Title: The role of a community art therapy group for people with chronic pain

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ABSTRACT

This paper describes a community art therapy group for people living with chronic pain. The paper is presented in three sections: the aims and rationale for establishing such a group, description of clinical interventions and a case study.

This innovative model of group art therapy offers short term, focussed art therapy group support to chronic hospital patients through a community art therapy initiative. The paper reports on quantitative and qualitative measures undertaken to evaluate the efficacy of the group – specifically pre and post group validated questionnaires and qualitative feedback at the end of the group.

This pilot programme offers a new model of short term art therapy intervention for people living with chronic conditions.

Keywords

Art therapy, chronic pain, community, hospital out patients, group

Word count

Main text 5495 words

Abstract 114 words
MAIN BODY TEXT

1. Introduction

“The therapeutic objective of working with chronic pain syndrome is to foster the reduction of the subjective pain experience, prevent further chronicity and to increase quality of life” (Fritsche, 2013 p. 84).

This paper describes a community art therapy group for people living with chronic pain. This innovative model of group art therapy is presented in three sections: the aims and rationale for establishing such a group, description of clinical interventions and a case study. The paper also reports on quantitative and qualitative measures undertaken to evaluate the efficacy of the group – specifically pre and post group validated questionnaires and qualitative feedback at the end of the group.

Chronic pain is defined as pain on a daily basis for more than six months and is a growing public health problem affecting approximately 1 in 5 people in the developing world and 2 in 5 in less well-resourced countries. Although not life threatening, chronic pain incurs significant financial costs including lost productivity from work, healthcare costs, insurance and disability payments. The cost to the patient is also significant with 19% of patients being diagnosed with depression. Chronic pain affects 13% of the Irish population. Despite its prevalence and the impact on patient’s quality of life there is currently no national strategy for this problem and no cure for chronic pain. (Fullen et al, 2006; Angheluta and Lee, 2011; Lynch et al, 2013).
The existing state of art therapy and other art-based modalities for chronic pain treatment appears to be primarily exploratory with a large proportion of anecdotal case studies, case illustrations, and program evaluations (Angheluta and Lee, 2011). Previous studies tend to focus on the role of art therapy in making changes in physical symptoms, psychological well-being and/or social interaction. Distraction from pain during art therapy occurs also in a number of qualitative articles (Lynch et al, 2013; Shapiro, 1985).

It is evident from the small volume of literature regarding the use of art therapy in the treatment of chronic pain that there is much to be learned and understood in this field. The literature is sparse, with methodological issues in some papers. This is consistent with broader reviews of arts and health literature which report a lack of outcome based studies, small sample sizes and methodological weaknesses (Moss et al, 2012; Moss et al, 2013). As such, findings in previous literature were not generalizable (Angheluta and Lee, 2011). There are currently no Cochrane reviews of art therapy and chronic pain.

Nonetheless, previous literature on chronic pain and art therapy is encouraging: Pielech et al report on the benefit of art therapy for parents of children with chronic pain, citing reduction in anxiety and increased sense of control as important issues for people with chronic pain and their carers (Pielech et al, 2013). Qualitative studies and case examples confirm the high level of suffering encountered by people with chronic pain and the need for emotional support therapies such as art therapy to develop resilience and coping skills (Lynch et al, 2013; Shapiro, 1985).
This exploratory art therapy group was held in a local arts centre and the programme was conducted by the (anonymised for blind review). (Anonymised for blind review) exists to improve patient care and to promote the benefits of the arts in health.

Situated in a university teaching hospital of (anonymised for blind review), the centre aims to improve the hospital experience for patients and explore the therapeutic potential of the arts. The arts therapies programme for patients includes art therapy for children with Diabetes and Cystic Fibrosis and music therapy for older patients and in the psychiatry department.
2. Method

2.1 Group description

A community based art therapy group was offered to people living with chronic pain. The group was held every Wednesday morning for twelve weeks. Each session was facilitated by a qualified Art Therapist and was held in an arts centre adjacent to the hospital. Fourteen places were offered to people living with chronic pain, on a first come first served basis. Participants were offered places free of charge and all art materials were supplied by (anonymised for blind review). The group was advertised through the hospital Out Patient Department and through (anonymised for blind review), a voluntary organisation that supports people living with chronic pain.

See Appendix One – Flyer giving information about the group

2.2 Inclusion criteria:

- People living in the community with self determined chronic pain
- All participants must be registered with a named pain specialist or other relevant hospital consultant
- Age over 18
- Cognitively and physically able to attend the arts centre independently
- Willing to engage in pre and post group questionnaires and feedback for research purposes

2.3 Exclusion criteria

- Under 18 years of age
- Cognitively or physically unable to attend the arts centre independently
• No details of medical professional link

2.4 Attendance
Thirty-three participants registered to attend. A waiting list was operated once fourteen places were filled.

2.5 Structure and content
The art therapist offered a directed activity each week, following which participants shared their work and discussed issues arising in the group. The group was confidential. A resource sheet was given to all participants detailing support services should they require follow up after the therapy group each week (in the case of being upset or disturbed by any discussion or content).

2.6 Group Structure
The group met once a week for an hour and forty minutes over 12 weeks. Each week began with introductions and a guided meditation or visualisation to help participants become aware of how they were feeling that day. This was followed by time for art making. The art-making was based upon a theme or directives offered by the therapist, a creative response to the visualisation or free space for participants to work on their own ideas. The group finished with discussion, reflection and sharing facilitated by the therapist.

2.7 Evaluation methods
Two questionnaires were completed by each participant on week 1 and week 12 of the course, the EUROQOL® Health Questionnaire (http://www.euroqol.org/) and The
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Short Warwick-Edinburgh Mental Well-being Scale
(http://www.healthscotland.com/documents/1467.aspx). In addition, qualitative feedback was recorded from both verbal comments on the last day and written qualitative feedback requested at the end of the group.
3. Results

The results are presented in 5 sections: 3.1. Attendance 3.2 Group context 3.3 Case Study 3.4 Quantitative results and 3.5 Qualitative results

3.1 Attendance

Of the fourteen participants who were allocated places in the group, nine people attended and completed the full course. Five dropped out, three citing that the group was not suitable to their needs at the current time, and two citing family commitments that made them unable to continue attendance.

3.2 Group content

The following sections outline some of the group process with examples of patients’ art followed by a brief case study.

3.2.1 Early sessions

3.2.1.1 Group introductions through image

Early sessions were designed to gently introduce the idea of using art making as a way of expressing emotion and exploring aspects of self. In the first session participants were invited to create a landscape and place themselves in it. It was explained that this could be a real place or a fantasy landscape, and people could be represented in the image by simple marks or shapes. This allowed members to introduce themselves to the group through their image and also to work on a level that they felt comfortable with. Many drew a landscape familiar to them or ones that evoked fond memories. Others drew landscapes or places they can no longer visit due to their pain condition, thus beginning to explore themes of loss from the first session.
One patient created a landscape that symbolically represented where he saw himself in his life, now as well as in the past and in the future (Figure 1). In this image M spoke of the tree on the left representing the old self, full of vitality and strength. The falling leaves however represent change and the shedding of old parts of himself. The many figures in the middle represent him now and the many different selves he presents to the world. Despite his old self being gone there are still many aspects to him. He reflected that these figures could also perhaps represent the group. The river flowing below the image represents the flow of life and to the right of the picture a fountain bursts representing the future and energy continuing. M spoke of the power of all forms of creativity for self-expression and self-understanding. Despite his chronic pain condition M’s image contained hope. Many patients remarked that this image helped them begin to understand the potential of art for symbolical expression, as opposed to just figurative representation, which had been many participants experience of art up to now.

Another participant created a powerful and emotive pastel drawing (Figure 2). Through this image D introduced himself to the group. He outlined how he had had a car accident a few years ago and had suffered with chronic pain ever since, forcing him to give up a job he loved. In his image D has depicted himself and his family in the centre surrounded by evil figures. He spoke of others not fully understanding what it is like for him, and even at times experiencing negativity directed towards him. This is represented by the threatening figures in his image. However, despite the somewhat frightening imagery, D stands in a circle in centre holding hands with his family and surrounded by bright colours and light. He speaks of their love protecting him and their support in helping him come to terms with life changing events. On his
expectations for the group D spoke of having previously attended a creative writing group and understanding the healing potential of creative expression.

In all directives, participants could work outside of any given theme if they wished. They were assured that there were no expectations of them or their art and that they could not make a mistake. They were encouraged to play with the materials, to explore and experiment. Through this the therapist hoped to foster a sense of permission to use the time and space at a pace and level that suited each individual. Patients reported afterwards that they found this approach liberating. Many said that they had come into the group with preconceived notions about what art should be and anxiety about the limitations of their own artistic ability. When they realised any mark or creative endeavour was held and valued by the group they found themselves better able to freely express themselves and foster their creativity.

3.2.1.2. Music and creative expression

The therapist introduced music to the creative process by asking participants to paint spontaneously to five short pieces of music. Following on from this they could use the remainder of the time to create an image in response to that experience. Participants were encouraged to become aware of their feelings and go with the flow of the music. Many participants spoke of becoming lost in the music, of memories evoked and of being transported to different places in their imagination as rhythm was transformed into marks, pattern and colour on paper.

One participant N spoke of finding herself becoming emotional during the first three pieces of music. N was one participant who revealed she felt frustrated at the start of
the group with her images, which she felt were trying to be ‘pretty pictures’ and expressed jealousy of others who were able to come into the group and, in her view, ‘let go’ through their images. Now she had found a way to do that. Using her fingers to paint she released all of the sadness she was experiencing in herself onto the page. She continued to work the paint with her fingers on the same page for the first three pieces of music until the image became muddied and brown. She experienced the final two pieces of music as more uplifting so for these she pushed aside her first image, and again using her fingers this time created what she felt was a brighter image. Afterward this experience she said she was left with a very positive memory of herself as a teenager hanging out in a park with her friends, back when she had no cares or worries. She recreated this scene in pastels and shared it with the group. She revealed that she had managed to release some of her anxious, negative feelings and leave them in the first dark and messy image. Through the art and music she had managed to find a way to release and transform her negative emotions and was left a happy memory. That, combined with the support of the group had left her feeling more positive.

3.2.2 Mid-way sessions; deepening the experience

After these early sessions the therapist introduced themes that invited participants to move deeper within themselves, explore their bodies and look more directly at their chronic pain condition. Guidance was taken for this work from Mindfulness and the Art Therapies (Rappaport, 2013) regarding the seven stages in Mind-Body Awareness in Art Therapy. These include Examination of the physical experience with mindfulness to body sensation: focus on the problematic/painful area; Expression:
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transfer into a creative work; Expansion and Energetic Release; Redirection, Recognition and Relief from limitation by pain-dominance.

Directives in this part of the programme included asking participants to find expression for their pain experience by asking them to represent it visually. A body scan meditation invited participants to bring their awareness to an area of pain or discomfort in their body. Following this small A5 sized cards were handed out and participants were asked to sketch very quickly and spontaneously a symbol for their pain. On another card people were asked to write down a few words to describe this experience. After this people were invited to expand their sketches into larger artworks.

N chose soft bright colours in her sketch to represent the calm she experienced during the meditation, which she described as like being wrapped in soft coloured light. However black marks represent her pain which is always present. The word she chose for her experience was ‘Nagging’. In her larger image she blended soft pastels with her fingers and created two symbols. The symbol on the left is brighter, covered with glitter and creates an upward, uplifting movement. It represents the good days when she feels she is doing well and can cope. On the right the swirling black mass represents not only her pain, but also the continuous tests and assessments she must undergo and the negative impact of this on her emotional self (Figure 3).

Looking directly at pain experiences brought up a lot of common issues within the group. N’s image in particular sparked discussion amongst members about other people’s perception of them. They spoke about the idea of the ‘invisible illness’,
where by outward appearance they are perceived as looking healthy or well, and shared a common frustration at their sense of having to continually justify themselves to others. They expressed frustration at lack of belief in the extent and seriousness of their pain condition, particularly amongst healthcare professionals. At the same time other members supported the group through sharing a more optimistic outlook. They spoke of ways in which they had managed to gain both perspective and better acceptance of their condition.

3.2.2.1 Further expression of pain experience

The following week the therapist built upon this directive by again encouraging participants to look more directly at their pain, but to develop this by also exploring what surrounds it and moving beyond it. For example, participants were led through a body scan meditation and invited to gently, and without judgement, bring their attention their area of pain. They were then encouraged to explore around and beyond this area, before bringing their focus back into the room and asked to create a 3D symbol in any media to represent this experience. The therapist noticed that group participants moved from the meditation into their image making with a sense of purpose, intent on finding form for their experience, now working as a group on a deeper and more embodied level.

During this exercise G was suffering with a severe headache, which made it hard to concentrate. This became the subject of his image (Figure 4). Using clay he created a brain. Pressing it with chicken wire he created the pattern of brain’s surface, but also managed to visually portray the sense of vice-like grip or pressure he spoke of experiencing. The yellow lightning bolt is pointed directly into the point of pain, and
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The wavelengths through his spine show the pain penetrating down through his central nervous system. G spoke to the group about trying dozens of pain management programmes and courses in his 15 years suffering with chronic pain, none of which he felt were as effective for him as art therapy with regard to coming to terms with his condition. He was curious as to how long art therapy had been used in chronic pain treatment and was fascinated by the way art could be used in such a manner. He spoke of confronting your pain and seeing it in front of you, reflected back in symbolic form. He reported leaving the group each week feeling energized.

D created a powerful image of his upper body, contorted and twisted in pain, using Plaster of Paris bandage (Figure 5). The oversized head represented the severe pain he experiences in his head extending down into his spinal column. His hands and arms cradle his body. He described this as a gesture of trying to comfort himself, but also as well as trying to ‘hold it all in’. Again D spoke of the invisible illness and of other people not being able to fully understand what it is like for him. Later he painted the image using shades of orange and red to represent the more intense areas of pain. He used a pencil pressed in the spine to support the artwork as he painted it and spoke with interest of this coincidentally being the same point of severe pain entering his spine. It was interesting that D had chosen to create his image with Plaster of Paris bandage, carefully wrapping it around his contorted torso. In doing this, the therapist suggested, he in fact made the invisible illness visible. D found this interpretation of his image insightful. In fact it could be suggested that that was the basis for much of the work in this art therapy group; making the invisible visible, giving form and
expression to unseen pain, to unspoken feelings, and in doing so validating group members individual experiences.

3.2.2.2 Life Sized Body Scans

In week seven participants had the opportunity to further explore their pain experience on a larger-scale. Following a body scan guided meditation participants were invited to respond using the art materials to life-sized body outlines traced onto large sheets of paper on the wall. Confronting life-sized body representation of themselves helped some participants to address body issues that up to now were unresolved.

N’s image is an image of two halves. (Figure 6). One side depicts her playful, carefree, hopeful self. The other the other side of her image is darker. The cages represent the oppression she feels because of her pain condition. Symbols of cages, barriers and fences were prevalent in many images during this exercise. People spoke of feeling caged in by their pain, of a barrier existing being between them and others, or feeling repressed by the healthcare system.

3.2.3 Final sessions; Integration of experience, reflection and moving forward

Sessions towards the end of the group allowed time for participants to work on their own themes, to return to images they wished to complete and to review their images and reflect on their time in the group. This allowed for assimilation and integration of feelings experienced during their time in the group. Themes in the last few sessions included the journey of the group, moving on and intentions.
3.2.3.1 Group Painting

Towards the end of the programme the therapist invited the group to work collaboratively on a large group artwork. By now the group had formed a strong bond. A participant, who in the previous week had spoken during the discussion about how she had been holding back and felt angry with herself for doing so, now took the initiative to ask the group if she could walk on the painting in her bare feet. With assistance and lots of encouragement from other members, C found the courage in herself to take centre stage and walk down the painting, clearly defining her position within the group and leaving her mark.

Final sessions also concentrated on reviewing the artworks completed during the programme and preparing participants for the end of the group. This included time for reflection, as well as more practical activities such as providing details of art therapy and art groups in the local community and providing support information should people need to talk to a therapist once the group was completed. The participants also shared contact details with one another to maintain contact and were invited to take home their art works.

3.3 Case Study: L

The first image L made in the group was a pastel drawing of her and her husband hiking in the hills, a past-time she could no longer partake in. For her, this was about loss and letting go. She became upset talking about this and later revealed she had found herself quite emotional following the session. L commented on how she had been transported back to another time and place whilst working on her image. She
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said that she had not expected to become so emotional in the very first session and expressed surprise at the power of the image to tap into hidden emotional parts of the self.

Changes that L noticed in herself and her development during the group were reflected in a progression and change in the style of her art and her images. Her earlier artworks were often figurative representations of places, family, friends and interests. Gradually she displayed a shift toward a freer, more abstract and embodied style of image making. The changes in her art echo L’s personal development and growth within the group and display a deepening of her intrapersonal relationship through the image. Particular themes appear in her art, such as her use of colour, and most noticeably the appearance of the circular form, and reoccur throughout her work.

During the painting to music directive, L said she recalled a vivid image of a kaleidoscope she had as a child. She remembered lying on the grass and looking toward the sky at the bright changing colourful designs and patterns. She set about using small tiles to create a circular representation of her view through the kaleidoscope. L described losing herself in the rhythm of carefully applying the tiles in to build up a beautiful mosaic mandala. In later sessions L added further shiny elements, making special this art piece that resonated with childhood memories (Figure 7).

Liz experienced particular difficulty when participants were asked to gently focus on their pain during the meditations. Her words to describe the experience included ‘stressed’, ‘enhanced’, ‘stifled’ and ‘harassed’. Her quick sketch to symbolise her pain
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shows a black and red chalk pastel circular drawing with sharp spiky lines protruding from the centre. She had found focusing on her pain intense and uncomfortable. She revealed she had undergone a procedure that week, which on a previous occasion had left her in bed in pain for three weeks. Instead of enlarging her pain symbol like the other members I suggested L move away from her pain symbol completely for her next image. Again choosing pastels she created a large circular image of circles in soft blues and whites spiralling out from a centre point. She spoke of a throwing a rock in the centre of a pool and the ripple effect. She said the pain was the rock and the ripples were the knock-on effects it had on her life. But, she explained, just as the ripples soften as they move away from the centre, she too found herself able to gradually move away from her pain as she became absorbed in creating the soft, circular form (Figure 8). Working within a mandala can have a tranquil, meditative effect and L spoke of finding the process soothing and relaxing.

The following week L developed her symbol for her pain into a 3D representation. She worked with clay and chicken wire. Again her pain was portrayed as a circular centre point, filed with molten lava like blacks and reds. She included the chicken wire to represent the sharp, jagged pain. At first she closed in the chicken wire, but explained that this did not feel right. She cut and opened out the wire, as if symbolically releasing the pain and spoke of wanting to let it all out, of not wanting to keep everything inside the way she had always tried to up to now (Figure 9).

L came back to this piece in a later group and painted the outside a beautiful gold. She was very proud of the piece and what represented for her. L had discovered a love for ceramics and clay during the group and had decided she wanted to pursue this as a personal goal when the group was finished. She was excited about discovering this
newfound interest. For her this image represented finding within her pain experience something precious, meaningful and unique to her.

Fritsche writes:

“The combination of Mind-Body Awareness and creative expression leads the patient to become more aware of the quality and context of her pain experience, to address underlying emotional issues, and to access inner resource that she has not yet been in touch with. As the patient learns to move beyond the limitations of her pain, she gains insight about herself, optimism for the future, and a sense of empowerment in everyday life” (Fritsche 2013 p. 81).

For her final artwork L created a mountain out of clay (Figure 13). L’s first image of herself and her husband out walking in the hills and mountains was about loss. The mountain in her final image however represents looking forward and new challenges. One side of the mountain is dark and steep and difficult whilst the other is bright and sloping. When asked, L situated herself halfway up the brighter side. L spoke of having always walked other people’s paths for them and that now it was time to walk her own. She was going to start doing things for her self and continue her personal development. She spoke with enthusiasm about discovering her inner creative self and wanting to continue to explore it. She planned to join a ceramics or sculpture class and spoke with optimism about the future.
3.4 Quantitative results

Eight participants completed the pre and post questionnaires. See Table 1 and Table 2 for results of questionnaires.

See Table 1: Results of the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS).

See Table 2: Results of the EUROQOL Health Questionnaire
3.5 Qualitative results

Participants were invited to give qualitative feedback at the end of the programme, both verbally (at a final day lunch) and in writing to the (anonymised for blind review). These could be anonymous comments. Four participants gave feedback.

Two common themes were identified in the qualitative feedback. The first was the opportunity for participants to express and explore thoughts and feelings around chronic pain and the social support of meeting other people with the same condition. The second common theme was that of re-igniting or discovering an interest in making art, which had been let go of due to the level of chronic pain experienced and a growing confidence in their ability to be creative and to enjoy this activity. The participants involved were keen to continue both art groups for social and recreational purposes as well as continuing therapy.

Other feedback included the length of the group session which was found by some to be too short. Two hours were recommended by the group as 1.5 hours seemed short and the group ran out of discussion time. One participant highlighted the need to make clear that the group will raise a lot of emotions; perhaps some participants had not clearly understood the difference between attending an art therapy group as opposed to an art group in the community.

Two participants reported how powerful art therapy was a way of working, having experienced other therapies and taken part in an intensive pain management programme.

“Art Therapy … was far more powerful than I imagined it would be. It raised many issues for me both related and unrelated to my pain. I feel that I have
moved from a ‘stuck’ place. I worked through feelings of anger, judgement of myself and others, and upset both in relation to my condition and other areas of my life. I feel that I have found a more accepting place in myself” (Participant 1).

“In my experience of chronic pain, some of its most challenging aspects are isolation, frustration, misunderstanding and even a sense of being less than human. You're just a name or a number with a medical condition that others barely seem to understand or even want to understand. Society says that you have nothing to offer. You feel like a burden, and perhaps worst of all, the experience can seem utterly pointless. Breaking this cycle is really important, both for the person in pain and for those around her/him. For me, attending the group allowed the possibility of hope to emerge. Hope that I was no longer alone, that something good might come out of what I was going through, that I had something special to offer, that I was a part of something much larger than myself. Art therapy allowed me to express my frustration and confusion, but also to discover some creativity and even mystery and meaning behind what I am going through. Was it just pointless suffering, or could something beautiful come out of it all? Might the possibility of real community emerge? Might we begin to understand that many others in the world felt the same way as we did?” (Participant 2)
4. Discussion

This paper reported on a new model of a community art therapy group. Literature in this area of work is scarce, as is evidence of clinical benefit. However, the results of this group, both descriptive and quantitative, point to significant benefits for the participants and indicate modest findings regarding improvements in perception of health. However, the sample in this study is too small to conclude specific benefits from the quantitative results.

Further research is recommended regarding the benefit of art therapy for people with chronic pain, as well as further consultation with service users as to the supports they need to manage and live with pain. This programme is a successful pilot of a model of short term, focussed art therapy which could be replicated and further researched in other centres and with other populations living with long term illnesses.

Situating the group in an arts centre was significant – the move from clinical environment to an artistic one was found, in our programme, to allow patients to respond creatively as the environment is more conducive to artistic activity. Suitable creative spaces are recommended in hospitals to allow for aesthetic and creative activity to be pursued (Moss, 2014).

Regardless of the nuances involved its definition, and the lack of clarity regarding treatment approaches, chronic pain is widely accepted to be a unique experience for each individual experiencing it. Common negative effects are observed on emotional, physical and psychological health. How people experience their pain is influenced by cultural ideas of pain, gender expectations of how one must cope with pain, the
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quality of personal relations with family or society at large, personal coping capacity, and the presence of other stressors, such as job loss (Angheluta and Lee, 2011). Art therapy is increasingly being shown to assist people with chronic pain in redirecting their attention away from pain into other activities, supporting self management strategies, improving social connectedness and mental health. Our study indicates the need for emotional and psychological support to be further developed and supported in the treatment plans for people living with chronic pain.

“Asking clients to intentionally search for active coping elicits a perceived experience of control and movement. In addition experiencing positive emotions, such as pleasurable art making, also leads to pain reduction […]. Finally, balancing strong negative emotions with positive emotions reduces the impact of negativity …. some patients experienced that being involved in a creative exercise can be easy and natural, while the pain becomes less predominant during this activity” (Fritsche, 2013 p.178 and p.85).

This community art therapy group shows promise, especially through the qualitative feedback, of a useful model of support for people with chronic pain and the potential to be developed into a replicable model of care.
REFERENCES


Appendix One Flyer for Art Therapy Group (anonymised for blind review)

Creativity and Wellness Group

The National Centre for Arts and Health presents an art therapy support group for patients with rheumatoid arthritis

Dates: Time: Thursdays from 6th March 2014 at 11:00 – 12:30

Venue: (anonymised for blind review)

How much: FREE

What is Art Therapy?
Art therapy is a form of psychotherapy in which art materials are used for self-expression and reflection in the presence of a professionally trained art therapist. Art therapy uses a creative medium to allow an additional and alternative way for clients to understand their life experiences. This small supportive art therapy group will offer a confidential space where feelings can be expressed and explored at each participant’s pace.

There is no right or wrong approach. No artistic skill is necessary.

This is not art class. Specific art skills will not be taught though may be gained along the way. Emphasis is not placed on the finished art object but instead the participants’ personal experience of the process, and thoughts and emotions revealed by the image and shared with the group.

How can Art Therapy be of benefit?

• fostering self-expression

• improving self acceptance and self esteem

• strengthening a sense of self
• reducing stress
• enhancing adaptive coping skills
• gaining a sense of control over difficult emotions and life situations

People may feel isolated or alone because of their illness. The art therapy group can enhance social support, through sharing with others who are experiencing similar, and lead to personal empowerment.

**Who is this group for?**

This group is open to rheumatoid arthritis patients aged over 18. Participants are simply asked to bring an openness to experiment with different creative processes and explore aspects of themselves in a confidential group setting. This is a closed group limited to 12 places. A minimum attendance is expected. There are 12 sessions, one each week.

**To book a place**

Please phone the (anonymised for blind review) as soon as possible to book your place and post the attached registration form or talk to your doctor.

**Where?**

(anonymised for blind review) is 5 minutes from the hospital. Parking next to the Centre at the Square shopping centre and the Luas stop is right next to the centre too.
Chronic Paper Images

Figure 1
Figure 2
Figure 3
Figure 4
Figure 5
Figure 6
Figure 7
Figure 8
Figure 9
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Table 1: Results of the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS).

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<thead>
<tr>
<th>Participant</th>
<th>001</th>
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<th>007</th>
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<tr>
<td>Questionnaire results*</td>
<td>PRE</td>
<td>POST</td>
<td>PRE</td>
<td>POST</td>
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<tr>
<td>I’ve been feeling optimistic about the future</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>4</td>
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<tr>
<td>I’ve been feeling useful</td>
<td>4</td>
<td>3</td>
<td>2</td>
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*Higher scores indicate better well-being.
|                                                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| I’ve been feeling relaxed                                      | 3 | 3 | 1 | 3 | 4 | 4 | 3 | 4 | 3 | 3 | 3 | 3 | 3 | 4 | 2 | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| I’ve been dealing with problems well                           | 3 | 3 | 1 | 4 | 4 | 3 | 4 | 2 | 3 | 3 | 3 | 2 | 3 | 2 | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| I’ve been thinking clearly                                      | 4 | 5 | 2 | 3 | 5 | 4 | 4 | 3 | 3 | 3 | 3 | 4 | 2 | 2 | 2 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| I’ve been feeling close to other people                         | 5 | 5 | 1 | 3 | 5 | 5 | 4 | 2 | 3 | 2 | 3 | 5 | 4 | 2 | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| I’ve been able to make up                                       | 5 | 5 | 4 | 4 | 5 | 4 | 3 | 4 | 4 | 1 | 3 | 2 | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
The role of a community art therapy group for people with chronic pain

<table>
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<td>28</td>
<td>13</td>
<td>25</td>
<td>31</td>
<td>30</td>
<td>27</td>
<td>28</td>
<td>15</td>
<td>21</td>
<td>20</td>
<td>23</td>
</tr>
</tbody>
</table>

* Key: Numbers represent how often the statements describe your experience over the past 2 weeks:

1 = None of the time
2 = Rarely
3 = Some of the time
4 = Often
5 = All of the time.
Table 2: Results of the EUROQOL® Health Questionnaire

| Participant | 001 | 001 | 002 | 003 | 003 | 004 | 004 | 005 | 005 | 006 | 006 | 007 | 007 | 008 | 008 |
|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Questionnaire results* |      | PRE | POST | PRE | POST | PRE | POST | PRE | POST | PRE | POST | PRE | POST | PRE | POST |
| Self-care | 1 | 2 | 1 | 1 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 2 |
| Usual Activities | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 | 2 | 2 | 2 |
| Pai1/Discomfort | 2 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
| Anxiety/Depression | 2 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 3 | 2 |
| My Current State of Health | n/a | 5 | 40 | 25 | 60 | 80 | 25 | 65 | 20 | 60 | 44 | n/a | 45 | 35 | 20 | 20 |

* Key: Numbers describe your health concerns today - 1 = NONE; 2 = SOME; 3 = EXTREME.