mental and physical health, and impacts activities and relationships, it is the current standard of practice to use a biopsychosocial model when working with this population. The biopsychosocial model is an approach that understands that biological, psychological (including thoughts, emotions and behaviors), and social factors play a role in human functioning in relation to illness or disease (www.meriam-webster.com). Ideally, this model would direct treatment towards the biological aspects of a person (disease, disorder) and the psychosocial aspects (personal, emotional, family, community) for a more integrated approach and better outcomes (Smith, 2002).

### **Treatment**

Pharmacological treatment of pain is the standard. A variety of medications are used to alleviate pain with opioids being one of the most effective and frequently used (Schoenberger, 2013). Drug dependency and abuse resulting from medications is yet another concern that individuals who experience chronic pain face. In addition, antidepressants and anticonvulsants are commonly used. Complementary and alternative treatments such as massage, acupuncture, meditation and yoga are sometimes utilized for

added relief. Diet and nutrition may also help improve pain (Maroon, 2006).

Psychological interventions are frequently employed to address the various accompanying symptoms of chronic pain. Research has shown that psychological interventions such as Cognitive Behavioral Therapy and mindfulness-based practices have helped improve mood and quality of life (Carlson, 2012). Research has also shown that participating in art therapy can improve mood (Petrillo & Winner, 2005).

### **Focusing-Oriented Art Therapy**

Focusing-Oriented Art Therapy (FOAT) combines a mindfulness-based attitude with creative expression. FOAT relies on a mind-body awareness thereby making it a particularly beneficial practice for dealing with chronic pain—especially since chronic pain frequently affects physical and mental health.

Focusing is a psychotherapeutic method designed by Eugene Gendlin (1981; 1996) that involves an inner listening and an access to the body's innate wisdom. Gendlin calls this bodily awareness and experience of one's inner state, the *felt sense*. Laury Rappaport (2009) combines Focusing with art therapy to create a new theoretical and practical approach. Focusing involves bringing a “welcoming, friendly attitude” towards your felt sense, which has been described as an inner knowing or somewhat like a gut feeling. Sometimes it is difficult to accurately describe that felt sense with words. Art therapy works well to allow for a wordless expression of the felt sense. By reflecting on the felt sense and allowing an image to surface, one can create the image artistically. The image can then be used to facilitate therapeutic inquiry and exploration of the felt sense and its underlying meaning.

FOAT can be applied to many areas of life and the therapeutic practice. In the area of pain management, and as Rappaport also states in her book *Focusing-Oriented Art Therapy* (2009), FOAT may not heal pain but it offers wellness strategies for “coping, finding meaning, and changing the relationship to the pain” (p.181). These new strategies may contribute to a reduction in the stress related to chronic pain, as well as anxiety or depression.

Clearing a Space with Art is one of the methods of FOAT. It describes the process of identifying stressors one is carrying in the present and setting them outside the body so that a cleared space can be experienced, separate from issues including physical pain.

### **Purpose of the Study**

Chronic pain sufferers experience anxiety and depression and increased stress. When medical interventions and painkillers do not alleviate the physical pain, it can contribute to feelings of hopelessness, increased anxiety and depressive symptoms, which may in turn exacerbate pain. Ultimately this creates a vicious cycle from which it is difficult to break. This makes the exploration of alternative and adjunct methods of care even more essential. It would be optimum to combine treatments that work towards holistic wellbeing thereby empowering individuals and increasing self-management of pain.

The purpose of the study is to examine whether participating in Clearing a Space with Art will have an effect on anxiety, depression and stress levels, mindfulness levels and pain appraisal. The study will also examine how the art making is viewed as a tool in pain management.



**Hypothesis**

1. It is hypothesized that anxiety, depression and perceived stress will be reduced in adults experiencing chronic pain after participating in three 90-minute Clearing a Space with Art sessions as measured by pre- and post-tests using the Depression, Anxiety and Stress Scale (DASS).
2. It is hypothesized that mindful awareness and attention will be increased in adults experiencing chronic pain after participating in three 90-minute Clearing a Space with Art sessions as measured by pre- and post-tests using the Mindful Attention Awareness Scale (MAAS).
3. It is hypothesized that intrusion levels of pain appraisal will be reduced and accommodation levels of pain appraisal will be increased in adults experiencing chronic pain after participating in three 90-minute Clearing a Space with Art sessions as measured by pre- and post-tests using the Chronic Pain Intrusion and Accommodation Scale (CPIAS).

***Exploratory Questions***

1. How will pain be represented visually on the body maps?
2. How will the “All Fine Place” be represented creatively?

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **Introduction**

This review of the literature begins with an introduction to chronic pain; its physical and psychological symptoms, its impact on productivity and on the health care system, and its expected association with certain populations. Chronic pain is more prevalent in women than in men, and women are more likely to experience numerous pains concurrently ([www.iasp-pain.org](http://www.iasp-pain.org)). This review will explore how the stressor of chronic pain is highly linked to depression and anxiety. This review will also explore current treatments for chronic pain including medical and psychological interventions. This chapter will explore the use of a biopsychosocial model as the current standard of practice in treating chronic pain. This model is most appropriate when dealing with chronic pain, as it takes into consideration psychological and social aspects in addition to physical discomfort. Chronic pain frequently impacts emotional wellbeing as well as social relationships. Lastly, this chapter will explore mindfulness, Focusing-Oriented Art Therapy and its approach “Clearing a Space with Art” for women who experience chronic pain.

#### **Overview**

Millions of Americans (and upwards to billions of people worldwide) suffer from chronic pain (Borsook, 2012). The impact on society is immense, from the costs of healthcare to the costs of lost wages (Hardt, Jacobsen, Goldberg, Nickel & Buchwald, 2008). It is estimated that chronic pain costs up to \$635 billion per year in medical expenses and lost productivity (Institute of Medicine, 2011). Chronic pain places a

strong emotional as well as financial burden on individuals and families. As our society ages, incidences of chronic pain will continue to rise. As the body ages it is more apt to experience pain from natural degeneration. In addition to our aging society, there are thousands of military personnel who have been wounded in the last decade of war and are now doing battle against chronic pain as the result of trauma and injury. Additionally, the rising rates of obesity are contributing to the chronic pain epidemic as well. Added weight puts added stress on the body through biomechanical effects, which overload the spine and joints (Schoenberger, 2013). Obesity also increases the risk for diabetes (Hjartaker, Langseth & Weiderpass, 2008) and diabetes frequently results in chronic pain (Spero, 2009).

Women are more likely to experience pain than men and are twice as likely to experience severe headache or migraine ([www.ninds.nih.gov](http://www.ninds.nih.gov)). Additionally, not only do women suffer more pain than men, but also their reports of pain are more likely to be dismissed (*Chronic pain in women*, 2010). However, women more readily seek help for their pain and are more likely to use a wider variety of resources for coping ([www.ninds.nih.gov](http://www.ninds.nih.gov)).

Chronic pain can result in a weakened immune system as well as fatigue, sleeplessness, depression, anxiety, stress, and anger ([www.theacpa.org](http://www.theacpa.org)). Chronic pain can affect a person's ability to hold a job, exercise, socialize, and even perform normal daily living tasks (Schoenberger, 2013). Up to 60 percent of individuals who suffer from chronic pain also experience anxiety and/or depression (Godfrey, 2007).

**Pain**

Pain is a subjective experience, therefore sometimes difficult to understand and measure.

According to the Merriam Webster online dictionary, pain is defined as:

A state of physical, emotional, or mental lack of well-being or physical, emotional, or mental uneasiness that ranges from mild discomfort or dull distress to acute often unbearable agony, may be generalized or localized, and is the consequence of being injured or hurt physically or mentally or of some derangement of or lack of equilibrium in the physical or mental functions (as through disease), and that usually produces a reaction of wanting to avoid, escape, or destroy the causative factor and its effects ([www.merriam-webster.com/medical/pain](http://www.merriam-webster.com/medical/pain)).

Pain serves a purpose, as it is an indication that something is wrong in the body. It can serve as a warning system, such as when you bring your hand too close to heat and pull away quickly so that you don't burn yourself. Pain can also be an indicator of disease or infection within the body. For instance if a person has appendicitis and experiences stabbing pain in their abdomen, they know they need to seek immediate medical attention,

**Acute pain.** According to the American Chronic Pain Association acute pain is defined as a pain that comes on quickly but lasts a short time. It generally serves as a warning that something is not right in our body or as a result of illness or injury. Usually

when damage from an injury or disease heals, the acute pain subsides as well, although in some cases the acute pain can turn into a chronic pain condition (2013).

**Chronic pain.** According to American Chronic Pain Association chronic pain can be defined as an ongoing or recurrent pain that lasts beyond the usual course of acute illness or injury or more than 3-6 months (2013).

Common causes of chronic pain include musculoskeletal, repetitive strain, neuropathic pain, and pain due to stroke or reflex sympathetic dystrophy, and complex regional pain syndrome (Schoenberger, 2013). Common chronic pain problems include back pain, severe headache or migraine, arthritis, and fibromyalgia.

In addition to the constant discomfort of chronic pain, some individuals experience breakthrough pain or flare-ups. Flare-ups are temporary exacerbations of pain that are generally more severe. Breakthrough pain usually has rapid onset and can be excruciating to the point of disability (McCarberg, 2007).

### **Psychological symptoms**

In addition to physical symptoms, chronic pain sufferers also cope with emotional and psychological effects of pain. Pain may become too distracting for a person to fully participate in—much less enjoy—daily life activities preventing participation in some activities altogether. In addition to the somatic experience of pain, many chronic pain sufferers also must deal with “conditions such as depression, anxiety and distress that make them feel devastated, frustrated, misunderstood and often helpless” (Pavlek, 2008, p. 387). Chronic pain sufferers may develop a sense of hopelessness when they cannot find relief from their discomfort. Additionally, failure to recognize the psychological comorbidities can limit pain treatment success (Kirsh, 2010).

**Depression.** Depression is common in individuals who experience chronic pain (Bair, 2003; Cheatle, 2011; Chiesa, 2011; Fishbain, 1997; Poole, White, Blake, Murphy & Bramwell, 2009, Schoenberger, 2013, Verdu, 2008,). According to Veerainder (2002) depression is the leading psychiatric disorder for those suffering from chronic pain. Chronic pain can wear a person down over time. The feeling of depression may result if the pain is persistent and unrelenting, especially if the individual is unable to find reprieve from discomfort. Because medications and interventions may not satisfactorily alleviate pain symptoms the individual may be left feeling frustrated. An individual may also experience depression when pain prohibits them from partaking in normal activities such as working, exercising, and socializing. Additionally, living with chronic pain and depression significantly reduces a person's quality of life, interferes with their usual roles, and impacts relationships (Poleshuck, Gamble, Cort, Hoffman-King, Cerrito, & Giles, 2006). Inability to work, exercise and participate in relationships with others can lead to financial difficulties, increased health problems, and isolation thereby compounding the depressive effects of pain.

Migraine headaches are a common form of chronic pain, and experienced by women three times more than men ([www.nlm.nih.gov](http://www.nlm.nih.gov)). Lipton, Hamelsky, Kolodner, Steiner & Stewart (2000) found that individuals who experience chronic migraine headaches “experience a diminished health-related quality of life (HRQoL) as well as a higher incidence of depression and that these figures worsen with increases in headache frequency and severity (as quoted by Vick, 2009, p. 115)”.

Depression may also result in pain symptoms. According to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American

Psychiatric Association, 2000), a Major Depressive Episode frequently presents with cognitive and affective symptoms as well as complaints of pain such as headaches, or joint, abdominal or other pains. This link between depression and chronic pain highlights the need for treatment that addresses the physical as well as psychological symptoms of chronic pain.

**Anxiety.** Anxiety is also highly comorbid with chronic pain (Asmundson & Katz, 2009). The body may experience physical, cognitive and behavioral symptoms of anxiety such as increased heart rate and muscle tension, worry and avoidance (Boyes, 2012). Anxiety about pain can make the pain sensation even worse. It is understandable how an individual who experiences chronic pain might worry about their physical health and finding relief. Anxiety resulting from anticipating pain may result in avoidance of situations or activities that could intensify discomfort. Additionally, individuals with anxiety disorders frequently have somatic complaints (Asmundson & Katz, 2009). This again underscores the need for treatments that may benefit both physical and mental health.

### **Pain and the Brain**

While this thesis will not delve into complexities of brain networks, it should be noted that depression and pain share biological pathways and neurotransmitters (Bair, Robinson, Katon & Kroenke, 2003). Since pain is both a sensory and emotional response by definition, both the pain and emotional pathways in the central nervous system will determine the individual's experience or degree of suffering (Schoenberger, 2013).

**Biopsychosocial Model**

Chronic pain is not purely a physical issue as it encompasses many facets of a human being including affect, cognition, and behavior (Verdu, Descoterd, Buclin, Stiefel & Berney, 2008). Pain is a complex and subjective sensory experience that has psychological and social influences as well (Asmundson & Katz, 2009). Therefore, it is best viewed from a biopsychosocial model, where the whole person is looked at in terms of managing symptoms and coping.

Using this model, several dimensions of a person's life can be examined and incorporated into treatment. Integrating various modes of treatment may allow for more enhanced feelings of wellbeing. According to Pavlek (2008), integrative approaches based on a biopsychosocial model "seem to be correlated with and supported by a growing body of evidence which suggests that pain has to be understood and dealt with as a complex mind-body phenomenon that simultaneously affects a person's physical, mental, social, and emotional functioning" (p. 385).

According to Turk, Wilson, & Cahana (2011), current available treatments for chronic pain "provide modest improvements in pain and minimum improvements in physical and emotional functioning" (p.2226). They believe that there is a crucial need for examining combinations of different therapies in the treatment of chronic pain.

**Current treatments**

There are several current treatments employed in an attempt to alleviate the symptoms of chronic pain. Included in these treatments are medications, complementary and alternative treatments such as acupuncture and massage, diet and nutrition, and psychological interventions.



**Medications.** Types of chronic pain vary as well as the effectiveness of medications. Pharmacological treatments include the use of non-steroidal anti-inflammatory drug or NSAIDS (aspirin, ibuprofen, naproxen), acetaminophen, topical analgesics, anti-convulsants, anti-depressants, and opioids ([www.theacpa.org](http://www.theacpa.org)). Anti-depressants and opioids are most commonly used for serious chronic pain conditions (Schoenberger, 2013). Current medications, including opioids, can provide some relief, but “the most potent drugs only reduce pain by 30%-40% in fewer than 50% of patients” (Chiesa & Serretti, 2011)

Antidepressants are widely used for the treatment of chronic pain. Both tricyclic antidepressants and serotonin and norepinephrine reuptake inhibitors or SNRI’s can decrease pain. This is likely due to enhancement of descending pathways in the central nervous system, which promote inhibition of pain (Schoenberger, 2013). Additionally, while selective serotonin reuptake inhibitors or SSRI’s don’t appear to have the same efficacy, treating underlying depression is helpful for a person’s sense of wellbeing (Schoenberger, 2013).

**Opioids.** Opioids are the most frequently used painkiller. Opioids reduce the perception of pain by decreasing the amount of pain signals to the brain and affect those brain areas, which control emotion, which diminishes the effects of painful stimulus ([www.drugabuse.gov](http://www.drugabuse.gov)).

**Drug Abuse and Addiction.** Prescription drugs are the second-most abused category of drugs in America, following marijuana ([www.samhsa.gov](http://www.samhsa.gov)). This statistic includes the abuse of prescription drugs for non-medical reasons but it highlights the addictive nature of the medication. There is concern over fatal opioid overdoses in

patients with chronic pain including accidental overdoses due to patients attempting to alleviate suffering or to aid with sleep (Cheatle, 2011). According to the National Institute on Drug Abuse (2011), deaths from opioid painkillers exceed those from all other drugs. The gravity of the abuse is leading to more aggressive drug policies and enforcement, which in turn results in difficulty for pain patients to receive necessary medication (Catalano, 2009).

**Alternative treatments.** In addition to the traditional medical treatments of pain, alternative treatments such as massage, acupuncture, hypnosis, biofeedback and yoga have been used in the management of chronic pain with varying efficacies (Tan, Craine, Bair, Garcia, Giordano, Jensen, McDonald, Patterson, Sherman, Williams & Tsao, 2007).

**Nutrition/Diet.** Nutrition and diet may play a part in the experience of chronic pain. A healthy diet, which nourishes the body, likely leads to an overall increase in feelings of wellbeing. It is alleged that certain foods such as gluten and artificial sweeteners may contribute to chronic pain. Foods high in Omega 3 fatty acids are anti-inflammatory and have been shown to reduce pain (Maroon, 2006). Recently, it has been suggested that chronic pain patients, especially those on opioids follow a diet high in protein and avoid sugars and starches (Tennant, 2013).

**Psychological Treatment.** Chronic pain is difficult to treat especially since it impacts the physical, psychological and emotional wellbeing of those who suffer. As discussed in earlier sections, accompanying psychiatric symptoms and perceptions impact the pain experience, including thoughts regarding pain. Bishop (1994) states, “How people think about pain is among the more potent influences on the pain experience (p.386)”. Psychotherapeutic interventions such as Cognitive Behavioral Therapy (CBT)

can help individuals examine how their thoughts affect their feelings and behaviors especially in relation to their pain. In a review and meta-analysis of 25 studies, Morley and company (1999) found that CBT was beneficial compared to wait list controls and provided some benefit over alternative treatment controls in the realms of pain experience and positive coping. Changing one's thoughts about chronic pain may allow for other more positive feelings and behaviors around the pain to emerge.

Acceptance and Commitment Therapy (ACT), challenges an individual to accept their thoughts and feelings and commit to changing them. In a review and meta-analysis of 22 studies, Veehoff, Maarten-Jan, Schreurs, & Bolhmeijer (2011), found that ACT had small to medium effects on the physical and mental health of chronic pain sufferers and suggests that further studies be done on integrating behavioral therapy and mindfulness.

### **Mindfulness-based Practices**

The fundamental principle of mindfulness is that experiencing the present moment in a non-judgmental way can counter the effects of stressors (Hofman, Sawyer, Witt, & Oh 2010). Mindfulness based practices have become a popular tool for dealing with a variety of medical and psychiatric conditions (Marchand, 2012), including anxiety and depression (Hoffman, et al 2010) as well as chronic pain (Carlson, 2012).

Mindfulness is the state of being aware in the present moment without judgment and with an attitude of curiosity, openness, and acceptance (Kabat-Zinn, 1990; Marchand, 2012). It involves paying attention with intention and can nurture a greater awareness and clarity (Kabat-Zinn, 1994).

Mindfulness-Based Stress Reduction (MBSR) was developed by Jon Kabat-Zinn at the University of Massachusetts Medical Center in the late 1970's. MBSR is a

structured program that trains participants in mindfulness practices and teaches how to integrate these practices into everyday life. Kabat-Zinn's early research showed reductions in medical and psychological symptoms including those associated with many different chronic pain conditions (Kabat-Zinn, 1982; Kabat-Zinn, Lipworth and Burney, 1985; Kabat-Zinn, Lipworth, Burney & Sellers, 1986).

Grossman, Niemann, Schmidt & Walach (2004) examined 20 studies, which used MBSR as an intervention for a broad range of chronic disorders. The results of these reviews found that MBSR was effective in reducing distress associated with physical or psychosomatic problems.

Chiesa & Serretti (2011) presented a review of the evidence into using Mindfulness Based-Interventions (MBI) for chronic pain. Ten studies, conducted between 1994 and 2009, were considered in the review. Their findings report that while the MBIs showed benefits in comparison to wait list control groups, when compared to active control groups, there was not a significant advantage in the reduction of perceived pain. However, MBIs were shown as being useful for reducing depressive symptoms associated with chronic pain although their efficacy was similar to that of using other strategies such as CBT or an educational support group. Lastly, MBIs were found to be useful in improving specific psychological features associated with chronic pain even though they did not modify the pain itself. Chiesa & Serretti (2011) hypothesize that "although MBIs do not consistently modify pain perception, they provide beneficial modifications to the relationship of patients with their symptoms, enhancing acceptance and reducing concomitant depressive symptoms" (p.90)

When dealing with chronic pain, it may seem difficult and even undesirable to stay in the present moment. It may also be difficult to have an awareness of other thoughts and feelings that can co-exist with the pain. When one is not present, even in those moments of discomfort, as Kabat-Zinn states, “we may not only miss what is most valuable in our lives but also fail to realize the richness and the depth of our possibilities for growth and transformation” (p. 4).

Additionally, Kabat-Zinn asserts;

A diminished awareness of the present moment inevitably creates other problems for us as well through our unconscious and automatic actions and behaviors, often driven by deep-seated fears and insecurities. These problems if they are not attended to can eventually leave us feeling stuck and out of touch. Over time, we may lose confidence in our ability to redirect our energies in ways that would lead us to greater satisfaction and happiness, perhaps even to greater health (p. 4-5).

As with most any treatment, results are generally not seen immediately. Mindfulness and MBIs such as MBSR, are interventions that need to be learned and practiced for adequate benefit. MBSR treatment effects on pain, quality of life and psychological wellbeing vary as a function of compliance with home meditation practice (Rosenzweig, Greeson, Reibel, Gree, Jasser & Beasley, 2010). Mindfulness strategies can be complimentary with other modes of therapy, by employing the same mindfulness practice of being aware in the present moment and thinking nonjudgmentally. Other forms of therapy that mindfulness-based practices have been connected to is art therapy.

## **Art Therapy**

Art therapy is based on the idea that art making is inherently healing and life enhancing ([www.arttherapy.org](http://www.arttherapy.org)). Art therapy is an optimal way to work with the mind and body because issues, thoughts, and feelings can be explored and processed in a physical and concrete way. Art may help express thoughts and feelings that are difficult to put into words. According to Landgarten (1991), “Artwork in a supportive environment can evoke whole-body thinking, it can activate consciousness between the polarities of individual and world, subject and object, mind and body”(p. 6).

According to the American Art Therapy Association ([www.arttherapy.org](http://www.arttherapy.org)):

...the creative process involved in artistic self-expression helps people to become more physically, mentally, and emotionally healthy and functional, resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, handle life adjustments, and achieve insight.

Malchiodi (2007) describes art therapy as, “ a dynamic therapy, requiring one to participate in one’s own treatment, in this case through art making” (p. 3). Participating in ones own treatment may help individuals with chronic pain increase a sense of self-assurance and confidence in self-management of their own pain. It might also instill a belief in one’s own abilities and provide a sense of empowerment. According to Malchiodi “The sense of well being is increased even in people who are disabled or have chronic illness underscoring art’s ability to help individuals transcend and even transform their sense of self in the face of disease or physical discomfort” (p. 169). Art therapy techniques combined with mindfulness based practices may help pain sufferers reduce

perceived pain through several techniques including; communication, catharsis, and redirection.

**Communication.** Art therapy serves as a means for individuals dealing with chronic pain to visually express their pain. Art is far more effective at conveying the pain experience than words alone. Since the chronic pain experience goes beyond the actual occurrence of physical pain and encompasses the entirety of one's life, art can be more effective in communicating its impact. Art has long been used as a means for expressing the physical and emotional symptoms of pain. Art seems to better convey the misery of the pain and the emotional drain chronic pain can have. There has been a great deal of attention paid to "chronic pain art" and "migraine art" through art exhibits, websites and books depicting the pain experience. Art can help an individual manage the pain and communicate the experience. Not only can art serve as a means for expressing the pain experience, but may allow for a new relationship to the pain to emerge. Pain can be viewed "not as an enemy to battle but as a part of oneself to be accepted and managed; not panicking, acknowledging the pain and releasing negative emotions can make recovery easier" (Blondin, 2008, p.13).

**Catharsis.** Art therapy can be a means of releasing the emotions and frustrations of dealing with chronic pain. Negative thoughts and emotions associated with the pain can be vented. Through art, the pain or a representation of the pain can be placed outside the body (Rappaport, 2009), thereby reducing its negative effects. Pain and any accompanying anxiety, depression, frustration, or stress can be released through the process of art making.

**Redirection.** Art therapy can also act as a means of redirection from the pain. Instead of using the negative thought or experience, a more positive topic or idea can be explored through creative expression. A person may focus on a favorite activity or a happy memory. Additionally, when attention is placed on the activity of creating art, the perception of pain may decrease as attention is placed elsewhere. When attention is placed on something other than the pain it may be easier to access or experience feelings of well being, even if brief or not fully realized. Ultimately the distraction can be a reprieve from pain, or from the pain being at the forefront of awareness.

**Groups.** In a group setting, art therapy can facilitate connection and camaraderie with other adults who experience chronic pain. It may be beneficial for individuals to gain perspective about their own suffering, to access knowledge regarding resources or other alternatives in pain management, and to possibly feel a sense of connectedness.

**Benefits of art therapy.** There is a growing body of evidence on the benefits of art therapy especially regarding psychological symptoms. De Petrillo and Winner (2005) investigated whether art making improved mood and if so whether this effect was through “catharsis” or “redirection”. After viewing tragic images, participants either drew a picture based on their feelings or copied pre-made shapes. The participants who drew their feelings exhibited a more positive mood where as those who copied shapes did not. Mood improved equally for those who drew negative images and for those who drew non-negative images. This suggests that catharsis and redirection through art making can lead to improved mood. To further test whether the drawing was simply a distraction, a second experiment gave participants the task of a word puzzle, which did



not improve mood. Their study provides evidence that art making can improve mood through catharsis or redirection.

In another empirical study, Curry & Kasser (2005) found that coloring mandalas reduced anxiety, and that the reduction in anxiety was more significant than coloring a plaid design. In a replication study of Curry & Kasser's (2005) research, van der Venet and Serice (2012) found similar results; that coloring a mandala reduced anxiety much more significantly than a plaid design or coloring on blank paper. Additionally, Sandmire, Gorham, Rankin and Grimm (2012) found that even a brief period of art making (30 min) significantly reduced anxiety in college students tested one week prior to final examinations.

Since art making can improve mood and reduce anxiety, it may be beneficial for chronic pain sufferers to reduce such psychological symptoms. Pavlek (2008) found that art therapy as part of an integrative model, which included progressive relaxation, hypnosis and cognitive-behavioral modalities eased or abolished pain and decreased stress, anxiety, and depression associated with chronic pain.

Conversely, it should be noted too that art making may sometimes result in experienced pain. Vick & Sexton-Radek (2009) found that art making was more likely to trigger migraines than to alleviate them but that many participants "strongly endorsed the more general distracting, relaxing, or focusing aspects of art making as positive elements in their lives" (p.120). This demonstrates that art making may still be beneficial as it enriches other aspects of one's life.

### **Focusing-Oriented Art Therapy**

Focusing-Oriented Art Therapy (FOAT) was developed by Laury Rappaport and it integrates Eugene Gendlin's Focusing with art therapy. Focusing was developed by Gendlin in the late 70's, and it is a process in which an individual achieves an "internal bodily awareness" or a *felt sense*. According to Gendlin, "a felt sense doesn't come to you in the form of thoughts or words or other separate units, but as a single (though often puzzling and very complex) bodily feeling" (Gendlin, 1978, p. 37). Focusing involves bringing a "welcoming, friendly attitude" towards your felt sense. A felt sense has been described as an inner knowing somewhat like a gut feeling. Focusing is a method that "accesses meaning that is carried in the body by attending inwardly to somatic experience" (Klagsbrun, Lennox & Summers, 2010, p. 48). FOAT is a newer theoretical and practice approach to art therapy.

Rappaport (2009) describes it as follows:

Focusing offers a gentle yet powerful way for accessing the body's wisdom, while art therapy harnesses and activates one's creative intelligence. While Focusing and art therapy are each complete practices for self-awareness, growth, and therapeutic change, a rich transformational alchemy occurs when wedding the two disciplines (p. 16).

FOAT includes having a friendly attitude towards the body, including any illness or pain (Rappaport, 2009). Additionally, according to Rappaport (2012), "FOAT is especially applicable to people with chronic illnesses because it helps clients learn to befriend their illness, reduce stress, work through unresolved emotional issues, and access well being" (p.225).

**Clearing a Space.** One of the steps in Focusing is Clearing a Space (CAS). In this step, people are guided to take inventory of their emotional and physical state, concerns or pains they are feeling, and to recognize them and imagine placing them outside the body (Klagsbrun, 2010; Rappaport, 2009). This allows people to get a sense of themselves without those concerns. After experiencing time in the cleared space, it “typically results in a sense of physical relief and psychospiritual well-being” (Klagsbrun, et al.,2010, p.48). CAS allows the individual to identify the stressors or issues that they may be carrying in the present (not their entire life), and set them at a distance outside of the body. The focuser senses the place that is separate from those stressors or issues— a cleared space or place of wellbeing.

Rappaport (2009) describes CAS with Art as “a way to take an inventory of the things that are in the way of feeling “All Fine”, or at ease or peace” (p. 37). Once this is accomplished and the “All Fine” place is reached, individuals are invited to use art to create this space, or to use art to create the things that were set aside. CAS helps individuals “to gain distance from stressors in the body and access a place inside that is “All Fine.” or separate from illness or disease” (Rappaport, 2009).

In a study on the effectiveness of CAS, Klagsbrun, et al (2010) found that it improved the quality of life in women with breast cancer. Participating in CAS resulted in “a greater sense of calmness, enhanced emotional self-regulation, improved coping, improved mental clarity, greater overall well-being, and a sense of empowerment in dealing with the fear, anxiety, and other issues related to cancer” (p.50-51). Similarly, in an earlier study Klagsbrun, Rappaport, Marcow-Speiser, Post, Stepakoff, & Karmin (2005) found a combined Focusing and expressive arts intervention led to improved

quality of life in women with breast cancer. In addition, Weiland (2012) found CAS with Art reduced stress in graduate students and Castalia's (2010) research demonstrated positive art-based and qualitative findings on the benefits of using CAS with Art for sign language interpreters. In a study on the effects of CAS with chronic pain, Ferraro (2010) found promising results amongst four chronic pain patients with decreases in anxiety, depression, and pain, as well as their gaining new coping strategy.

To date, there have not been any studies examining the effects of CAS with Art on women with chronic pain. Based on preliminary findings of FOAT to reduce stress, the positive results from Klagsbrun et al's studies (2005, 2010) on CAS and on an integrated Focusing and expressive arts approach, along with Rappaport's (2009) case material, it stands to reason then that Focusing-Oriented Art Therapy would have a positive affect on the lives of chronic pain sufferers.

### **Conclusion**

Chronic pain is an epidemic impacting the physical and psychological wellbeing of those who experience it. Chronic pain exacts a major toll on the individual, on families, on the healthcare system, and on productivity and the economy. Current treatments provide limited relief. Utilizing a biopsychosocial model in pain management is essential. Integrating various modes of treatment will provide individuals with more comprehensive care and a better chance at improving pain management.

There have been no studies to date on the effects of CAS with Art on women with chronic pain. FOAT may provide a perfect component of an integrative approach to treating chronic pain. The researcher proposes that Clearing a Space with Art will reduce anxiety, depression and stress associated with chronic pain, increase mindful awareness

and attention, as well as have an effect on pain appraisal by decreasing levels of pain intrusion and increasing levels of pain accommodation. It was also hypothesized that self-reported pain levels would decrease. In addition, it was hypothesized that participants would find the process enjoyable, relaxing and a useful tool in pain management.

## **Chapter 3**

### **Methodology**

#### **Introduction**

The purpose of this study was to explore the hypothesis that Clearing a Space (CAS) with Art would decrease anxiety, depression and perceived stress in chronic pain sufferers; increase mindful attention and awareness, decrease pain intrusion and increase pain accommodation, as well as decrease self-reported pain levels. Additionally, the intent of this study was to gain a qualitative understanding of participants' appraisal of their pain through the use of body maps. Lastly, this study explored qualitative questions regarding the participant's perception of the art making, the art product, and art as a tool in pain management.

#### **Research Design**

This study employed a mixed-methods design that measured quantitative elements as well as explored written responses to the art therapy interventions, which provided qualitative data. The quantitative measures included self-report inventories for anxiety, depression & stress, mindful awareness, chronic pain intrusion and accommodation levels, as well as pain level. The qualitative measures included the artwork as well as body maps, which provided an art-based qualitative account of the participants' representation of their pain and experience of CAS with Art.

The research consisted of three separate 90-minute sessions, which provided enough time to collect qualitative and quantitative data, as well as complete the art directives.

## Participants

This study selected participants using convenient sampling techniques.

Participants were selected among clients who receive services at a county mental health clinic. Permission was first granted to conduct the study at the clinic by the director and then through the county's IRB procedures. See Appendix A for letter of permission to use the mental health clinic. See Appendix B for letter of approval to conduct the study.

Participants were also selected via word of mouth through a university.

- *Participants:* In order to qualify for the current study, participants needed to meet the following criteria: First, the participant had to be of legal adult age (18 years or older); be fluent in English; be experiencing chronic pain. For the purposes of this project chronic pain was operationally defined as pain having lasted more than three months. Chronic pain may include but was not limited to low back pain, severe headache or migraine pain, joint pain, pain from arthritis, and fibromyalgia.
- *Number of Participants:* The current study included 8 individuals who suffer from chronic pain.
- *Selection of Participants:* Participants were referred by their primary therapist and recruited through a flyer posted within the clinic (Appendix C). Participants were also recruited via word of mouth through a university. Participants were selected based on criteria met and willingness to participate in the study.
- *Consent to Participate:* The participants involved in the current study indicated their consent to participate by signing an informed consent form (Appendix D). A

debriefing statement (Appendix F) was also provided at the conclusion of the research study.

- *Demographic Characteristics:* As previously mentioned, participants of the current study were 18 years or older, spoke fluent English, and had been experiencing chronic pain which had lasted at least 3 months. Participants were recruited from a county mental health clinic where this student investigator is placed in practicum as an MFT trainee. The county mental health clinic serves a small coastal community where the majority of clients are low-income and on medical assistance. Participants were also recruited via word of mouth at the university where this student investigator is completing her studies.

### **Location**

The sessions were held in a comfortable group therapy room within the county mental health clinic. Additional sessions were held in private study rooms at local bay area libraries. The student investigator took every precaution to ensure that participants had a safe, comfortable and uninterrupted space.

### **Instruments**

The instruments included a pre-screening interview to determine participants' age, gender, and type(s) of chronic pain. A demographics survey (Appendix G) was given at the start of the first session to investigate how participants have historically and currently dealt with chronic pain, including medical, non-medical, complimentary and alternative interventions.



The Depression, Anxiety, Stress Scale (DASS, Appendix H) was administered pre- and post-study. This scale measures depression, anxiety, and stress and the test is public domain. This student researcher purchased the manual for administration and scoring of the DASS. The DASS is a 42 item self-report scale that measures depression, anxiety and stress (Lovibond & Lovibond, 1995). The depression scale assesses hopelessness, anhedonia, dysphoria and self-deprecation. The anxiety scale assesses autonomic arousal, skeletal muscle effects, and subjective experience of anxious affect. The stress scale assesses difficulty relaxing, nervous arousal, and irritability. There are 14 statements related to each construct and participants are asked to rate the extent to which they have experienced each state over the past week using a 4-point Likert scale.

The Mindful Attention and Awareness Scale (MAAS, Appendix I) was also administered pre- and post-study. This assessment is a 15-item scale designed to assess the core principle of mindfulness, which is awareness of, and attention to the present moment. Studies have shown that the MAAS taps into a level of consciousness that is related to and predictive of self-regulation and wellbeing (Brown, 2003).

The Chronic Pain Intrusion and Accommodation Scale (CPIAS) was also administered pre- and post-study. The CPIAS is a 14-item assessment designed to measure an individual's appraisal of their pain. The scale measure two aspects of pain; intrusion and accommodation. The intrusion subscale reflects the mutual relationship between chronic pain and affective distress and the invasiveness of this predictability. The accommodation subscale reflects a person's ability to lead a fulfilling life despite chronic pain (Jacob, Kerns, Rosenberg & Haythornthwaite, 1993). This measure is copy-

written. See Appendix J for a copy of the email letter requesting permission from the author for use in this study as well as the approval.

Body maps (Appendix K) were administered with instructions to draw or shade in areas on the body where participants felt pain. Body maps showed a front and back view of a human figure. The body map was accompanied by a 10-point Likert scale (Appendix K) with instructions to rate the intensity of overall pain being experienced in that moment. The 10-point Likert scale ranged from 0=No pain to 10=Worst pain. The body map and Likert scale were administered before and after each session of CAS with Art.

A qualitative questionnaire (Appendix L) developed by this student researcher was administered after the final CAS with Art. Participants completed the questionnaire which asked questions such as whether they had a preference in CAS with Art approaches, how they felt about the art making process and products, and whether they felt art making was a useful tool in pain management.

### **Procedure**

1. Participants were presented with and signed an Informed Consent form explaining the purpose, methods, benefits, limits of confidentiality, and risks of the current research project (Appendix .D) The student investigator explained the Informed Consent form as well.
2. Participants were given and signed Permission to Use Artwork form (Appendix E) in which they provided permission for the art work to be reproduced and shown for education and research purposes, with names remaining confidential using corresponding codes assigned to participants.

3. Participants were given a demographics form (Appendix G) that asked questions about their chronic pain, such as where they experienced pain, when they began experiencing the pain and what interventions they use or have previously tried.
4. Participants completed a three-week Clearing a Space with Art group. Each group session lasted 90 minutes.
5. Participants completed a body map indicating where on the body they were experiencing pain and a 10-pt Likert pain rating scale before and after each CAS with Art intervention (Appendix K).
6. Participants completed a Depression, Anxiety and Stress Scale (Appendix H), a Mindful Awareness Attention Scale (Appendix I), and a Chronic Pain Intrusion and Accommodation Scale before and after participating in the CAS with Art interventions.
7. Participants completed a qualitative questionnaire (Appendix L) about their experience after the final CAS with Art intervention.
8. Artwork was reproduced for use in this research thesis and for possible presentation and/or publication. Artwork was returned to participants after being digitally photographed by the researcher.
9. The photographic images of the artwork will remain the property of the researcher.
10. At the end of the study, participants were provided a Debriefing Statement (Appendix F), which specified the purpose of the current study as well as the contact information of the researcher for any follow-up questions or concerns as

well as contact information and a list of low cost, sliding scale mental health services providers.

### **Data Collection**

Participants for this research project were adults over the age of 18 who experience chronic pain recruited via referral from their primary clinician at a county mental health clinic as well as via word of mouth at the university where this student researcher is completing graduate studies. The student researcher determined their interest in an adjunct therapy for their pain management by initially phone-screening the potential research participants. The inclusion criteria included that participants be 18 years or older, be experiencing chronic pain during the previous three months, and be interested in participating in the CAS with Art group. Exclusion factors included persons who were actively psychotic.

**Session One.** The first session began with the investigator explaining the research and informed consent form to the participants and presenting the participants with an informed consent form (Appendix D). Participants were informed of confidentiality and the limits of confidentiality including mandatory reporting suspicion of child /elder abuse and suicidal/homicidal intent. The investigator was present to address any questions or concerns regarding the procedures of the study. The participants were asked to complete a survey on demographic information (Appendix G). The participants were asked to complete the DASS, MAAS, and CPIAS. The participants were asked to shade in a body map on the sites where they experience pain and rate their pain using a 10 pt. Likert scale. The researcher then led participants in CAS with Art III (Concrete Imagery) and in creating the All Fine Place using the art materials [Clearing a

Space with Art process adapted slightly from Rappaport, pp. 121-122] (Appendix M).

The participants were given a post intervention body map and asked to identify their pain on the map and again rate their pain.

**Session Two.** In session two, participants were given a body map and pain scale and asked to shade in the areas they were experiencing pain and rate their pain. The researcher led participants in CAS with Art II (Directive Imagery) and in creating the All Fine Place. [Clearing a Space with Art process adapted slightly from Rappaport, pp. 121-122] (Appendix N). The participants were given a post intervention body map and asked to identify their pain on the map and again rate their pain.

**Session Three.** In session three, participants were given a body map and pain scale and asked to shade in the areas they were experiencing pain and rate their pain. The researcher led participants in CAS with Art I (Non-directive imagery) and in creating the All Fine Place. [Clearing a Space with Art process adapted slightly from Rappaport, pp. 121-122] (Appendix O). The participants were given a post intervention body map and asked to identify their pain on the map and again rate their pain. The participants were then given and completed the DASS, MAAS, and CPIAS. Participants were then given and completed the Final Questionnaire (Appendix L).

### **Art Based Research**

In addition to the inventories and questionnaires that participants completed, they also participated in guided Focusing and art making. Participants were given the option of closing their eyes or keeping them open, based on their comfort level. The investigator led the participants in Rappaport's (2009) three guided art interventions (Clearing a Space with Art) over the course of three sessions. After the guided imagery, participants

were asked to draw or create images inspired by the guided Focusing. The investigator provided all art materials necessary for the art-making directive of the study to be carried out. Materials included the following:

- 3” x 5” index cards
- White paper size 9” x 12”
- Assorted color paper size 9” x 12”
- Crayola crayons
- Oil Pastels
- Colored Markers
- Colored Pencils
- Scissors
- Glue

### **Data Analysis**

The data from the DASS was analyzed using the pre and post-test scores obtained before and after the art interventions. Data was compared to determine if the interventions affected the scores of the tests, thus showing a change in anxiety, depression, and stress. The data from the MAAS was analyzed using the pre and post-test scores obtained before and after the art interventions. Data was compared to determine if the interventions affected the scores of the tests, thus showing a change in mindful awareness and attention. The data from the CPIAS was analyzed using the pre and post-test scores obtained before and after the art interventions. Data was compared to determine if the interventions affected the scores of the tests, thus showing a change in intrusion and accommodation features of pain appraisal.

The data from the Qualitative questionnaires was examined and compared to determine if there was a preference in guided imagery, how participants felt about the art making and about their art product as well as whether they found it a useful tool for pain management. The body maps were also examined to determine if there was an observable change in how pain was represented pre and post intervention, as well as if the pain rating changed. Additionally, the artwork created to represent the “All Fine Place” was compared to see how adults with chronic pain represented the space that was created when their pain and issues were set aside. Additional qualitative methods included case studies that provided a clearer account of the participant experience during the study, as well as a review of the artwork by six art therapy students of advanced standing, and one registered art therapist.

### **Risks**

By participating in this study, risks included but were not limited to increased anxiety or depression due to recognizing what was in the way of feeling fine, due to recognizing the impact of chronic pain on daily living, an increase in stress due to participating in a research study or due to dislike of answering questions regarding participants’ experience with chronic pain. However, this study was designed to reduce anxiety and promote feelings of wellbeing. The researcher safeguarded against feelings of anxiety and discomfort by conducting the study in a safe and comfortable environment and by debriefing participants at the end of the study. The researcher was available during the study to help participants process any discomfort that may have arisen. The debriefing statement included referrals for therapists for any participants not currently in counseling.

**Benefits**

The possible benefits of participating in this study were many. Participants may have experienced a reduction in perceived anxiety, depression and stress, they may have experienced an increase in mindful awareness, and they may have experienced a decrease in the perceived intrusion of their chronic pain and they may have experienced an increase in perceived accommodation of their pain. In addition, they may have found it fun and relaxing to work with art materials or discover a new means of expression not previously used. They may have experienced personal growth and self-knowledge. It may have been beneficial to participate within a group of other chronic pain sufferers, highlighting that they are not alone in their experience. Additionally, they may have experienced a sense of fulfillment by contributing to a scientific body of knowledge in a nascent field of research.

**Implications**

The results of this study could further the field of art therapy. Research into the benefits of art therapy is growing especially in terms of improving psychological wellbeing. More research is needed into the mind-body benefits of art therapy. Little research has been done on the effects of Focusing-Oriented Art Therapy and individuals with chronic pain. The results of this study may prove FOAT for chronic pain is a beneficial adjunct treatment.

**Confidentiality**

Confidentiality of the participants was assured through the use of concealment of identifying materials. The records from this study will be kept confidential. No individuals will be identified in any reports or publications resulting from the study. All



artwork, tests, questionnaires, and transcribed material were coded with a number that matches the corresponding consent and permission to use artwork forms. All forms with identifying information were stored separately from all artwork, test, questionnaires, and transcribed material. All the material was stored in a locked file cabinet and was accessible to the student researcher only. All forms will be held for at least three years after the study date. In the event of publication or use in professional presentations, the date will be kept for at least seven years after the study date. At that time all data may be destroyed.

### **Protection of Human Participants**

The researcher followed the ethical standards of the APA (American Psychological Association), ATCB (Art Therapy Credentials Board), and Notre Dame de Namur University guidelines while conducting research. Participation in the study was purely voluntary and participants were free to withdraw from the study at any time and still continue with the group.

## CHAPTER 4

### RESULTS

#### Overview

The purpose of this study was to explore the hypothesis that Clearing a Space (CAS) with Art would reduce levels of depression, anxiety, and perceived stress as well as increase mindful awareness in adults with chronic pain. Additionally, it sought to explore whether CAS with Art would effect pain appraisal. Lastly, it examined the perceptions of using art making as a tool in pain management.

A within-group, mixed methods research design was used to collect and analyze data. Quantitatively, three pre and post-tests were administered: The Depression Anxiety Stress Scale (DASS), the Mindful Awareness Attention Scale (MAAS), and the Chronic Pain Intrusion Accommodation Scale (CPIAS). A body map and a 10 pt. Likert scale pain rating was administered before and after each CAS with Art intervention. Qualitatively, participants answered questions on a written reflective questionnaire at the end of the sessions and the body maps and artwork was examined.

Three different variations of Clearing a Space with Art (Rappaport, 2009) were used as interventions. The three variations included CAS with Art -concrete imagery, CAS with Art-directive imagery and CAS with art-non-directive imagery. This researcher began with CAS with Art -concrete imagery as it was believed to be a useful tool for introducing participants to the concept of the “All Fine Place”; that is the space within the individual, which is separate from all of the person’s issues, concerns, and physical pains. Additionally, this researcher believed it was useful for participants new to guided imagery and art making to physically write or draw their concerns, issues, and

pains on 3x5 cards and to set them aside in a box. This act may have made it easier to visualize setting aside issues in future sessions.

### **Demographics**

The participants in this study included eight participants: four clients who receive services at a county mental health clinic and four participants recruited via word of mouth. Three of these were art therapy graduate students who heard about the study from a fellow student. One additional participant heard about the study from another participant. The average age of the participants was 55.63, ranging from 32 to 82. All eight participants were female. Education levels varied: two were high school graduates, one had an AA degree, two had BA degrees, and three were MA graduate students.

### **Self-reported pain location**

Participants reported locations where they experience pain (participants could choose multiple locations). Each participant reported more than one pain location. Chronic pain in the back, shoulders, hands/wrists, and head were the most reported. Figure 1 shows the various locations that pain was reported.

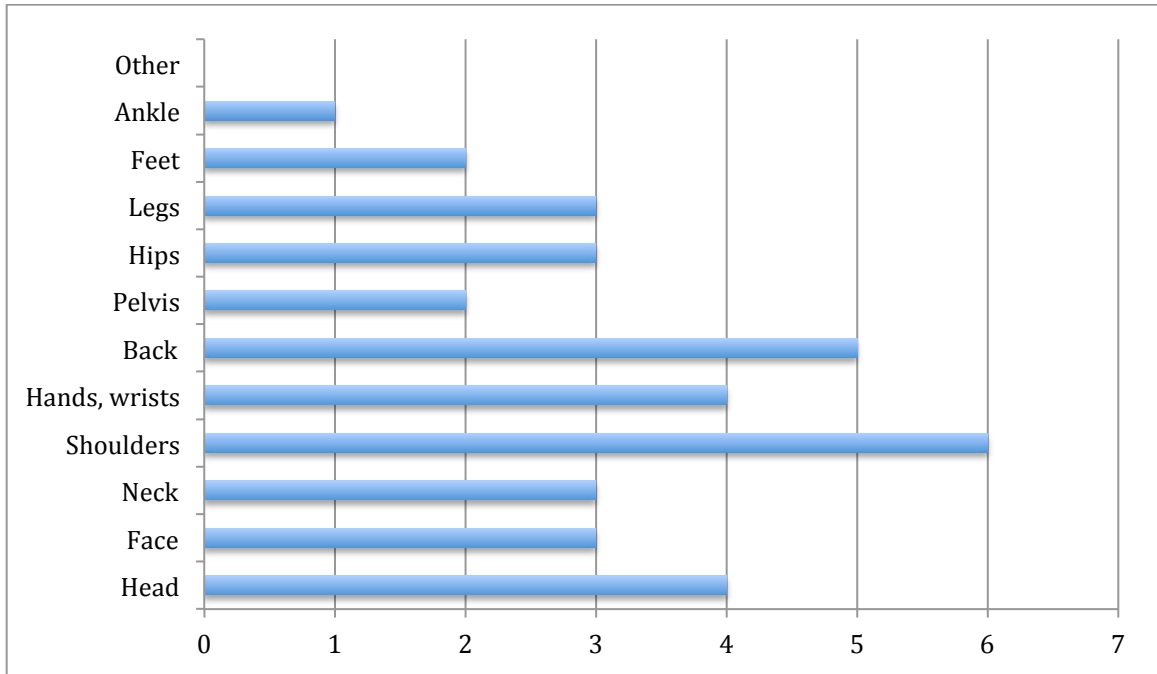


Figure 1: Self-reported pain location

### **Prior experience with guided imagery**

Most of the participants had some or extensive experience with guided imagery.

Figure 2 displays the levels of experience with guided imagery reported by the participants.

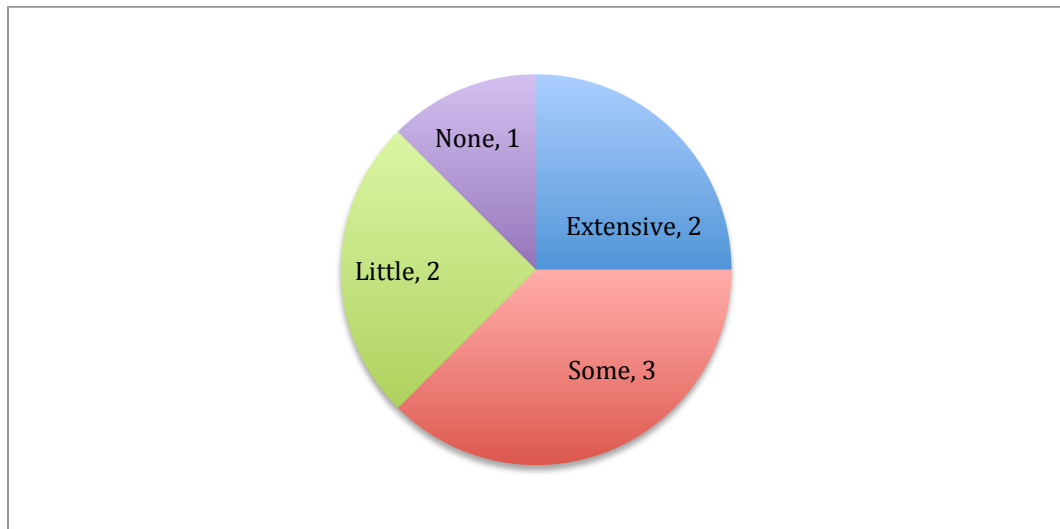


Figure 2. Self-reported experience with guided imagery

**Prior experience with mindfulness**

All of the participants had prior experience with mindfulness to varying degrees. Four of the participants reported extensive prior experience. Figure 3 displays the levels of experience with mindfulness reported by the participants.

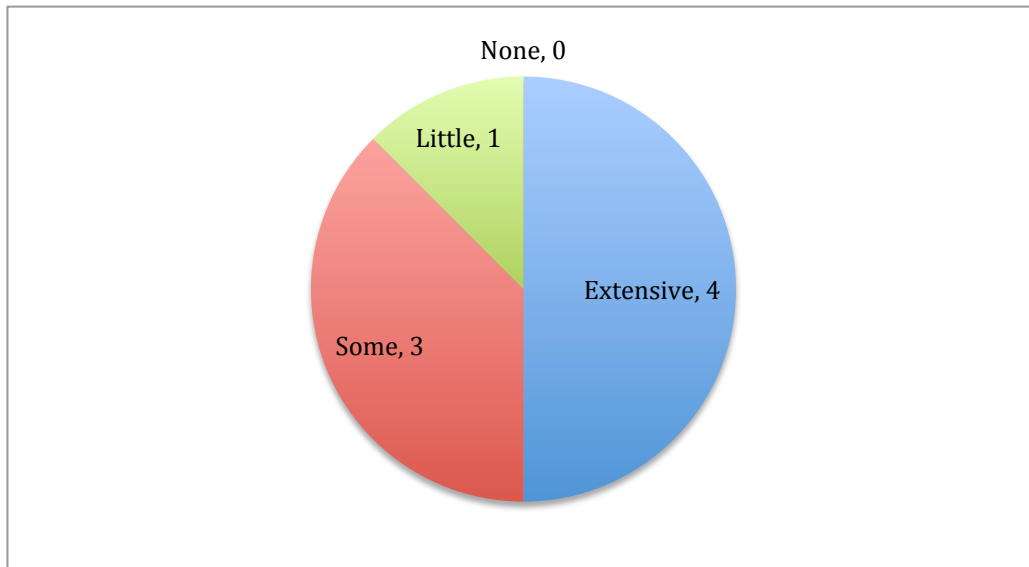


Figure 3. Prior experience with Mindfulness

**Prior experience with Focusing**

Only two of the eight participants had any prior experience with Focusing. These two participants were art therapy graduate students who had Focusing experience during a weekend elective class in the art therapy graduate program curriculum. Their experience with Focusing was limited but they were familiar with certain concepts such as the *felt sense* and “All Fine Place”. None of the other participants had prior experience with Focusing. Figure 4 shows disparity between those who had some experience with Focusing and those who did not.

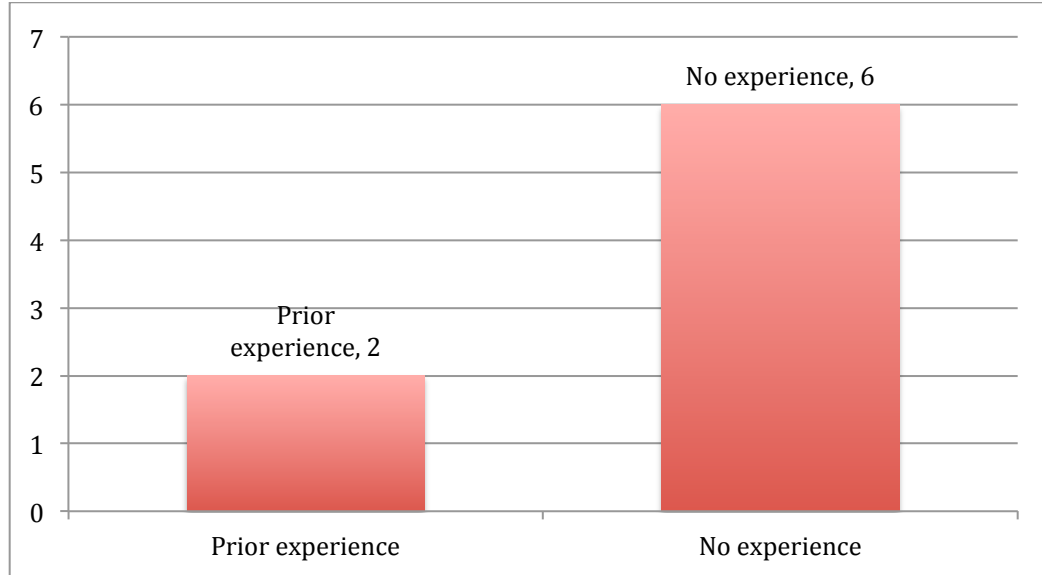


Figure 4. Prior experience with Focusing.

### **Other pain management strategies employed**

The majority of participants used prescription medication in the management of their chronic pain as well as non-prescription medications. Half of the participants used massage as a pain management strategy. Various other forms of pain management strategies were used by the participants as well, and included: injections such as cortisone, other drugs such as marijuana, physical therapy, and acupuncture. Figure 5 shows the self-reported strategies for managing pain.

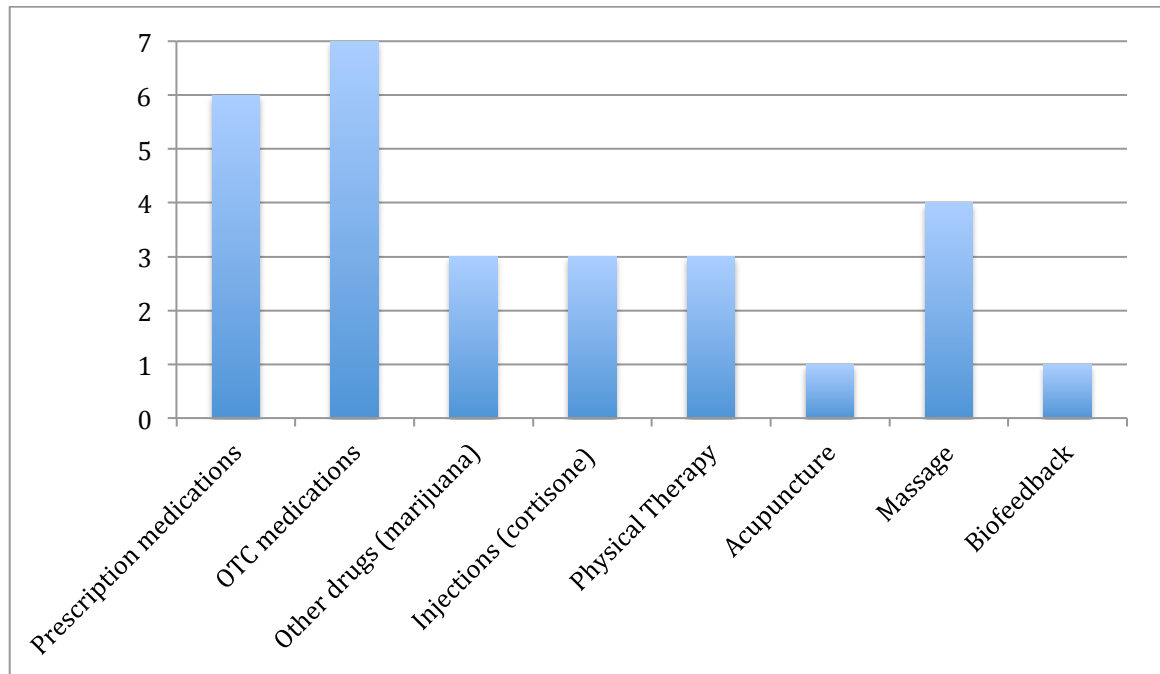


Figure 5. Self-reported strategies for managing pain

### Levels of comfort making art

The comfort levels reported by participants in making art varied. Participants were asked to rate their comfort on a scale of 1-5, with 1 indicating “not at all comfortable.” And 5 indicating “extremely comfortable. One participant reported that they were not at all comfortable making art while three reported being extremely comfortable. Two members rated themselves at 3; two members at 4; and two members at 5. Figure 5 shows the comfort levels in making art.

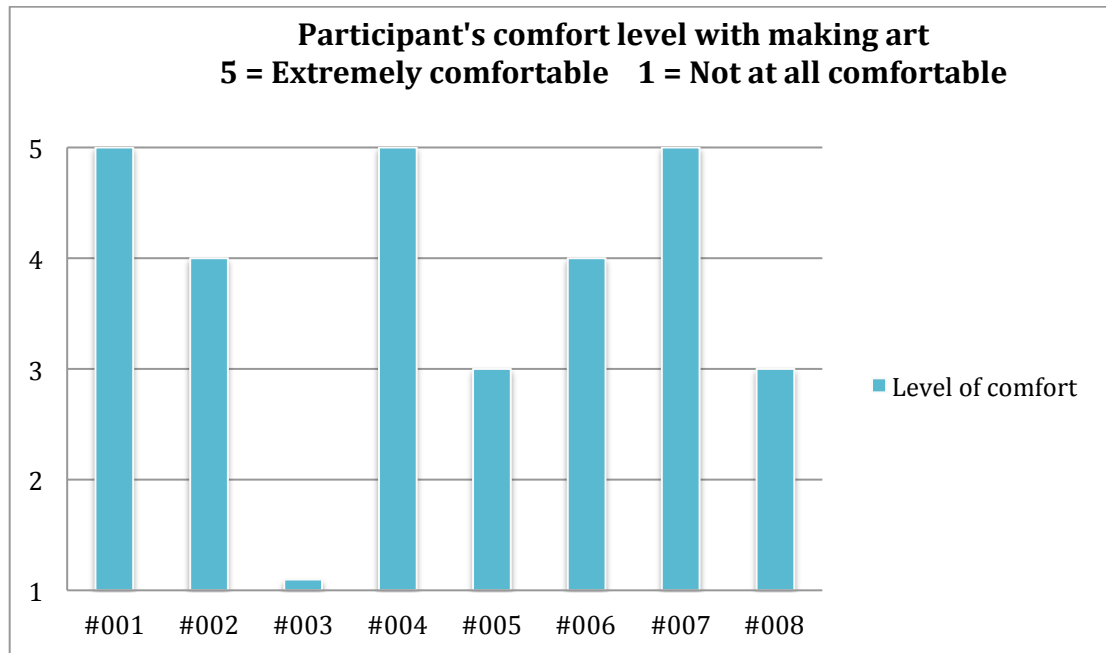


Figure 6. Comfort levels in making art.

### Activities Promoting Well-being

In terms of participating in activities, which generally promote well-being, six participants mentioned “communing with nature” as an activity they engaged in.

(Participants could check multiple activities). Five participants mentioned “engaging with the arts.” “Aerobic exercise” and “meditation” were used by four participants.

“Journaling” and “yoga” were used by three participants each, respectively. “Other”

methods used included: walking, physical therapy exercises & stretching, swimming, and

hypnosis. Figure 7 illustrates the different activities that participants engage in.



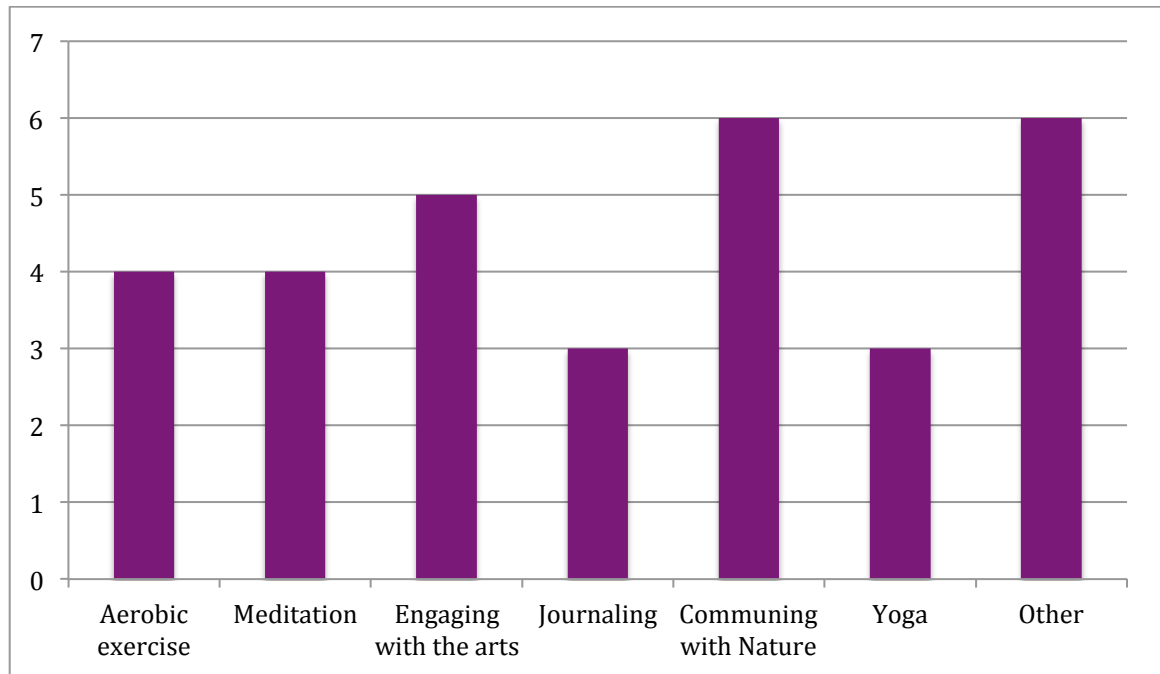


Figure 7. Self-reported activities to promote well-being

### Quantitative Results

The Quantitative research in this study was conducted to determine if Clearing a Space with Art would decrease anxiety, depression and stress levels, increase mindful awareness and attention, decrease pain intrusion and increase pain accommodation. The quantitative data was collected by utilizing three self-report inventories: DASS (Appendix H), MAAS (Appendix I), and the CPIAS (Appendix J). All three inventories were administered pre and post participation of the interventions. A body-map and a 10pt. Likert scale of self-reported pain (Appendix K) were administered before and after each CAS intervention.

**Depression, Anxiety and Stress Scale (DASS).** The DASS was used to measure depression, anxiety and stress levels that the participants had experienced over the course of the previous week. Table 1 illustrates each participants pre and post survey results for each of the three constructs measured on the DASS; Stress, Anxiety, and depression.

Table 1. Stress, Anxiety, and Depression scores

Participant	Stress		Anxiety		Depression	
	Pre	Post	Pre	Post	Pre	Post
<b>01</b>	27	27	27	28	34	24
<b>02</b>	31	14	23	15	22	15
<b>03</b>	18	15	7	4	22	7
<b>04</b>	41	41	29	29	35	31
<b>05</b>	13	34	8	20	2	26
<b>06</b>	14	16	7	3	2	4
<b>07</b>	13	7	0	1	1	0
<b>08</b>	6	10	4	7	11	3

Pre-study. The mean of the pre-survey scores were as follows: depression mean = 16.10 ( $sd = 14.14$ ); anxiety mean = 13.13 ( $sd = 11.33$ ); stress mean = 20.38 ( $sd = 11.61$ ).

Post-study. The mean of the post-survey scores were as follows: depression mean = 13.75 ( $sd = 11.95$ ); anxiety mean 13.38 ( $sd = 11.30$ ), stress mean = 20.5 ( $sd = 12.13$ ).

Table 2. DASS mean and standard deviation scores

	Mean	Standard Deviation
<b>Depression</b>		
Pre	16.10	14.14
Post	13.75	11.95
<b>Anxiety</b>		
Pre	13.13	11.33
Post	13.38	11.30
<b>Stress</b>		
Pre	20.38	11.61
Post	20.50	12.13

The change in the mean depression score represents a 14.60% decrease in depression. The change in the mean scores of anxiety and stress were minor with 1.9% increase and 0.59% increase respectively.

**Mindful Attention Awareness Scale (MAAS).** The MAAS was used to assess receptive awareness and attention to the present moment. Studies have shown that the MAAS is predicative of a variety of self-regulation and well-being constructs (Brown, 2003).

Pre-study: The mean of the pre-survey scores was 48.13 ( $sd = 10.71$ ).

Post-study: The mean of the post-survey scores was 53.50 ( $sd = 10.45$ )

Table 3. MAAS mean and standard deviation scores

Mindfulness	Mean	Standard Deviation
Pre	48.13	10.71
Post	53.50	10.45

The change in the mean score of the MAAS represents a 11.18% increase in mindfulness.

**Chronic Pain Intrusion and Accommodation Scale (CPIAS).** The CPIAS was used to measure the participant's appraisal of their pain problems. The CPIAS measures two aspects of pain appraisal: pain intrusion and pain accommodation. Pain intrusion subscale represents the mutual relationship between pain and affective distress, as well as the predictability of this relationship. Pain accommodation subscale represents an individual's ability to live a satisfying life despite having chronic pain.

Pre-study: The mean of the pre-survey scores were as follows: Pain intrusion; mean = 33 ( $sd = 2.62$ ). Pain accommodation; mean = 24.13 ( $sd = 8.85$ ).

Post-study: The mean of the post-survey scores were as follows: Pain intrusion; mean 31.25 ( $sd = 5.26$ ). Pain accommodation; mean = 23.63 ( $sd = 9.55$ ).

Table 4. Pain intrusion and accommodation mean &amp; standard deviation scores

Pain Appraisal	Mean	Standard Deviation
<b>Pain Intrusion</b>		
Pre	33.00	2.62
Post	31.25	5.26
<b>Pain Accommodation</b>		
Pre	24.13	8.85
Post	23.63	9.55

The change in the mean score of pain intrusion indicates a 5.3% decrease in pain intrusion. The change in the mean score of pain accommodation indicates a slight increase of 2.7%.

**Self reported pain levels.** Participants self-reported their level of pain on a Likert scale developed by the researcher. The higher the score, the more intense the pain was felt (0 = No pain, 10 = Worst pain). Self-reported pain levels for the first session are illustrated in Table 5.

Table 5. Session One: Self-reported pain levels

<b>Participant</b>	<b>Pre</b>	<b>Post</b>	<b>% change</b>
<b>01</b>	10	4.5	55 % decrease
<b>02</b>	9	None circled	N/A
<b>03</b>	5	5	No change
<b>04</b>	8	8	No change
<b>05</b>	5	2	60% decrease
<b>06</b>	7	4	43% decrease
<b>07</b>	7	8	15% increase
<b>08</b>	8	7	15% decrease
<b>Mean</b>	7.38	5.5	25.% decrease

The mean score for pre-test self-reported pain level was 7.38. The mean score for post-test self-reported pain level was 5.5. The mean score for self-reported pain level in session one decreased by 25%. Mean 7.375 median 7.5 mode 5,7,8/5.5,5,8

Self-reported pain levels for session two are illustrated in Table 6.

Table 6. Session Two: Self-reported pain levels

<b>Participant</b>	<b>Pre</b>	<b>Post</b>	<b>% change</b>
<b>01</b>	10	5	50% decrease
<b>02</b>	6	5	17% decrease
<b>03</b>	3	2	33% decrease
<b>04</b>	8	9	13% increase
<b>05</b>	5	2	60% decrease
<b>06</b>	7	5	29% decrease
<b>07</b>	3	3	No change
<b>08</b>	6	6	No change
<b>Mean</b>	6	4.63	23% decrease

The mean score for pre-test self-reported pain level was 6. The mean score for post-test self-reported pain level was 4.63. The mean score for self-reported pain level in session two decreased by 23%. Mean 6 median 6 mode 3,6/ 4.63, 5, 5

Self-reported pain levels for session three are illustrated in Table 7.

Table 7: Session Three: Self-reported pain levels

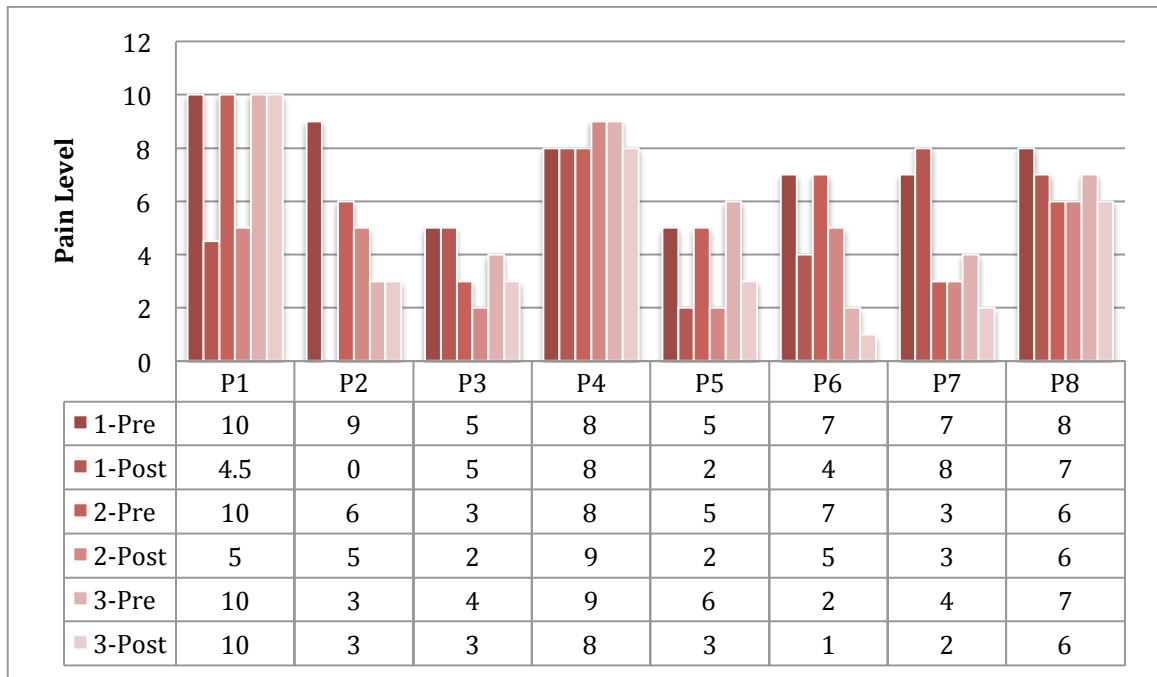
<b>Participant</b>	<b>Pre</b>	<b>Post</b>	<b>% change</b>
<b>01</b>	10	10	No change
<b>02</b>	3	3	No change
<b>03</b>	4	3	25% decrease
<b>04</b>	9	8	11% decrease
<b>05</b>	6	3	50% decrease
<b>06</b>	2	1	50% decrease
<b>07</b>	4	2	50% decrease
<b>08</b>	7	6	14% decrease
<b>Mean</b>	5.63	4.5	20% decrease

The mean score for pre-test self-reported pain level was 5.63. The mean score for post-test self-reported pain level was 4.5. The mean score for self-reported pain level in session three decreased by 20%. Mean 5.63, median 5, mode 4 / 4.5, 3, 3

Table 8 illustrates the self-reported pain of each participant over the course of the three sessions.



Table 8. Overall self-reported pain level



The vertical axis indicates the pain level reported. The horizontal axis indicates the participant number. Below the graph are each participant’s individual results for the self-reported pain over the course of the three sessions. Six of the eight participants reported decreased levels of pain after three interventions.

**Qualitative Results**

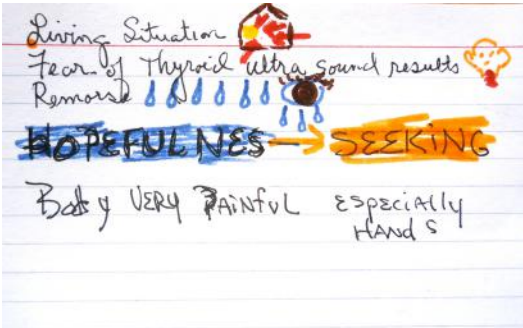


The researcher used a variety of methods to analyze the qualitative data. In the first method the qualitative response questions were examined to reveal common themes as well as ascertain preferred interventions among the participants. Next, the researcher reviewed the art work created by the participants and compared it to the qualitative responses. After that, in order to assess the hypothesis of how pain appraisal is impacted by the CAS, the researcher reviewed the pre and post-body map along side the art created from the same session to assess for any changes in the way their pain was represented on


the body map from pre to post session. Additionally, the researcher also had all the artwork examined by a panel of six art therapy graduate students of advanced standing and one professional art therapist to assess for affective tone as well as themes in the artwork created. Lastly, the researcher prepared two case studies to demonstrate varying experiences of the interventions. This method allows for a more in depth exploration of the use of body maps as well as illustrate two experiences from the beginning to end of the process of the research study.

All eight participants completed the three art based interventions: CAS with concrete imagery, CAS with directive imagery, and CAS with non-directive imagery. All participants completed pre and post-intervention body maps. Participants were free to use any of the art materials provided. Although the researcher did not specify what color to use on the pain map, many participants choose to use the color red. Examples of the body maps will be shown in the case studies.

**Session One.** In Session One, after completing the body map and Likert pain scale, participants were asked to write or draw their issues, concerns and pains on 3x5 cards and place them in a box, and then to place the box at a distance from them to get space from it. Three of the eight participants, the art therapy graduate students, used imagery to set aside their stressors. One participant used words and imagery and the remaining four participants wrote down words and phrases. Table 9 shows the images and phrases representing the stressors. Participant #4 used 18 cards. Some of her phrases are included in the table. Additional descriptions of stressors are mentioned in the case study.

Table 9. Session one stressors

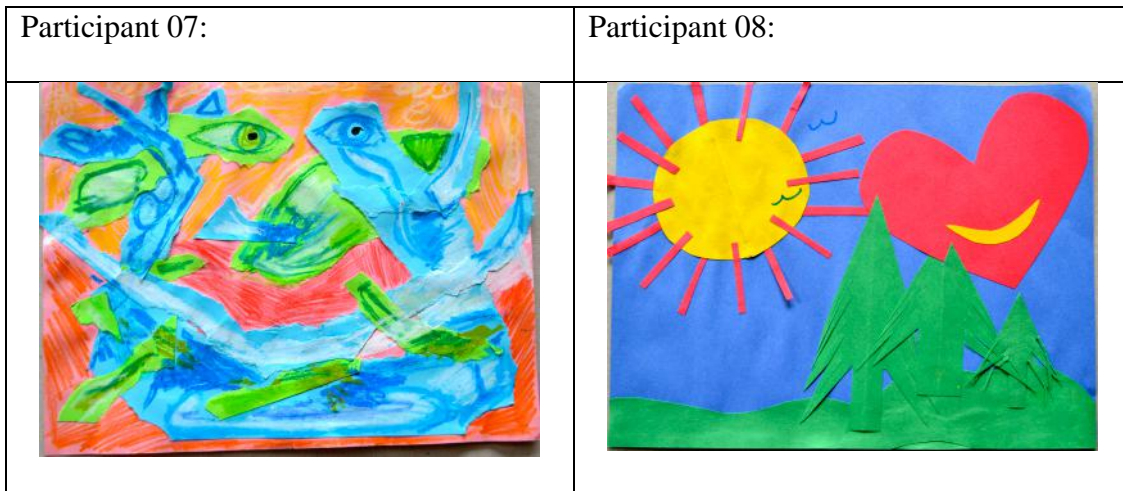
<p>Participant 01:</p>	<p>Participant 02:</p>
<p>Intense – may also be emotional                  Trembling – feel awkward, out of control                  Negative – this pain/feeling will never heal                  Exhausted – any simple task is overwhelming</p>	
<p>Participant 03:</p>	<p>Participant 04:</p>
<p>My mind gets in the way of improving my pain.                  Back surgery and hip surgery has weakened my body.                  The color of pain is red.</p>	<p>Am tired, cold, scared most of the time                  Stress, Lack of trust                  No money, little healthy food</p>
<p>Participant 05:</p>	<p>Participant 06:</p>
	

Participant 07:	Participant 08:
	Frustration Stiffness Severe pain in left hip and lower back Stabbing pain in groin Unreasonable desire to recover without effort

Participants were then guided through concrete imagery and creating their “All Fine Place”. Table 10 shows the images created during session one, CAS with Art (Concrete Imagery).

Table 10. Session One: Representations of “All Fine Place”



Participant 01:	Participant 02:
	
Participant 03:	Participant 04:
	
Participant 05:	Participant 06:
	



**Session Two.** In Session Two, participants completed the body map and Likert pain scale, and were then guided through the CAS with Art (Directive imagery) and its artistic expression of the “All Fine Place”. In this intervention participants were told that some individuals choose to only create the expression of the “All Fine Place” while others like to create the things they set aside. All participants created the “All Fine Place” with one participant creating two pictures; both the All Fine Place as well as the things she set aside. Two other participants included boats in their pictures possibly carrying their stressors as directed in the imagery. Participant #1 folded her paper into quarters stating she didn’t have the energy to fill the whole page. Table 11 shows the images created during session two: CAS with Art (Directive Imagery).

Table 11. Session Two: Representations of “All Fine Place”







<p>Participant 01:</p>	<p>Participant 02:</p>
	
<p>Participant 03:</p>	<p>Participant 04:</p>
	
<p>Participant 05:</p>	<p>Participant 06:</p>
	


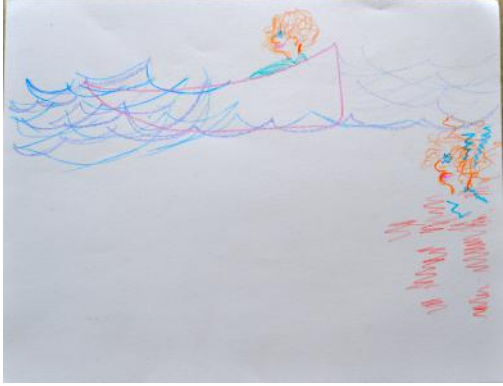
Participant 07:	Participant 08:
	

**Session Three.** In Session Three, participants completed the body map and Likert pain scale, and were then guided through the CAS with Art (Non-directive imagery) and creation of the All Fine Place. Participants were again told that some individuals prefer to only create an expression of the All Fine Place while others like to create the things they set aside. All participants created the All Fine Place with three of the eight including representations of the stressors within the artwork. Participant #3 created a small park bench with small boxes of her stressor. Participant #7 described putting her stressors in bottles in the bottom right corner of her image. Participant #8 created a small portrait of herself with stressors as well as a portrait of herself in a boat. Table 12 shows the images created during session three: CAS with Art (Non-directive imagery).



Table 12. Session Three: Representations of “All Fine Place”

Participant 01:	Participant 02:
	
Participant 03:	Participant 04:
	
Participant 05:	Participant 06:
	

Participant 07:	Participant 08:
	

### Artwork review

To assess for any themes or commonalities amongst the depictions of the participants' "All Fine Place", the artwork was examined by a panel of six graduate art therapy students of advanced standing and one professional art therapist. All pieces of artwork were initially examined collectively. Overall impressions included: "expansive", "bright", "vivid", "filled page", "invested for the most part", and "fair amount of effort". It was also noted that many participants used elements of nature in their "All Fine Place", including trees, water, flowers, and the sun.

### Qualitative questionnaire

This study also examined the participant's perceptions of using CAS with Art and art making in general; the process, the product and as a tool in pain management. To ascertain which CAS approaches (Concrete, Directive, or Non-directive) participants favored, they were asked if they had a preference of approach. Five of the eight participants reported that session three, non-directive imagery was preferred. Two participants chose session two as most preferable while one participant did not state a

preference but reported that she “felt it was a good succession of approaches” and “each added to the next and made the following session easier to find relief”.

Table 13 displays the participants preferred intervention and statements regarding the experience.

Table 13. Preferred form of imagery and comments

Participants	Comments on the preferred session
	<b>Preferred Session Three</b>
1	Breathing, deep breathing calms me and lessens the experience of pain
3	The meditation was preferable
4	Was easier to create concrete art out of abstract thoughts
5	I appreciated an open directive where my feelings and thoughts were able to be expressed without the directive imagery which caused me to focus on the boat
7	It allowed my own mind to wander in a way that was more real for me.
	<b>Preferred Session Two</b>
6	Having the option to retain distance or release the emotions/issues/concerns from self is a plus. Capacity to willfully exercise choice is empowering. Also, the capacity to explore and recognize issues & feelings as well as having the option to put them aside is soothing.
8	The second approach led me to a more calm and effectively releasing place.

Participants were asked how they felt about the art making process. Seven of the

eight found it “relaxing” or “releasing”. Of these seven, three also mention nervousness or stress coexisting with or preceding the relaxing qualities. Table 14 displays the responses to this question.

Table 14. Art process responses

Participant	Response to question: “How did you feel about the art making process?”
01	Nervous (doing art/judgmental of self) at first but relaxing and fun during 3 <sup>rd</sup> .
02	Very relaxing. Released stress, liked using colors
03	Stressful
04	Loved it – relaxing – though painful physically to complete
05	Very relaxing. I thought it was very helpful after the guided imagery because it allowed some of my internal feelings to be expressed visually
06	Loved it – very helpful, soothing, releasing, hopeful, empowering
07	Art making process was relaxing for me for the most part because it allowed a chance to think about my “all fine place” without any concerns or pains. It also provided a little stress because I couldn’t draw what I wanted to draw very well.
08	There was some stress involved with my feelings of inadequacy artistically. The act of being creative was fun and helped release tension & pain from my body as well as provide insight of myself.

Participants were asked what they thought of the art products they created. Themes included help tools, things to look back on, and enjoyment. Table 15 displays the responses to the question.

Table 15. Art product responses

Participant	Response to question: “What did you think about the art products you created?”.
01	Fun if you don’t judge them.... “look at that, looks like a 5 year old did that”
02	Help tools to think back on
03	All things considered I enjoyed my creations
04	The one with the boat seemed to be in the here and now where as the cave seemed much more personal to me. Much higher comfort level with creating it and looking at the image after.
05	I liked the art product and can possibly use it as a future inner resource when feeling the pain intensely, by looking back at it.
06	I love it. Surprised, as it was different from the images I’ve created in the past. For one, it is reflective of internal shifts that have taken place for me in the past several months.
07	It wasn’t a masterpiece, not the typical drawings I do, but will continue to be reminder of my “all fine place”, in all it’s many forms.
08	I like what I created and I also laugh and enjoy them and the feelings they give me.

Participants were asked if they felt that art making was a useful tool in their pain management. Table 16 displays their responses to this question. 88% responded “Yes”.

Table 16. Art for pain management responses.

Participant	Responses to question: “Do you feel that art making is a useful tool in your pain management? If so, how?”
01	Yes. It transfers your concentration. Using deep breathing with artwork, trying not to be perfect. Pain goes away with drawing, but hard to get myself to draw. I went out and bought myself paper, colored pens and pencils.
02	Yes because I can visualize something it is easier for me to identify its cause and its effect on my whole being.
03	No, for me it wasn't.
04	Yes. Made me happy – even if for a short span of time – being happy did take my mind off of level of pain I came in with. Making art in this way can help myself and others to access why we feel the way we do – even when we are not aware of it. Could be used as a therapy tool for self-improvement.
05	Yes. The art making not only reduces stress by helping a person relax, but may also be helpful in expressing some deep perhaps unconscious feelings not otherwise acknowledged.
06	Yes. In particular the first two drawings. Acknowledging pains as they were related to emotions allowed for some pain to dissipate.

07	Yes, because for me, art making is generally a relaxing process.
08	Yes, definitely. The redirection of my attention preceded by the guided meditation relaxed my brain and body pain.

### Case Studies

In order to provide a more in-depth exploration of the effects of CAS with Art on women with chronic pain, two case studies will be presented. These case studies will examine the quantitative and qualitative data from both participants as well as all the body maps that were marked and art work that was created. The case studies will highlight two different experiences of the process from beginning to end over the course of three weeks. Case study #1, Participant 2 illustrates a woman who initially had difficulty being friendly to and setting stressors aside, but who improved over the course of three interventions. She also experienced measurable improvement in many of the self-report instruments, as well as reporting decreased pain. Case study #2, Participant 4, on the other hand, did not experience a change in stress or anxiety although her depression decreased slightly. She did not report decreased pain. Both participants however, did describe the process as relaxing and felt that it was beneficial. All participants completed a pre and post-test body map indicating where they were experiencing pain and rated their pain on a 10pt Likert self report. These case studies will illustrate the body maps before and after each intervention.

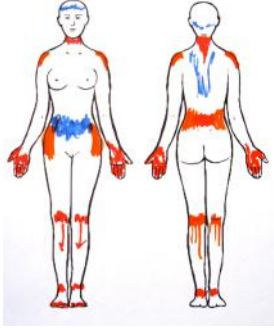

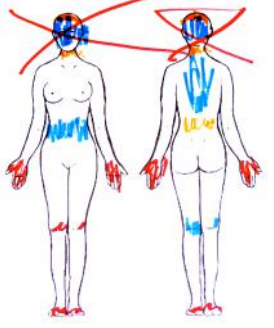
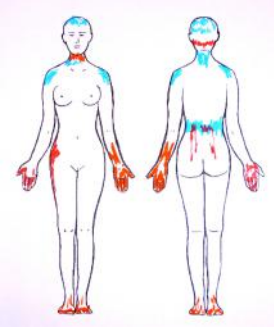

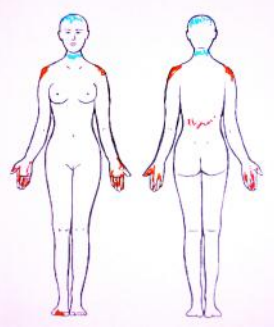
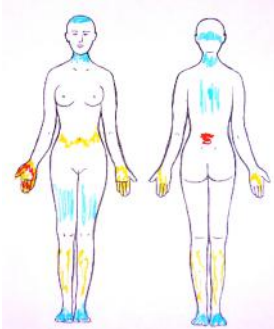

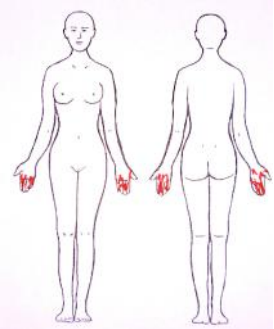
**Participant #2** (P2) is a 66 year old woman who has been experiencing chronic pain for over 30 years. She reports to have pain in her neck, back, shoulders, hands, feet, pelvis, knees and hips. She showed a 54.54% decrease in depression, a 34.78% decrease

in anxiety, and a 31.82% decrease in stress as measured by the DASS. She showed a 27.27% increase in mindfulness as measured by the MAAS. On the CPIAS, her pain intrusion increased 5.4% as well as her pain accommodation, which increased 24%. Notably, all scaled responses to the pain intrusion construct remained the same from pre to post test, except for one which was in response to the statement “When I’m feeling excited or when I’m enjoying myself my pain doesn’t bother me as much.” Pre-test response was “neutral”, where as post-test response was “strongly agree”.

Table 17 shows P2’s progression through sessions using the body maps and creations of the “All Fine Place”.



Table 17. Case study #1: P2-Body maps and artwork

Pre Body Map	All Fine Place	Post Body Map
	Session One	
		
	Session Two	
		
	Session Three	
		

*Session one.* In session one, P2 marked the body map with three colors; indicating that red was severe pain, orange was moderate pain and blue was bearable or mild pain. She rated her overall pain a nine on the self-report Likert scale. After being guided through CAS with Art (Concrete Imagery) she used words and images to represent her stressors on a 3x5 card. Table 9 shows the 3x5 card of her stressors. P2 set the box at arms length from her. She then created her “All Fine Place”. P2 included things she did not want in her “All Fine Place” perhaps indicating that she was not able to set them aside and access a place without them yet. In post body-map she became tearful when expressing that she began thinking about her home situation and could not relax. She also expressed embarrassment over drawing attention to herself. She X’d out her head on the map expressing her frustration. She did not rate her pain in the post body map. It is noticeable that her use of red and orange; indicating severe and moderate pain did diminish in the post body map aside from the red of the X mark that was made.

*Session two.* In Session two, P2 rated her pain at six and marked the body map again using three colors; red for extreme as she described it, orange for moderate and light blue for mild. After being guided through CAS with Art (Directive Imagery) she created her “All Fine Place”. P2 described this place as soft and covered in moss, and also described imagining sticking her hands down into the cool mud. In the upper right hand corner are images of two boats carrying her issues, concerns, and pains. She rated her pain a five in the post body map and again there is a noticeable decrease in the marks on the body map.

*Session three.* In session three, P2 rated her pain a three and marked the body map

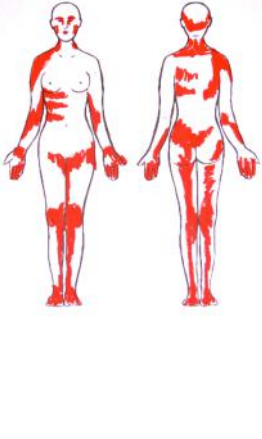
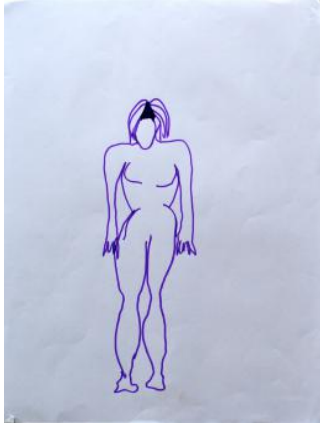
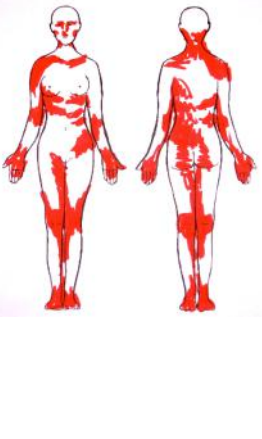
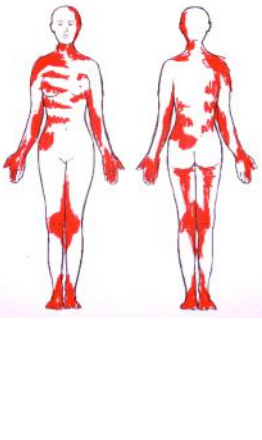

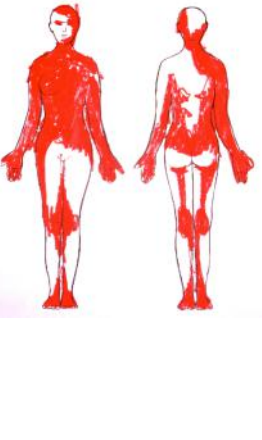
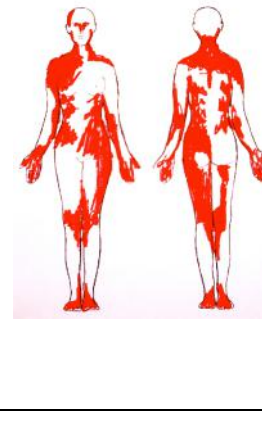

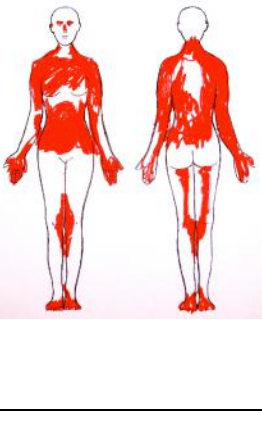
with three different colors; red for extreme, yellow for sticky, and light blue for mild.

After being guided through CAS with Art (Non-directive imagery) she created her “All Fine Place”. P2 did not spend the allotted amount of time on this artwork. She described visualizing healing energy radiating from her heart. P2 rated her pain a three in the post-pain rating and marked the body map. This post-intervention body map uses only one color; red to indicate severe and the hands were the only area marked.

P2’s body maps show a progressive change in the markings of pain, both in color and in coverage of the body. Session one shows a dark blue for mild pain, which is, represented in light blue in session two and three. There is progressively less red in the body maps, which indicates severe pain.

**Participant #4** (P4) is a 50 year old woman who has been experiencing chronic pain for 12-15 years. She reports having chronic pain in her neck, back, shoulder, hands, feet, pelvis, hips, and knees. P4’s anxiety and stress levels remained exactly the same and her depression decreased 11.43% as measured by the DASS. Her mindfulness increased a slight 2.6% as measured by the MAAS. Both her pain intrusion and accommodation decreased as measured by the CPIAS, 21.88% and 33.33% respectively. Table 18 shows P2’s progression through sessions using the body maps and depictions of the “All Fine Place”. Participant 4 used red to mark pain on all her pre- and post-body maps. Session two and three show increased coverage in the post body maps, indicating increasing pain.

Table 18. Case study #2: P4-Body maps and artwork

Pre body map	All Fine Place	Post body map
Session One		
		
Session Two		
		
Session Three		
		

**Session one.** In session one P4 used 18 3x5 cards and wrote down descriptions of her concerns and pain on them. Examples of some of her concerns are displayed in Table 9. In addition, she described physical pain in more detail on some cards. These detailed descriptions included “left side of neck throbbing swollen vertebrae”, “ribs upper and lower hurt with each breath”, “right shoulder on fire – hurts down right arm to fingers”, “lower back on fire with each step”, “extreme all over pain can hit at any time may last 2 minutes or a whole day”. Her session one pre-body map was colored red, she described having “red hot pain” and she rated her pain an eight. Her “All Fine Place” shows a figure, mostly in outline. Additional art analysis by the panel of art therapy students used descriptors like “shell of a body”, and “empty” and “as if there was nothing left after emptying everything else onto the 3X5 card”, perhaps she is “largely defined by pain”. Her post body map shows a similar degree of coverage with red ink and her pain rating remained at an eight.

**Session two.** In session two P4 rated her pain at eight and marked the body map again using red ink. After being guided through CAS with Art (Directive Imagery) she created her “All Fine Place” which was a boat, stating it was interesting because the directive was to place her concerns and issues on a boat but that she lived on one so it made it difficult. P4 winced in pain and rubbed her shoulder and hand after completing the image. P4 then marked the body map again and rated her pain at nine, an increase from pre-intervention rating. Her post-body map shows an increase in coverage of red ink.

**Session three.** In session three, P4 rated her pain at nine and marked the body map using red ink. After being guided through CAS with Art (Non-directive Imagery) she created her “All Fine Place” which she described as a cave. After the completion of the

art, P4 marked her post-intervention body map and rated her pain at eight, a decrease of one point from pre-intervention rating.

### **Conclusion**

This study examined the effects of CAS with Art on depression, anxiety, stress, mindfulness and pain appraisal for women who experience chronic pain. Three approaches to CAS with Art were used. Results were analyzed both quantitatively using self-report inventories and pain rating, and qualitatively using the questionnaires, artwork and body maps. Depression levels decreased while anxiety and stress levels did not. Mindful attention and awareness increased. Pain intrusion decreased even as pain accommodation also decreased slightly. Self-reported pain levels decreased over each of the three sessions. Participants noted the relaxing nature of the process as well as enjoyment of their artwork. Overall, participants expressed that CAS with Art was a useful tool in their pain management.

## CHAPTER 5

### DISCUSSION

In this chapter, the results of researching Clearing a Space (CAS) with Art for women with chronic pain are discussed. The quantitative data which measured depression, anxiety, stress, mindfulness and pain appraisal is examined. The qualitative data is reviewed. The limitations of the study are addressed, as well as implications for future research.

#### **Quantitative Results**

The quantitative results of this study support the hypothesis that CAS with Art would decrease depression, decrease pain intrusion as well as perceived pain intensity, and increase mindful attention and awareness. While the overall results did not support a decrease in anxiety and stress, or an increase in pain accommodation, it is notable that a possible outlier may have affected these results, which is discussed in further detail below.

**Depression Anxiety and Stress Scale.** The mean score of levels of depression decreased from the pre- to the post-study representing a 14.6% decrease in depression. The mean scores of anxiety and stress did not show a meaningful change; increasing by less than one point or 1.9% and 0.59%, respectively. Participant #5 stated that she had experienced a very stressful and emotional week prior to session three and was currently anxious. She visibly had difficulty relaxing and seemed to be carrying tension. Her increases in stress, anxiety and depression scores may be reflective of that. This participant could potentially be described as an outlier for the reporting of the data but

was included in the calculations of the mean and standard deviations since the sample size was so small. When her scores were removed from the calculations, decreases of 33.85% in depression, 10.32% in anxiety, and 13.31% in stress were shown in the mean change amongst the remaining group members. While some also experienced increases in depression, anxiety, and stress they were minimal and 5 out of 8 remained the same or showed a decrease in stress, 4 out of 8 remained the same or showed a decrease in anxiety, and 6 out of 8 showed a decrease in depression. Additionally, in the final questionnaire, participants expressed anxiety over not being able to create what they had envisioned in their “All Fine Place” or due to low comfort levels making art which may have been reflected in their stress and anxiety levels. It should also be noted that the four participants recruited from the mental health clinic had a higher baseline of stress, anxiety and depression scores, conditions for which they have been receiving services at the clinic. Of these four participants, two showed decreases in stress and anxiety, and all four experienced decrease depression.

**Mindful Awareness and Attention Scale.** The results show an increase of 11.18% in mindfulness as measured by the MAAS. Since the core principle of mindfulness is being present in the moment this indicates that participants increased their overall ability to do so. This may confirm Rappaport’s claim that FOAT is a mindfulness-based approach as CAS with Art practices being attentive to and aware of pain and stressors in the present moment, and actively setting them aside to access a cleared space. The MAAS taps into a level of consciousness that is related to and predictive of self-regulation and well-being (Brown, 2003). FOAT encourages this increased awareness, which fosters self-management of one’s own pain and stressors.



There is no other Focusing research to date which has used this scale. Future studies might incorporate it to measure changes over longer term FOAT studies and CAS with Art interventions.

**Chronic Pain Intrusion and Accommodation Scale.** The scores on the CPIAS show a reduction in pain intrusion and a slight decrease in pain accommodation. Pain intrusion represents the relationship between pain and affective distress and the intrusiveness of this bond. Pain intrusion decreased by 5.3%. Although the researcher anticipated an increase in pain accommodation, that is, a person's ability to lead a satisfying life despite chronic pain, the results showed a slight decrease of 2.7%. Although counter-intuitive, the decrease is small, and may also have been impacted by the scores of the previously mentioned outlier. With the outlier's scores removed, pain accommodation shows an increase of 6.4%. Interestingly, with the same scores removed, pain intrusion further decreases to 15.35%. Additionally, this measure might be more meaningful over the course of a longer study using FOAT, and in conjunction with the MAAS. It would be interesting to track how changes in mindfulness would correlate with pain intrusion and pain accommodation levels.

**Pain Scale.** The 10-point Likert pain scale showed a decrease in pain ratings across all three sessions. The pain rating ranged from 0=No pain to 10=Worst pain. Baseline pain scores from the first session were spread out, ranging from 5 to 10. In session one, self-reported pain decreased 25% overall. In session two, self-reported pain decreased by 23%, and in session three, self-reported pain decreased by 20%. Final pain rating scores ranged from 1-10.

In case study #1, Participant 2's pain rating gradually declined over the course of three sessions. Her baseline pain rating was 9 and she did not complete the post-test pain rating for session one after becoming upset by attending to her current stressors. In session two, her pain went from 6 to 5 after the intervention, and in session three, her pain remained at a 3. This could indicate a number of things, including that her pain rating was affected by emotional stress in session one thereby resulting in a high number and failure to mark the post-test. It could be due to a flare-up making pain more intense on a particular day or at a particular time and it could be indicative of successfully setting the pain aside and attending to the "All Fine Place". This participant stated that each approach "added to the next and made the following session easier to find relief" supporting the latter.

In case study #2, Participant 4's pain rating remained high throughout. Session one showed no change with pain rated a constant 8. Session two, pain rating increased from 8 to 9 and in session three pain rating decreased from 9 to 8. This participant reported that the art making resulted in increased physical pain especially in her right shoulder and hand. She winced and rubbed her shoulder after creating the All Fine Place in session two but reported that she found the process relaxing. Participant 4 also reported that the art making is a useful tool in pain management because it "made me happy" and "being happy did take my mind off the level of pain I came in with".

As the case studies illustrate, pain is a subjective experience. It is impossible to infer that one participant's rating of a 10 is the same as another participant's 10 rating. However, future studies might do better to describe a "10" on the pain scale as the "worst pain imaginable" rather than simply "worst pain" which may be interpreted as the worst

pain the individual has *experienced*. In considering a continuum from “no pain” to “worse pain imaginable”, an individual might give a more accurate or thoughtful rating to their current state. Additionally, while considering the “worst pain imaginable”, an individual might adjust their perception of their current pain level as well as any associated distress. By considering “worse pain imaginable”, an individual may experience a positive reframe in relation to their present moment experience.

### **Qualitative Results**

The qualitative results demonstrated that FOAT’s Clearing a Space with Art is relaxing and beneficial for women with chronic pain. In addition to the numeric data supporting decreases in depression levels and increases in mindful awareness, seven of the eight participants commented on the relaxing nature of the CAS with Art in their qualitative questionnaire. The eighth participant reported that the art making was stressful but the proceeding meditation made her “able to cope with hectic schedule far better than before meditation”. She also commented that thinking of the “All Fine Place” which was a favorite grove of trees, gave her the thought that she would go visit it soon, exhibiting positive intention towards behaviors that are relaxing and promote wellbeing. Notably, this was the one participant who self-reported that she was “not at all comfortable” with making art. This may attest to the power of simply using CAS and allowing oneself to be in the moment [here you can refer back to the studies in Focusing on CAS]. Perhaps with practice, a non-judgmental attitude towards the artwork could emerge allowing for increased comfort as well as greater benefits. Other participants described their experience as “releasing”, “soothing”, and “hopeful” and one stated that CAS with Art “helped release tension and pain” from her body.

The use of body maps and the depictions of the All Fine Place serve as visual representations of pain and the cleared space without pain. The body maps may be beneficial in that they allow for the participants to choose color and form when representing their pain. The participants' use of the body map in this study raises new questions related to how the body map can be used in art therapy with people experiencing chronic pain. For example: Does marking the body map make it easier to set the pain aside during the imagery? Also, might the body maps be incorporated into future CAS with Art guided imagery in much the same way as the use of the 3x5 cards, recognizing pain and then actively setting it aside. The participants' use of form and color on the body maps again demonstrates that pain is a very subjective experience. Some used a single color while others used various colors indicating different types or levels of pain. Additionally, many participants used the color red to indicate pain. Red is frequently seen as the color of anger and danger (Elliot & Aarts, 2011) as well. This may be an additional area of study to explore as pain and negative affect are not surprisingly represented similarly through color. Would instructing participants to color their pain with other colors such as blue or green have an impact on their pain perception? Or on their ability to relax and more easily access their All Fine Place?

It is interesting to note that a majority of participants, when given the pre-body map, readily shaded in areas where they were experiencing pain. After the guided imagery and artistic expression, when given the post-body map, many participants shifted in their seats, stretched and moved various body parts in an apparent attempt to relocate where the pain was in the body. This could be an indication that they were successful in setting aside stressors and pain, and that the perception of pain decreased or was not at

the forefront of their awareness during the art making process. It may be indicative of the mind's ability to redirect during art and attune to a more positive space in spite of pain. It may also shift them back into the pain or increased awareness of the pain rather than allowing them to stay in the relaxed space. This may have implications for future research, possibly comparing groups who are instructed to map the pain with groups instructed to simply record how they feel after the intervention.

All participants were able to access and represent an "All Fine Place" showing that in spite of pain, one can access positive feelings and imagine a place free of issues, concerns, and pain. It is notable that in the directive and non-directive guided imagery, participants can create their "All Fine Place" *or* the things they set aside. While some participants incorporated the set aside stressors into their "All Fine Place", the most time and energy was spent on the creation of the peaceful place. Interestingly, this researcher detected shifts in stress and anxiety levels in the participants while they were engaged in the art intervention. Several participants demonstrated visibly slower breathing rate and more relaxed postures, and one participant showed visibly less shaking.

In addition to the positive responses to the CAS with Art interventions, several of the participants when asked about their art products commented that the artwork provided them with a future tool. One participant described it as a "help tool to look back on", another as a "reminder" of her "All Fine Place", yet another as a "future inner resource". Additional commentary on the art products included "reflective of internal shifts"; "I laugh and enjoy them and the feelings they give me"; "fun, if you don't judge them". The last response was given by Participant #1 who frequently made judgmental comments about her artwork as she was creating it. This participant created two

additional drawings between session two and session three, which she showed to the researcher, attesting to the enjoyment and benefit she felt from engaging in art making.

There was no attrition in this study. Each participant completed all three groups. Although this was a short term study it may be indicative of participants desiring adjunct methods of pain management or perhaps simply enjoying the process.

### **Significance**

This study is significant for the field of art therapy as it provides further support that art therapy can improve mood and is perceived as relaxing. It is also significant for the evidence-based practice of FOAT. FOAT is an emerging approach to mindfulness practice that can be applied to a myriad of clinical issues and to enhance wellbeing. This study expands upon previous research of FOAT: using CAS with Art to reduce stress in graduate students (Weiland, 2012); using CAS with Art to reduce stress in sign-language interpreters (Castalia, 2010), by adding the component of chronic pain and additional measures of depression, anxiety, mindfulness, and pain appraisal.

### **Limitations of the Study**

**Sample size:** Due to the small sample size of eight female participants, the data cannot be generalized. Due to the small number of participants, it was difficult to establish a norm among the quantitative measurements used in the study. Due to the high spread of the standard deviation within the results, the dispersion from the mean was great, which made this study less reliable than if there were more participants. With such a small sample size, descriptive statistics is the most appropriate form of reporting the data collected.

**Sample base:** Based on convenience sampling of participants, the researcher recruited participants from the university that she attends and the behavioral health clinic where she is placed in practicum.

**Sample gender:** All the participants were female and the results may have been different if the study was conducted with all males or with a mixed gender population.

**Time:** The available amount of time to conduct the study was brief. The researcher offered three sessions of FOAT over the course of three weeks. If a lengthier group had been offered it may have allowed for increased familiarity with Focusing and may have allowed for an increased comfort level in art making which in turn could have impacted the outcome.

**Comfort level making art:** Comfort levels in making art varied among participants, which could have affected anxiety and stress levels.

**Baseline pain level in participants:** Participants rated their baseline pain to varying degrees. Higher levels of pain might be indicative of increased need for time to relax and enter all fine place.

### **Threats to Internal Validity**

**History.** Sessions were held weekly, over the course of three weeks. There was no attempt to control the outside experiences of participants between sessions. Participants may have had medical interventions and/or participated in other pain management strategies. Additionally, participants may have taken medication prior to any of the sessions.

**Selection.** Several of the participants were known to the researcher through the university and the mental health clinic, albeit to varying degrees.

**Instrumentation.** The scoring of the quantitative data was done by the researcher according to the procedures established by the authors of the measures.

### **Threats to External Validity**

**Multiple treatment interference.** There was no attempt to control outside experiences of participants. Participants could have received medical treatment or have taken medications for their pain prior to any of the sessions. Participants could have also participated in stress reducing activities and could have attended their own personal therapy.

**Reactive arrangements.** Individuals may have enjoyed making art. They may have enjoyed being part of a group where other members are also living with chronic pain or simply as a place to socialize. Additionally, participants knew they were part of a research study and may have changed their behaviors regardless of the interventions, thereby effecting the results.

**Experimenter effects.** This researcher was known to many of the participants, which may have had an effect on their experience. In addition, this researcher, has read Rappaport's book *Focusing-Oriented Art Therapy*, attended a weekend class on Focusing, as well as attended a four-day conference on Focusing. She has experienced and led Focusing herself but is considered a novice in leading FOAT groups.

**Pre-test sensitization.** The pre-intervention body maps and self-report Likert pain scale may have caused participants to focus solely on their pain thereby skewing the results.



**Gender bias.** Participants were all women. Results may have been different if any men were recruited.

### **Recommendations for Future Research**

Further research into the effectiveness of using Focusing-Oriented Art Therapy as a component of pain management protocol is needed. Future studies may benefit from a longer running group or course of intervention. Ideally, a FOAT group for chronic pain would run 8-12 weeks so that participants can become familiar and comfortable with Focusing and art. For example, they can become more familiar with a felt sense, mindful awareness and the Focusing Attitude.. Additionally, homework could be assigned so that Focusing is practiced. The first session or two could be devoted to warming up to art materials and becoming comfortable with creative art making. It may be beneficial to offer more varied art materials and supplies in future studies. Participants reported varying degrees of comfort in art making. If additional supplies were offered, such as fabric, clay, paint and collage materials, participants may have felt a higher level of comfort and/or mastery with art making which may be beneficial. It may interesting to offer watercolor and other less resistant materials, which may lessen any exacerbation of pain from the movements. The challenge with watercolor is that it also provides less control and detail-orientation.

It would be interesting to conduct studies using FOAT and CAS with Art in conjunction with physiological measures to further study the mind-body connection. To date there are no FOAT studies that measure physiological change.

## **Conclusion**

The researcher believes that this study was successful because it was viewed by all of the participants as an enjoyable experience. It was also successful in terms of laying ground for future research and in creating more questions to be explored. While the initial quantitative results did not support a decrease in anxiety and stress levels, they support a decrease in depression and an increase in mindful attention and awareness. When the outlier was removed, decreased depression was even greater and overall anxiety and stress levels decreased as well. Also, pain intrusion decreased slightly even as pain accommodation increased incrementally. While pain intrusion and accommodation did not show significant change as measured by the CPIAS, several participants reported that they were able to successfully set the pain aside while they were engaged in the guided imagery and art making. The 10-point Likert pain scale showed a decrease in pain intensity across all three sessions.

The qualitative results demonstrated that FOAT's Clearing a Space with Art is viewed positively by participants, that it is relaxing, and that it is beneficial for many to create an "All Fine Place". Viewing or remembering these images may serve as useful tools and "handles" to recalling a space and time where the participants were able to be aware of and greet their pain, and actively set it aside. Additionally, mindfulness-based practices including FOAT, are just that – practices. As Jon Kabat-Zinn (1994) describes the concept; it's simple but not easy. Their benefits increase as they are practiced and incorporated into daily living. Several participants expressed their wishes that the group could continue demonstrating CAS with Art's perceived benefit.

A person's health is impacted by so many variables that it stands to reason that an integration of many modes of healing is appropriate and most beneficial. A holistic approach taking into consideration diet, exercise, medical treatment, therapy, mindfulness, and creative expression is more likely to result in decreased pain and its associated symptoms and increased well-being. Based on the rising incidences of adults in chronic pain especially women and the associated psychological symptoms, it is vital that integrative approaches to pain management continue to be explored and improved upon.

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## APPENDIX A

SAN MATEO COUNTY  
HEALTH SYSTEM

November 30, 2012

To Whom It May Concern:

I, Mary Em Wallace, am the Unit Chief of Coastside Mental Health. I give permission for Jenny McGrath to conduct her research study at this site, pending approval from the San Mateo County Behavioral Health & Recovery Services IRB. Coastside clinic will provide a safe, comfortable group therapy room for the group sessions.

We are please to have the opportunity to offer this resource to our patients who suffer from chronic pain, and look forward to finding out the results.

Sincerely,

MaryEm Wallace, MFT, PhD  
Unit Chief  
Coastside Mental Health  
(650)573-3724

## BEHAVIORAL HEALTH AND RECOVERY SERVICES

Board of Supervisors: Mark Church • Rose Jacobs Gibson • Richard S. Gordon • Carole Groom • Adrienne Tissier  
Health System Chief: Jean S. Fraser

225 South Cabrillo Highway, Ste.200A, Half Moon Bay, CA 94019 • PHONE 650.726.6369 • CA RELAY 711 • FAX 650.726.4963  
[www.smhealth.org](http://www.smhealth.org)

## APPENDIX B



San Mateo County  
Health System

January 16, 2013

Ms. Jenny McGrath  
Coastside Clininc

Dear Ms. McGrath,

This letter is to confirm that the San Mateo County Behavioral Health Institutional Review Board completed its review and approved the study proposal you submitted. We look forward to hearing back from you about your progress and findings.

Sincerely yours,

Keith Clausen, Ph.D.  
Unit Chief, Quality Improvement  
San Mateo County Behavioral Health and Recovery Services  
225 37<sup>th</sup> Avenue  
San Mateo, CA 94403  
650-573-2331  
kclausen@co.sanmateo.ca.us

**Behavioral Health and Recovery Services**  
225 37<sup>th</sup> Avenue, Room 320, San Mateo, CA 94403  
**Phone** (650) 573-2541 • **Fax** (650) 573-2841 • **CA Relay** 711 • **Website** [www.smhealth.org](http://www.smhealth.org)  
**Health System Chief** • Jean S. Fraser  
**Board of Supervisors** • Dave Pine • Carole Groom • Don Horsley • Rose Jacobs Gibson • Adrienne Tissier

**APPENDIX C****Posted Advertisement for Solicitation of Participants****Notre Dame de Namur University****1500 Ralston Avenue****Belmont, CA 94002**

Are you suffering from chronic pain? Does it get in the way of enjoying life? Want to try something new that might help?

I am a graduate student at Notre Dame de Namur University and an MFT Art Therapy trainee working for San Mateo County Behavioral Health and Recovery Services. I am conducting a research study using a method called Clearing a Space with Art to study its effectiveness as a tool in pain management. For the purposes of my study, I am looking for individuals who are at least 18 years of age and who live with chronic pain. Participants will be asked to participate in a brief telephone interview to see if you are eligible for the study. If you qualify and wish to participate the research will include three 90-minute group sessions with pre & post questionnaires as well as guided meditation with art making.

The data collected will be incorporated into my Master's Thesis in Art Therapy and Marriage and Family Therapy.

I look forward to hearing about your experience living with chronic pain.

If you meet the criteria above and would like to become a research participant, please contact Jenny McGrath

E-mail: [jmcgrath@student.ndnu.edu](mailto:jmcgrath@student.ndnu.edu)



**APPENDIX D****Informed Consent to Participate in a Research Study**

Notre Dame de Namur University  
1500 Ralston Avenue  
Belmont, CA 94002

**Project Title: Clearing a Space with Art: Effects on Women with Chronic Pain**

**Student Investigator:** Jenny McGrath

**Contact Information for Student Investigator:** jmcgrath@student.ndnu.edu

**Principal Investigator:** NDNU Art Therapy Psychology, Amy K. Backos, Ph.D., ATR-BC

**Contact Information for Principal Investigator:** 650-508-3674 or Abackos@ndnu.edu

**A. Purpose and Background**

The purpose of the research is to study the effects of “Clearing a Space with Art” (an approach of Focusing-Oriented Art Therapy) on anxiety, depression and perceived stress, mindfulness and pain perception in chronic pain sufferers. Specifically, the researcher seeks to determine whether there will be a reduction in anxiety and depression levels and perceived stress from participating in “Clearing a Space with Art” over the course of 3 weeks. The research will be conducted by Jenny McGrath, a graduate student at Notre Dame de Namur University, under the supervision of Dr. Amy Backos, Associate Professor of Art Therapy Psychology at Notre Dame de Namur University.

**B. Procedures**

In voluntarily consenting to participate in this research study, I understand the following:

1. I will be asked to participate in a Focusing-Oriented Art Therapy group where I will be guided through “Clearing a Space with Art”.
2. I will be asked to take an anxiety, depression and stress scale as well as a mindful awareness scale and a pain appraisal scale prior to the beginning of the art sessions as well as after the final art session.
3. I will be asked to mark a body map and self-report pain scale before and after each intervention.
4. I will be asked questions about my chronic pain and interventions previously and currently employed in helping with issues related to chronic pain.
5. I will be asked to create art after being led through Clearing a Space guided imagery.

6. Artwork may be reproduced for use in a research thesis and for possible presentation and/or publication. Artwork will be returned to me after being digitally photographed by the researcher.
7. The photographic images of the artwork will remain the property of the researcher.

### C. Risks

There is a foreseeable risk involved in participating in this study. During the intervention of Clearing a Space with Art, it is possible that I may experience an increase in stress due to recognizing what is in the way of feeling fine, an increase in stress due to participating in a research study or due to dislike of answering questions regarding my experience with chronic pain. However, this study is designed to reduce anxiety and promote feelings of wellbeing. The researcher will be available during the group sessions to help participants process any discomfort that may arise. Referrals for therapists will be provided for any participants not currently in counseling. The referral information should be in here.

### D. Benefits

The possible benefits of participating in this study are many, some of which are listed below:

1. I may experience a reduction in perceived anxiety and depression.
2. I may experience an improved quality of life.
3. I may experience an increase in mindful awareness.
4. I may experience a decrease in the severity of my chronic pain.
5. I may find it fun and relaxing to work with art materials.
6. I may experience personal growth and self-knowledge.
7. I may experience a sense of fulfillment by contributing to a scientific body of knowledge.

### E. Confidentiality

The records from this study will be kept confidential. No individuals will be identified in any reports or publications resulting from the study. All artwork, tests, questionnaires, and transcribed material will be coded with a number that matches the corresponding consent and permission to use artwork forms. All forms will be stored separately from all artwork, test, questionnaires, and transcribed material and will be accessible to the primary researcher and student researcher only. After the study is completed and all data has been transcribed, all forms will be held for at least three years and then destroyed. In the event of publication or use in professional presentations, the data will be kept for at least seven years after the study date. At that time all data may be destroyed.

## F. Alternatives

I am free to decline to participate in this research study.

## G. Costs

There will be no costs to me as a result of participating in this research study.

## H. Compensation

There will be no monetary compensation for my participation in this research study.

## I. Questions

If I have further questions about the study, I can contact Jenny McGrath by emailing her at [jmcgrath@student.ndnu.edu](mailto:jmcgrath@student.ndnu.edu), or writing her at the Art Therapy Psychology Department, Notre Dame de Namur University, 1500 Ralston Avenue, Belmont, CA 94002.

**PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY.** I am free to choose not to participate in this research study, or I may withdraw my participation at any point without penalty.

Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Research Participant

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Research Participant

Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX E

**Permission to Use Artwork**

**Notre Dame de Namur University  
1500 Ralston Avenue  
Belmont, CA 94002**

**I hereby give permission to Jenny McGrath to use my artwork and related material in an art therapy research project. I understand that my name will not be attached to my artwork and that my identity will remain anonymous to all persons except the researchers involved in the research project.**

**I understand that some of the artwork may be used in professional art therapy publications or presentations. No information that would indicate the artist's identity will be used in any publications or professional presentations.**

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Research Participant**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Research Participant**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Principle Investigator**

**APPENDIX F****DEBRIEFING STATEMENT**

Notre Dame de Namur University  
1500 Ralston Avenue  
Belmont, CA 94002

Project Title: Clearing a Space with Art: Effects on Women with Chronic Pain  
Student Investigator: Jenny McGrath

Thank you for your participation in this research project. The purpose of this research project was to determine the effectiveness of using Focusing-Oriented Art Therapy, specifically “Clearing a Space with Art”, in decreasing anxiety, depression and perceived stress in adults who experience chronic pain. This research will also examine whether “Clearing a Space with Art” will affect mindful awareness and pain appraisal. Your participation in this study will contribute to the growing body of knowledge surrounding the mind-body connection, and help to provide individuals with chronic pain with a possible adjunct therapy to their pain management. FOAT can be very powerful when combined with other forms of pain management.

Jenny McGrath, the student investigator, will be available to answer any questions concerning my involvement in the research project, and Jenny can be reached by email: [jmcgrath@student.ndnu.edu](mailto:jmcgrath@student.ndnu.edu). Dr. Amy Backos, research supervisor, will also be available to answer any questions regarding the qualifications of Jenny McGrath. Dr. Amy Backos may be reached by phone: 650-508-3674, or by email: [abackos@ndnu.edu](mailto:abackos@ndnu.edu).

If you have any unresolved feelings from the research that you wish to discuss further, you can speak with your current therapist, have one assigned to you at the Mental Health Clinic, or you can seek low-cost and sliding scale mental health services at the following locations:

San Francisco Bay Area:  
Integral Counseling Center  
415-776-3109

Bay Area Peninsula:  
North County Mental Health Center  
650-301-8650

East Bay:  
The Psychotherapy Institute  
510-548-2250

**APPENDIX G**

## DEMOGRAPHIC INFORMATION

Number Code: \_\_\_\_\_  
*(to be filled in by the researcher)*

Please answer the following questions. All responses will be kept confidential.

1. Age \_\_\_\_\_

2. Gender: (circle one)

Female

Male

Transgender

3. Highest completed education level: \_\_\_\_\_

4. How long have you been experiencing chronic pain?

\_\_\_\_\_ years \_\_\_\_\_ months

5. Where do you experience pain? (Check all that apply)

\_\_\_\_\_ Head (severe headaches/migraine)

\_\_\_\_\_ Mouth

\_\_\_\_\_ Face

\_\_\_\_\_ Neck

\_\_\_\_\_ Joints

\_\_\_\_\_ Back

\_\_\_\_\_ Shoulder

\_\_\_\_\_ Hands, wrists

\_\_\_\_\_ Feet, ankle

\_\_\_\_\_ Pelvis

\_\_\_\_\_ Hips

\_\_\_\_\_ Knees

\_\_\_\_\_ Other

6. What pain reduction methods do you now use or have used in the past? (Check all that apply)

\_\_\_\_\_ Prescription medications

\_\_\_\_\_ Non-prescription medications (aspirin, acetaminophen, ibuprofen, naproxen, etc.)

\_\_\_\_\_ Other drugs (marijuana, etc.)

\_\_\_\_\_ Injections (muscle relaxers, anti-inflammatories, cortisone, etc.)

\_\_\_\_\_ Acupuncture

\_\_\_\_\_ Massage

\_\_\_\_\_ Biofeedback

\_\_\_\_\_ Mindfulness Meditation

\_\_\_\_\_ Other \_\_\_\_\_

7. What is your level of prior experience with guided imagery? (circle one)

Extensive                      Some                      Little                      None

8. What is your level of prior experience with mindfulness? (circle one)

Extensive                      Some                      Little                      None

9. Have you ever participated in Focusing (as developed by Eugene Gendlin)? (circle one)

Yes    No

10. Do you participate in any of the following activities? (check as many as apply)

\_\_\_\_\_ aerobic exercise

\_\_\_\_\_ meditation

\_\_\_\_\_ engage with the arts (museums, creating art yourself)

\_\_\_\_\_ journaling

\_\_\_\_\_ communing with nature

\_\_\_\_\_ practicing yoga

\_\_\_\_\_ other (please note):

\_\_\_\_\_

11. Please rate on a scale of 1-5, how comfortable you are making art?

1  
not at all comfortable

2

3

4

5

extremely comfortable

**APPENDIX H**  
Depression Anxiety Stress Scale

<b>DASS</b>	<i>Name:</i>	<i>Date:</i>
<p>Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you <i>over the past week</i>. There are no right or wrong answers. Do not spend too much time on any statement.</p> <p><i>The rating scale is as follows:</i></p> <p>0 Did not apply to me at all            1 Applied to me to some degree, or some of the time            2 Applied to me to a considerable degree, or a good part of time            3 Applied to me very much, or most of the time</p>		
1	I found myself getting upset by quite trivial things	0 1 2 3
2	I was aware of dryness of my mouth	0 1 2 3
3	I couldn't seem to experience any positive feeling at all	0 1 2 3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0 1 2 3
5	I just couldn't seem to get going	0 1 2 3
6	I tended to over-react to situations	0 1 2 3
7	I had a feeling of shakiness (eg, legs going to give way)	0 1 2 3
8	I found it difficult to relax	0 1 2 3
9	I found myself in situations that made me so anxious I was most relieved when they ended	0 1 2 3
10	I felt that I had nothing to look forward to	0 1 2 3
11	I found myself getting upset rather easily	0 1 2 3
12	I felt that I was using a lot of nervous energy	0 1 2 3
13	I felt sad and depressed	0 1 2 3
14	I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting)	0 1 2 3
15	I had a feeling of faintness	0 1 2 3
16	I felt that I had lost interest in just about everything	0 1 2 3
17	I felt I wasn't worth much as a person	0 1 2 3
18	I felt that I was rather touchy	0 1 2 3
19	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0 1 2 3
20	I felt scared without any good reason	0 1 2 3
21	I felt that life wasn't worthwhile	0 1 2 3

*Please turn the page* ↩



**DASS**

Name:


Date:

Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

*The rating scale is as follows:*

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found myself getting upset by quite trivial things	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I just couldn't seem to get going	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I had a feeling of shakiness (eg, legs going to give way)	0	1	2	3
8	I found it difficult to relax	0	1	2	3
9	I found myself in situations that made me so anxious I was most relieved when they ended	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting upset rather easily	0	1	2	3
12	I felt that I was using a lot of nervous energy	0	1	2	3
13	I felt sad and depressed	0	1	2	3
14	I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting)	0	1	2	3
15	I had a feeling of faintness	0	1	2	3
16	I felt that I had lost interest in just about everything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life wasn't worthwhile	0	1	2	3

Please turn the page 

## APPENDIX I

### Mindful Attention Awareness Scale

#### **Description:**

The MAAS is a 15-item scale designed to assess a core characteristic of dispositional mindfulness, namely, open or receptive awareness of and attention to what is taking place in the present. The scale shows strong psychometric properties and has been validated with college, community, and cancer patient samples. Correlational, quasi-experimental, and laboratory studies have shown that the MAAS taps a unique quality of consciousness that is related to, and predictive of, a variety of self-regulation and well-being constructs. The measure takes 10 minutes or less to complete.

#### **Day-to-Day Experiences**

Instructions: Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item.

	1	2	3	4	5	6
	Almost Always	Very Frequently	Somewhat Frequently	Somewhat Infrequently	Very Infrequently	Almost Never
I could be experiencing some emotion and not be conscious of it until some time later.	1	2	3	4	5	6
I break or spill things because of carelessness, not paying attention, or thinking of something else.	1	2	3	4	5	6
I find it difficult to stay focused on what's happening in the present.	1	2	3	4	5	6
I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.	1	2	3	4	5	6
I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	1	2	3	4	5	6
I forget a person's name almost as soon as I've been told it for the first time.	1	2	3	4	5	6

It seems I am "running on automatic," without much awareness of what I'm doing.	1	2	3	4	5	6
I rush through activities without being really attentive to them.	1	2	3	4	5	6
I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.	1	2	3	4	5	6
I do jobs or tasks automatically, without being aware of what I'm doing.	1	2	3	4	5	6
I find myself listening to someone with one ear, doing something else at the same time.	1	2	3	4	5	6
I drive places on "automatic pilot" and then wonder why I went there.	1	2	3	4	5	6
I find myself preoccupied with the future or the past.	1	2	3	4	5	6
I find myself doing things without paying attention.	1	2	3	4	5	6
I snack without being aware that I'm eating.	1	2	3	4	5	6

**Scoring information:**

To score the scale, simply compute a mean of the 15 items. Higher scores reflect higher levels of dispositional mindfulness.

**Reference:**

Brown, K.W. & Ryan, R.M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84, 822-848.

**APPENDIX J**

Hi Ms. McGrath, you are very welcome to use the CPIAS. I would be pleased to know the outcomes of your study when the time comes. Good luck with your work.

Sincerely,

Mary Casey Jacob, Ph.D.

Senior Associate Dean for Faculty Affairs

Professor, Departments of Psychiatry and Obstetrics and Gynecology

UCONN School of Medicine

[jacob@nso1.uhc.edu](mailto:jacob@nso1.uhc.edu)<<mailto:jacob@nso1.uhc.edu>>

860-679-2413

---

From: Jenny McGrath [[jcmcg@hotmail.com](mailto:jcmcg@hotmail.com)]

Sent: Thursday, November 29, 2012 5:48 PM

To: Jacob, Mary Casey

Subject: Permission to use CPIAS

Dr. Mary Casey Jacob, MC1920

University of Connecticut Health Center

263 Farmington Ave

Farmington, CT 06030

Dear Dr. Jacob:

I am writing to request permission to use the Chronic Pain Intrusion and Accommodation Scale for use in the research for my Master's Thesis. I am a Marriage Family Therapy and Art Therapy graduate student at Notre Dame de Namur University in Belmont, CA. My research aim is to study the effects of mindfulness based art interventions on anxiety, depression and perceived stress in adults with chronic pain. I would love to incorporate the CPIAS as one of my measures.

Thank you.

Very truly yours,

Jenny McGrath

MFT Art Therapy graduate student

Notre Dame de Namur University

Belmont, CA

[jmcgrath@student.ndnu.edu](mailto:jmcgrath@student.ndnu.edu)



**APPENDIX L**  
Final Questionnaire

Number code: \_\_\_\_\_  
(to be filled in by researcher)

1. In our sessions, we experienced three different approaches to Clearing a Space with Art. In session 1, concrete imagery was used. In session two, directive imagery was used, and in session three non-directive imagery was used.

Did you have a preference?

What aspects made it preferable? Why?

2. How did you feel about the art making process? Was it relaxing? Stressful?

3. What did you think about the art product (what you created)?

4. Do you feel that art making is a useful tool in your pain management? How so?

**APPENDIX M****CLEARING A SPACE WITH ART III (CONCRETE IMAGERY)**

“Now we will begin with a variation of Clearing a Space with Art. See if you can notice what’s in the way of feeling, ‘All Fine’ or ‘okay’ or ‘present’ right now. Write your issues or concerns or pains on the 3x5 cards provided. You can use words if you’d like or you can create images of your issues, concerns, or pains. Once you have written down or created an image for each issue or concern or pain, place them in one of the provided containers of your choice, and set the container at a distance that feels comfortable and right to you. Now, create something using the art materials to represent the place within you that is separate from all the concerns, issues, or pains you placed in the container. This is called the ‘All Fine Place.’

**APPENDIX N**

## CLEARING A SPACE WITH ART II (DIRECTIVE IMAGERY)

“Now we will begin with a variation on Clearing a Space with Art. Find a comfortable position. ‘Take a few deep breaths, inviting your body to relax... If you feel like it, you may close your eyes...or keep them open...whichever is more comfortable for you. Take a few more deep breaths...and when you’re ready, ask, “How am I from the inside right now?” Just listen... Give an answer time to form in your body.... Turn your attention like a searchlight inside your body and just greet whatever you find... Be accepting to whatever you find there, without judgment... Now imagine yourself in a peaceful place... The sky is crystal blue and the air is clear. Imagine sitting in a place carved out just for you... When you are ready, check inside your body and ask, “What’s in the way between me and feeling ‘All Fine’ right now? Let whatever comes up, come up... Don’t go inside any particular thing right now... As each thing comes up, imagine wrapping it up and placing it at the right distance from you. Continue the process of asking your body, “So what’s between me and feeling ‘All Fine’ right now?” As each thing arises, imagine wrapping it up in a package. When the list stops, you can check it by asking, “Except for all of that, I’m ‘All Fine,’ right? ... If more comes up, wrap it up. Keep a comfortable distance from your wrapped packages.’ Background Feeling Sometimes there’s a background feeling that we’re always carrying... It may be something like *always* a little anxious...or *always* a bit depressed, or always in pain, or some other *always* feeling...Check inside and see if there is a background feeling that’s in the way of feeling ‘All Fine’...If so, add it to your stack... Check again... How is it now?”



‘All Fine Place’: Keeping everything at a distance, now, I’d like to invite you to bring your attention to the ‘All Fine Place’...See if there is an image that matches or acts like a ‘handle’ for the ‘All Fine Place’... Check it against your body to make sure it’s right. If not, invite a new image that matches or acts like a ‘handle for the ‘All Fine Place’ to come... If what comes is a word or phrase, that’s fine... Be accepting of that.

Artistic Expression: When you’re ready, use the art materials to create something expressing your felt sense of the ‘All Fine Place.’” Some people prefer to only create an expression of the ‘All Fine Place,’ while others like to create the things set aside. If you received a word or phrase, feel free to express them creatively.”

**APPENDIX O**

## CLEARING A SPACE WITH ART I (NON-DIRECTIVE IMAGERY)

“Now we will begin with Clearing a Space with Art. ‘Find a comfortable position. Take a few deep breaths, inviting your body to relax...If you feel like it, you may close your eyes....or keep them open....whichever is more comfortable for you. When you’re ready, ask, “How am I from the inside right now?”... Turn your attention like a searchlight inside your body, just noticing whatever you find... See if you can be accepting to whatever you find there, without judgment... Now imagine yourself in some peaceful place... It may be a place you know already, or it may be one you create in your imagination... When you’re ready, ask, “What’s between me and feeling ‘All fine’ right now?” Let whatever comes up, come up... Don’t go inside any particular thing right now... As each thing comes up, imagine placing it at some distance from you... perhaps out on a park bench...or in a box, or use imagery like relaxing on the beach and putting all of the things between you and feeling ‘All Fine’ on a boat...or wrapping each issue or concern up in a package... As each thing arises, place it at a comfortable distance from you while you stay in your peaceful place... (*Pause.*) After you place each thing at a distance, check inside again and ask in a friendly way, “What’s between me and feeling ‘All Fine’ right now?” Again, with each thing that comes up, find a way to put it at a comfortable distance from you. If the list stops, gently ask inside, “Except for that, I’m ‘All Fine,’ right?”... If more comes up, add that to the stack. Keep a comfortable distance from your stack.” Background Feeling “Sometimes there’s a background feeling that we’re *always* carrying... It may be something like *always* a little anxious...or *always* a bit depressed, or some other *always* feeling... Check inside and see if there is a background feeling that’s

in the way of feeling 'All Fine'... If so, add that to your stack... Check again... (*Pause.*)

'Except for all of that, I'm 'All Fine,' right?' “ *All Fine Place*”: “Keeping everything at a distance, now, I'd like to invite you to bring your attention to the 'All Fine Place'... See if there is an image that matches or acts like a 'handle' for the 'All Fine Place'...check it against your body to make sure it's right. If not, invite a new image that matches or acts like a 'handle' for the 'All Fine Place' to come... If what comes is a word or phrase, that's fine... Be accepting of that.”

Artistic Expression “When you're ready, use the art materials to create something expressing your felt sense of the 'All Fine Place.' If you received a word or phrase, feel free to express them creatively.”