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Visual Arts and Chronic Pain: Thematic Analysis to the Artistic Statements of Visual Artists

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Walden University

College of Health Sciences

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Susan Janicke

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Walden University
2015

Abstract

Visual Arts and Chronic Pain:
Thematic Analysis to the Artistic Statements
of Visual Artists

by

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MS, Graceland University, 2006

BS, Graceland University, 2006

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

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Abstract

The relief of pain is an essential element of nursing practice. Nursing has begun to successfully use art to assess and reduce pain among hospitalized children, surgical patients, and oncology patients. Structured art projects have been used to provide distraction from pain and patient drawings have allowed nurses to assess pain. This project employed grounded theory and thematic analysis to uncover significant concepts in the artists' statements. The Roy adaptation model and Saunders' total pain theory provided the project theoretical framework. The artistic statements and the art of chronic pain patients were examined using thematic analysis to identify recurrent themes. This project explored the insights to chronic pain in the adult patient as evidenced in the posted work. The project also considered how the content of the posted artistic statements informed individual nursing practice and facilitated the reduction of pain in the adult patient suffering from chronic pain. Emergent concepts were used to develop artistic nursing interventions. Suggested modification of nursing practice included drawing as a tool in pain assessment, exploring the meaning of color choices, encouraging mask making, providing distraction, and using art to identify spiritual distress. The proposed nursing actions will allow more effective communication of pain, provide meaningful distraction, intervene in spiritual distress, and encourage creation of an artistic product. Expected outcomes include more effective pain control, greater patient autonomy, and reduced healthcare costs. The application of this new knowledge and skill will make a difference in the lives of chronic pain patients and will therefore promote positive social change.

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Dedication

This project is dedicated to the artists of PainExhibit. They have demonstrated courage in adversity and a willingness to help others with chronic pain.

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Section 1: Nature of the Project

Introduction

Chronic pain is common in the United States and has the potential to increase as the population ages. Over 100 million Americans suffer from chronic pain (National Institutes of Medicine, 2011). In a cross-sectional Internet survey of 35,718 individuals over the age of 18 in the United States, Johannes, Kim Le, Zhan, Johnston, and Dworkin (2010) found a chronic pain prevalence of 30%. Chronic pain was noted to be more common in the elderly, and this has ramifications for America's aging population. Data from the National Health Interview Survey revealed a physician-diagnosed osteoarthritis rate of 22% in persons over the age of 18 (Cheng, Hootman, Murphy, Langmaid, & Helmick, 2010).

Chronic pain comes at great cost to American society, to health care organizations, and to the individual. The American burden of chronic pain includes high health care costs, rehabilitation services, and decreased job productivity (American Pain Society, 2012). While addressing nursing management of pain in long-term care, Bakerjian, Prevost, Herr, Swaffan, and Ersek (2012) described the sequelae of chronic pain. Chronic pain was noted to delay recovery secondary to pain, increase risk of comorbid depression, trigger sleep impairment, and increase use of urgent care/emergency care. Individuals with chronic pain are more likely to be unemployed (Cheng et al., 2010) and chronic pain can impact social relationships. In order to reduce the impact of chronic pain, American healthcare must develop new and less expensive interventions for treating pain.

Background

There is great potential to reduce the pain and suffering of individuals with chronic pain. The Center for Complementary and Alternative Medicine (2007) noted that pain was the most common reason for patients to try complementary and alternative medicine (CAM). In particular, Americans used CAM to treat back pain, neck pain, joint pain, and arthritis (Center for Complementary and Alternative Medicine, 2007).

Individuals with chronic pain may also be interested in alternative pain interventions offered by nurse providers. Kolanowski, Resnick, Beck, and Grady (2013) found nonpharmacological interventions effective in reducing pain and enhancing sleep among residents of long-term care facilities. These nonpharmacological methods are an alternative to high-cost treatments (American Pain Society, 2013). Interventions involving the creation of art are often low technology and low cost. Nursing has the opportunity to develop these interventions. Thus, nursing's collective effort may help individuals with chronic pain and reduce the cost of health care.

The visual arts are modalities for understanding and treating chronic pain. Art has been explored in adult cancer patients (Nainis et al., 2005) and hospitalized children (Franck, Sheikh, & Oulton, 2007). A statistically significant reduction in pain was noted following a 1-hour art session in the adult cancer patient (Nainis et al., 2005). Nainis et al. (2005) considered pain as one of nine cancer-related symptoms. In addition, Franck et al. (2007) explored hospitalized children's perceptions of pain reduction methods and found that they consider themselves active participants in pain reduction. The burden of chronic pain necessitates an exploration of the concepts that emerge when art is used in

chronic pain. Exploring these concepts illuminates the benefits of visual art in chronic pain. In this project, the population of adults with chronic pain who have posted their artistic statements and artwork online were considered.

Problem Statement

Given that significant chronic pain exists in the United States and that the visual arts have the capacity to reduce chronic pain in some individuals, nursing should be using artistic interventions to reduce pain (Lane, 2005). A thematic analysis of the artistic statements of chronic pain patients identified essential concepts of the art-pain interaction. The application frameworks of the Roy adaptation method (Roy, 2009) and Saunders' total pain theory (Clark, 1999) were employed to uncover concepts in the context of specific and general literature to generate appropriate nursing artistic intervention.

Purpose Statement

The purpose of this doctoral project was to determine emerging concepts found on PainExhibit (2014), a website dedicated to artists with chronic pain. Using a thematic analysis, in this qualitative project, the concepts that emerge in the artistic statements of visual artists with chronic pain. The phenomena expressed in artistic narrative were examined and insight was offered into artistic process in pain (Creswell, 2013). The artists' statements were considered in the process of thematic analysis to uncover significant concepts. The process is discussed in Appendix C. The Roy adaptation model (Roy, 2009) and Saunders' total pain theory (Clark, 1999) were used to frame the project and guide the development of nursing interventions. The suggested nursing

interventions represent the product of this project. These project frameworks are discussed in Chapter 2, theoretical basis. The goal was to explore the utilization of the visual arts in pain management.

Framework

In this project, three theoretical frameworks were used: Roy adaptation model (2009), Saunders' total pain theory (Clark, 1999), and grounded theory in the use of thematic analysis. Thematic analysis is a method for uncovering, evaluating, and communicating patterns or themes in data (Braun & Clarke, 2006). Thematic analysis was applied to the artists' statements of PainExhibit (2014). The Roy adaptation model (2009) describes adaptation as the process in which individuals use conscious awareness, self-reflection, and choice to create integration. Saunders' total pain theory (Clark, 1999) addresses the impact of chronic pain on the physical, emotional, mental, social, and spiritual dimensions of the individual. Both the Roy adaptation model and Saunders' total pain theory were used in the selection and development of nursing specific artistic intervention.

Nature of the Project

In this project, the artistic statements of PainExhibit (2014) were to inform treatment for chronic pain. Thematic analysis was used by an interdisciplinary team to determine the most important concepts. The Delphi process was employed to achieve a consensus of the significant concepts. Nursing and general literature were reviewed to retrieve appropriate nursing specific artistic interventions. Saunders' total pain theory (Clarke, 1999) and the Roy adaptation model (2009) guided the process of intervention

formulation. This process produced a group of nursing specific artistic interventions for chronic pain.

Project Questions

Nursing continues to search for that which reduces pain and suffering. The artistic statements of artists with chronic pain posted on the PainExhibit website and artwork exist as rich resources for the practicing nurse. The questions for this doctor of nursing practice project were as follows: What insights to chronic pain in the adult patient were evidenced in the posted work? How did the exploration of the content of the posted artistic statements inform individual nursing practice and facilitate the reduction of pain in the adult patient suffering from chronic pain?

Evidence-Based Significance of the Project

Art has the potential to reduce pain and other symptoms in people living with cancer or acquired immune deficiency syndrome (AIDS). In a quasi-experimental study, visual arts were found to reduce cancer pain (Nainis et al., 2005). In a six-session program for cancer patients, participants noted better self-understanding and a sense of inner healing (Heiney & Darr-Hope, 1999). When compared with preintervention values, Swedish women with nonmetastatic breast cancer reported more effective coping with the disease process following six drawing sessions (Oster et al., 2006). In consideration of the experience of art in chronic disease, a single art therapy session was found to reduce the psychological and physical symptoms in individuals living with AIDS (Rao et al., 2009).

The aforementioned studies quantitatively demonstrated the efficacy of art. Qualitative review has the potential to determine how art works in chronic pain. PainExhibit (2014) exhibits the work of artists experiencing chronic pain and has been noted to be of benefit to the artists by providing a venue for communication of the pain (Collen, 2005). The artists of PainExhibit document their pain visually with art and in print with artistic statements. Most exhibitors work in two-dimensional art forms such as paintings, drawings, watercolors, collages, photographs, and mixed media works. The PainExhibit website offers a forum suitable for qualitative review.

Implications for Social Change in Practice

Social change was defined as the application of knowledge and skills to make a difference in the lives of others (Walden, 2014). Nursing-initiated artistic interventions have the potential to help individual experiencing chronic pain. Offering effective treatment in chronic pain is also likely to be beneficial to health facilities and health providers. Given the possible impact of nursing-initiated artistic interventions, the interventions were considered a significant tool for social change.

Adult patients with chronic pain may benefit from the creation of visual art in several ways. The visual arts have been noted to reduce pain (Wood, Molassiotis, & Payne, 2011), serve as a source of distraction, distance the patient from the pain (Nainis et al., 2006), and facilitate exploration of the creative self by exploring visual expression (Lane, 2005). When compared to those without chronic pain, individuals with chronic pain are more likely to be unemployed or disabled (Cheng et al., 2010). When individuals create art, they are producing a product, an activity that could be experienced

as meaningful work or an occupation (Reynolds, 2004). Adult patients may find this to be a source of satisfaction. Further, the product of the experience (the artwork) can potentially enhance communication between chronic pain patients and providers (Padfield, 2011). Finally, the completed opus is a visual documentation of the pain experience and allows others to bear witness to the experience. Moving artistic interventions into nursing practice has the potential to elicit any and all of the above mentioned patient benefits

Inherent in the ethical principle of autonomy is the encouragement of self-reliance and patient ownership of health and the painful condition. Thus, when patients are not active participants in the treatment of their pain, the ethical principle of autonomy is threatened (Childress & Fletcher, 1994). The therapeutic use of the visual arts is a powerful self-care tool (Luzzatto, Sereno, & Capps, 2003). Patients benefit from learning to engage in good self-care, including interventions for pain. As such, when patients are encouraged to increase self-sufficiency in pain control, nursing succeeds in meeting the principal of autonomy

Anesthesiologists head many pain clinics, offering expensive procedures that provide short-term relief and that require expensive equipment and staff training (Slomski, 1996). The American Pain Society recommends noninvasive intervention as first-line treatment for low-back pain (Chou, Atlas, Stanos, & Rosenquist, 2009). Clinics that move to multidisciplinary approaches to pain management can be successful in reducing back pain (Chen, 2006). Health facilities will benefit if nurses are able to adequately control pain. Rich (2004) noted legal action initiated against facilities and

individual caregivers for inadequate pain management; timely intervention by nursing staff might mitigate such risk.

Definitions of Terms

Considered definitions include those for pain, chronic pain, and total pain. *Pain* is “whatever the experiencing person says it is, occurring whenever s/he states it does” (McCaffery & Pasero, 1999, p. 180). The International Association for the Study of Pain (1986) defined *chronic pain* as noncancer pain that lasts for at least 3 months and does not respond to treatment. However for the purpose of the project, pain was considered chronic if the participant defines the pain experience as such. *Total pain* was defined as the entire pain burden, including the social, mental, psychological, physical and spiritual (Goebel et al., 2009).

Assumptions

The assumptions for this project were as follows:

- The articulation of art and chronic pain can be explored through the voices of those who use art to deal with chronic pain. A single narrative or artistic statement of each artist was considered representative of his or her thoughts on art and chronic pain at the time of submission of the artwork for posting.
- Findings related to artists with chronic pain would also be applicable to adult patients with chronic pain who use art but do not identify as an artist.
- A single narrative or artistic statement was considered representative of the patient’s thoughts on art and pain at the time of submission for posting.

- Every artist who posts art and artistic statement on the PainExhibit (2014) website had chronic pain. If an individual reports pain, the patient's self-report was accepted (Herr, Coyne, McCaffery, Manworren, & Merkle, 2011).
- The artist chronic pain patients truthfully depicted their experiences of art and chronic pain.
- The artistic statements were the work of the artists with chronic pain. Because the artistic statements were not collected directly from the artists with chronic pain, the integrity of the artistic statements could be questioned. With the exception of occasional corrections of grammar or spelling, the artistic statements were not changed (M. Collen, personal communication, January 16, 2015).

Scope and Delimitations

The scope of this study was the intersection of chronic pain and the visual arts and the benefits to the individuals who create art in chronic pain. Delimitations included restriction of data to the artistic statements of artists with chronic pain who post on a single website. The boundaries of the project questions (which considered only what concepts occur in the artistic statements and how these concepts informed artistic nursing interventions) also delimited the project. Through this project, I sought the development of practice interventions for chronic pain patients

Limitations

Limitations of the study included the absence of demographics and health records for the artists with chronic pain, as this information was not offered by the artists. In the absence of patient history and physical examination, earlier medical records, and

diagnostic studies, the appropriateness of application to prescriptive nursing practice may be questioned. However, the support for using information gathered from an artistic website for adult pain patients in personal nursing practice for appropriately diagnosed chronic pain patients was within the definition and characteristics of chronic pain.

The artists of PainExhibit offered the following diagnoses in their artistic statements: trigeminal neuralgia, migraine, fibromyalgia, scoliosis, chronic bursitis, rheumatoid arthritis, arachnoiditis, chronic pelvic pain, cauda equine syndrome, and osteoarthritis (PainExhibit, 2014). For the purposes of this project, the adult chronic pain patients of PainExhibit were assumed to have self-defined chronic pain.

Significance/Relevance to Practice

The reduction of pain is an essential function of nursing practice (McCaffery & Passero, 1999). In addressing pain, particularly among those unable to speak for themselves, Ferrell and Coyle (2008) stated “Our ability to relieve pain should be the litmus test of our value as healthcare professionals. It is the core of our contract with society and the mandate of our privilege to be nurses.” (p. 54). Although nonpharmacological interventions effectively reduce pain, some clinicians are resistant to prescribing these therapies (Parks & Hughes, 2012). The holistic nature of nursing uniquely positions nurses to prescribe and treat individuals in pain with nonpharmacological interventions.

The visual arts are part of the repertoire of instruments that can be used to understand and reduce pain. There is a paucity of nursing research that addresses how art helps individuals with pain (Gabriel, Bromberg, Vandenvoenkamp, Kornblith, &

Luzzatto, 2001; Nainis et al., 2006). As such, the concepts that emerge in the use of visual art in chronic pain will further inform and allow modification of practice. To offer art in chronic pain, the provider must know who will benefit from the interventions, how the activities can be offered, and how to assess response to the interventions. Adult patients with chronic pain will benefit if caregivers understand how art helps individuals with pain.

Summary

The American health care system has been burdened by the impact of chronic pain. The condition has also been expensive for the American public and personally for adult patients with chronic pain (American Pain Society, 2012). As a possible treatment for chronic pain, art therapy has been found to be low-cost (Lane 2005) and effective for some individuals (Wood et al., 2011). Art therapy could be used to advance nursing practice in pain management; it also has the potential to reduce pain and improve quality of life for individuals with chronic pain.

Section 2: Review of Literature and Theoretical and Conceptual Framework

Introduction

Surrealistic artist and chronic pain sufferer Frieda Kahlo said of her condition: “I am not sick. I am broken. I am happy to be alive as long as I can paint” (Mexican biography, 27 April 1953, p. 91). The statement supports the positive impact of the visual arts for some individuals with chronic pain. Kahlo’s quote also suggested that the creative act could be healing and life affirming. Nurses have sought patient pain relief and have encouraged effective coping in patients with chronic pain (Roy, 2009). In this scholarly review, I considered how nurses have explored the intersection of the visual arts and chronic pain. Non-nursing literature was reviewed to enrich insights and to minimize the limits of a nursing specific perspective. The disciplines of psychology, art therapy, music therapy, and art education have also addressed how the visual arts benefit those with chronic pain. In addition, the literature search uncovered sources that described the healing environment, articles on chronic pain written by artists, and the written work (letter or diary) as an analogue for visual art. This evaluation of literature advanced the doctoral project purpose of identifying concepts essential to the interaction of art and chronic pain. These garnered concepts were used to produce nursing specific artistic interventions.

Search Procedure

The search strategy considered both published and unpublished studies. An initial search of CINAHL used the keywords: *pain*, *art*, and *nursing*. The second search used the same keywords and the databases PsychARTICLES, ProQuest, Health and Medical

Complete, CINAHL, and MEDLINE. Studies that met inclusion criteria were retrieved and considered. Research studies of any design and discipline that addressed the visual arts and pain were reviewed, whereas studies that did not consider the intersection of the visual arts and pain were not. The search was further limited to articles from 1997 to 2014. The reference lists of pertinent studies were examined, and the same keywords were entered into the Google search engine to find Internet-based articles. A table of the accumulated research is found in Appendix A.

Specific Literature

Nursing has begun to embrace the visual arts in practice (Lane, 2005). Nursing providers have found art effective in reducing pain in pediatric patients and in those with cancer (Nainis et al., 2005). Specific drawing interventions have begun to emerge. Nurse educators have used art to enhance learning for nursing students (Schreiner, Pimple, & Wolf Bordonaro, 2009).

Franck, Scheikh, and Oulton (2007) used a descriptive mixed-methods approach to find pain interventions that children found effective. Pediatric patients were asked to draw or write about what alleviated pain. The researchers discovered that the children had well-established opinions about what relieves pain. Nurses have also used art in legacy-making activities for seriously ill children (Foster et al., 2012). Such activities speak to the complex needs sometimes addressed by the arts: assigning meaning, witnessing the experience, and creating legacy.

Specific methods to introduce the drawing activity have emerged in nursing practice. Heiney and Darr-Hope (1999) asked patients to collect objects that they

considered powerful or meaningful. This was a first step in creating an icon, an image of significance to the patient. Such activity encouraged reflection and finding that was considered powerful and significant inside the self. The authors also encouraged involving professional visual artists in the patient art session. In another study, participants first drew images out of body shapes and then filled the space with images during an exercise that suggested redefining or rebuilding the self (Luzzatto et al., 2003). These studies offered examples of how nursing may begin to introduce the visual arts as an intervention for pain.

Nursing educators have introduced art to the nursing curriculum. Visual expression allowed nursing students to deal with the deep, nonconcrete aspects of caring. Schreiner et al. (2009) found the creative acts effective in processing and assigning meaning to the death of a pediatric palliative patient. The authors speculated that art may allow nurses to debrief and explore issues surrounding the end of life. The arts may be a necessary means for nurses to work through these nuanced areas of patient care.

Artistic expression has the potential to heal the provider. Expressive art therapy sessions were noted to reduce the fatigue of palliative care fellows (Christianson et al., 2013). Given the stressor of the profession, nursing may also want to consider this medium of healing. Richards (2012) noted pursuing creative outlets is also a tool for self-care.

The complex intersection of pain and art offered diverse subjects that enhance understanding of the therapeutic effects of art. The literature reviewed reveals the healing work of disciplines other than nursing. Review also uncovers the phenomenon of

the healing environment and how art contributes to a healing space. Web searches illuminated the literature and work of artists themselves in regard to their chronic pain. The use of art to treat pain is not always indicated, in that examples of less than therapeutic effects were also uncovered. Finally, the literature revealed writing (an analog to the visual arts) to express the experience of pain.

General Literature

The disciplines of psychology, art therapy, music therapy, and art education have also considered art as the means to promote healing. Huss and Cwikel (2008) offered a drawing intervention to Bedouin women. A theme that emerged in the study was that of pain due to life circumstance rather than sickness or malady. The authors determined that psychosomatic manifestations and assumption of the sick role were expressions of psychological pain for this population. Huss and Cwikel described a culture where women were silent but visually very expressive. The drawing exercise allowed visual depiction of self and existed as a form of self-expression in an otherwise repressive culture. The authors found that drawing activities provided personal cohesion in an economically and socially difficult context.

In a case study, art therapist Broecher (2012) explored the concerns of a child approaching surgery. The author described the exercise as an opportunity to find a means of coping with pain and wound care. Broecher also advanced the premise that expression of emotion is one of the essential purposes of art.

Wood et al. (2011) conducted a systematic review of 12 studies examining the use of art therapy in oncology patients. Although the heterogeneity of the literature limited

the generalizability of the effectiveness of art therapy in cancer symptom reduction, cancer patients have used art to address cancer related symptoms. An underlying assumption of this study was that reduction of cancer related symptoms would improve quality of life. These studies suggest that providers may find art effective in those experiencing emotional pain or patients experiencing difficult life event.

Researchers have also considered interdisciplinary approaches to chronic pain. Mitchell, MacDonald, and Knussen (2008) examined pain intensity, tolerance, and perceived control over pain. Eighty participants (43 female) were offered the choice of art or music to manage pain. While the researchers found more profound pain relief with use of music, Mitchell et al. also suggested using music with art to reduce pain. In a mixed methods study, art educators partnered with nurses to help incarcerated victims of abuse (Williams & Taylor, 2004). The study participants used art to see patterns in relationships and visually organized their memories into symbolic statements (Williams & Taylor, 2004). Such tasks contribute to the integrity of the whole person. Both of these studies demonstrate the benefit of multidisciplinary approaches.

The Healing Environment

Visual art is emerging as part of the healing environment (Miller & Kravits, 2013). Visual images can convey deep emotions. Art can comfort and heal; art can also disquiet and distress. Biophilia, the theory that informs environmental modulation and art selection, engages the innate survivalist requirement to be aware of one's surroundings or environment (Bilchik, 2002). The seemingly simple selection of two- and three-dimensional artwork for clinic, hospital, nursing home, and hospice environments

has health implications (Bilchik, 2002). Mental health nurses have noted differences in the need for PRN anxiety medications when different types of art were displayed in a patient lounge (Nanda, Eisen, Zadeh, & Owen, 2010).

Art has also been used to enhance communication between caregiver and patient. Padfield (2011) created a body of photographic images intended to depict the pain experience. Padfield created the opus in response to the inadequacy of verbal expression in communicating pain experiences. The resulting work was distributed for use in pain clinics as a tool to facilitate dialogue between providers and patients.

When Art Does Not Work

Art does not always relieve pain. In a mixed methods study exploring the presentation of migraine among visual artists, Vick and Radek (2005) found that creating art was often a migraine trigger. The authors surveyed 371 visual artists with migraines. The artists reported that work production and the quality of their work were reduced during migraine episodes. Content analysis of the narrative response to the questionnaire revealed that the odors of various artistic mediums were a frequent trigger. Offending agents included rubber cement, oil paints, turpentine, latex, clay molds, kiln fumes, permanent markers, and dark room chemicals. Some of the artists stated that during migraines, they expressed very creative thoughts and ideas but lacked the impetus to render the image (Vick, & Radek, 2005).

The Written Word as Analogue

Graham, Lobel, Glass, and Lokshina (2008) considered the effects of written expression of anger in chronic pain, in a significant analogue. The authors did not find a

significant reduction in pain among participants; however, enhanced control over pain and an improved mood were noted in individuals who participated in a letter writing activity. Likewise, Kelley and Clifford (1997) examined concepts that emerge in narratives of individuals with chronic fibromyalgia and found that expressing the pain experience in writing allowed individuals to assess personal strength and uncover means of coping.

This review of literature has not uncovered a study that employs artistic statements to develop nursing specific interventions for chronic pain. This review suggests a paucity of such practice-based projects. In the next section, the selection of theoretic framework for the project were considered.

Theoretical Basis

In this project, a grounded theory approach, thematic analysis were used to uncover significant concepts in the artists' statements. The Roy adaptation model (Roy, 2009) and Saunders' total pain theory (as cited by Clark, 1999) informed the consideration of how art allows individuals in chronic pain to maintain wholeness. The artistic statements and art of individuals with chronic pain were examined using thematic analysis to identify and categorize recurrent themes and emerging concepts. An investigation of specific qualities of each concept informed the suggested modification of nursing practice. Thematic analysis considers themes and important data with relation to the research questions (Braun & Clarke, 2006). The process attempts to uncover a patterned response or meaning within the data set (Braun & Clarke, 2006). Researchers approach thematic analysis and the data set from the perspectives of life experience and

discipline (Creswell, 2003). In thematic analysis, transparency of process is essential to scholarly rigor (Braun & Clarke, 2006). The approach lends itself to multiple researcher and disciplines.

Roy (2009) stated that nursing is a science and a practice that expands adaptive abilities. The Roy adaptation model (RAM) posits four modes of adaptation: the physiologic-physical mode (the integrity of the person in meeting physical needs), self-concept/group identity mode (spiritual and psychological needs; sense of purpose/mission), role-function mode (social needs and relationship with others), and interdependence mode (relationships among peoples; Roy, 2009). Adaptation involves awareness of individual or corporate need and making choices (as an individual or a group) to promote integration or wholeness (Roy, 2009).

Roy (2009) acknowledged the facility of the creative self in integration. In addition, Roy's definition of the person as individual parts that work together as a whole for a purpose has utility in the context of total pain (involving the physical, mental, spiritual, emotional, and social). Adaptation for the purpose of this study could be described as the work of documenting the pain, manipulating the medium, expressing the pain experience visually, and displacing the primacy of the pain. Dobratz (2008) argued that the RAM has utility for the holistic inquiry and notes the facility of the RAM broad-based conceptual framework. Chronic pain requires the patient and the provider to view the pain in the context of the whole of the patient's experience (Roy, 2009).

Hospice pioneer Cicely Saunders developed the concept of total pain theory during multiple conversations with patients at St. Christopher's Hospice (Baines, 1990).

Total pain includes physical manifestation, mental distress, social repercussions, and emotional upheaval (Clark, 1999). Baines (1990) specifically described the cyclic nature of emotional, social, and spiritual factors in perpetuating chronic pain.

Total pain theory explains the repercussions of chronic pain in all aspects of the individual. Adult patients with chronic pain suffer physically (decreased mobility, impaired sleep), socially, (strained relationships with family and friends), mentally (fatigue and difficulty concentrating), economically (more likely to miss work, be unemployed), or disabled spiritually (may feel isolated from spiritual support or feel that life has no meaning) and emotionally (prone to depression). Saunders also acknowledged that pain control often requires a multifaceted and interdisciplinary approach (as cited in West, 1990).

Both theories (RAM and Saunders' theory of total pain) are congruent with the role of art in the management of the adult patient with chronic pain. Total pain theory argues that pain has ramifications for every part of life, but total pain theory also encourages a healing and holistic perspective. The creative process, such as that of making art, is one tool for adaptation. The assumption is that the creative self reclaims those areas captive to the influence of pain, thereby nullifying the pain

Summary

A review of nursing research literature has found that art can be an effective in chronic pain (Nainis et al., 2005). The research has uncovered an intervention with broad application. Several venues for using art in healthcare were suggested: in inpatient cancer treatment (Nainis et al., 2005), with seriously ill children (Foster et al., 2012), in

social and psychological suffering (Huss & Cwikel, 2008), with music therapy (Mitchell et al., 2008), to benefit incarcerated victims of abuse (Williams & Taylor, 2004), and as part of the health care environment (Bilchik, 2002). Artists with chronic pain have used art to educate providers (Collen, 2005) and to enhance communication with providers (Padfield, 2011). As an analogue to the visual opus, the written work was found to enhance control over pain (Graham et al., 2008) and uncover personal strength (Kelley & Clifford, 1997). The visual arts were of evident benefit to some individuals with chronic pain.

Thematic analysis is offered as a tool to explore the artistic statements and uncover the key concepts of the data. Because of the broad implications of this application for all aspects of the individual with pain and society as a whole, two theories were selected to as models for this study: the RAM (Roy, 2009) and Saunders' theory of total pain (as cited by Clark, 1999). RAM can be applied individually, community-wide, and globally; Saunders's theory speaks specifically to the multidimensional impact of pain for the individual (Baines, 1990). The study of visual art's place in nursing practice is congruent with the Walden mandate for social change.

In this section, I considered the general and nursing specific literature relevant to the intersection of art and chronic pain. Research that addressed the theoretical basis of this project was also explored. Section 3 details the methodology of the project.

Section 3: Methodology

Introduction

The self-report of the patient has been considered the important metric (or what counts) in pain management (McCaffery & Pasero, 1999). Determining why art helps those with chronic pain requires examining the reports of those with the condition. The interaction of visual art and pain is subjective and necessitates qualitative inquiry. The concerns and insights of those who have experience the phenomena should be primary.

The purpose of this qualitative thematic analysis was to examine the online artistic statements of people living with chronic pain who post their artwork online and to use the revealed concepts to develop nursing interventions for chronic pain. Thematic analysis allows nurse providers to understand their patient's views and beliefs about their condition (Braun & Clark, 2010). The artistic statements using the process of thematic analysis was used as described by Braun and Clark (2010).

Project Designs/Methods

The artistic statements individuals self-defined as both visual artists and chronic pain patients were reviewed. These individuals posted their reflections and artwork for the public to review. The posts revealed material that speaks primarily to the pain experience and the impact of art in chronic pain.

Delimitations included the selection of a single website displaying the artwork and artistic statements (narratives) of adults. The website was selected because of the number of postings and because of time limitations in securing permission for access to

numerous websites. As well, the practice relevant information available on an artistic website dedicated to chronic pain was explored.

Population and Sampling

The study population consisted of individuals with chronic pain who post their art and art statements online. A web search was undertaken using the Google search engine with the keywords *art* and *chronic pain*. The search returned 18,300,000 hits. The first 200 results were examined. Posts were excluded from consideration if they did not represent the art of individuals (e.g., art therapy programs, chronic pain organizations, and advertisements for books, goods, and services). Criteria for consideration included posting of the artwork of individuals with chronic pain and posting of artists' statements. Fifteen websites met search criteria. The website PainExhibit was chosen because of the diversity of art posted and the hundreds of artists' narratives. The sampling frame consisted of the narratives (artistic statements) of all of the individuals who post their art on the site. The sample was limited to the artwork and narratives posted during the month of March 2014.

Data Collection

The data were examined as the data appears on the public website, PainExhibit. The criteria for consideration in the study included a posting of the artwork of the artist living with chronic pain. Permission to use the narratives of individual artists for the purpose of this research study was obtained from the website administrator (Appendix B).

The actual PainExhibit (2014) website can be accessed by typing PainExhibit into the search bar of any search engine, such as Google or Internet Explorer. The artistic statements accompany individual artworks on pages of the site. The works are displayed under the galleries portion of the website. All of the artistic statements were collected from the website by the project organizer. Statements were not chosen; instead, all of the statements were used. The artistic statements were copied (without any modification) into a single document so that they could be easily studied by professionals from the fields of social work, theology, and art therapy (the interdisciplinary team). The interdisciplinary team included an art therapist, a doctor of divinity, and a social worker. These individuals agreed to examine the artistic narratives from the perspective of their respective disciplines, determine the most important concepts or themes in the artistic narratives, and participate in the Delphi process to select the most important themes or concepts. The artistic statements were also reviewed by the project organizer.

An artist's statement is an introduction to the artist and the artist's work. The artistic statement speaks for the artist when the artist is not present (Bramberger, 2013). Artistic statements are essential parts of request for commissions, admission to school or program, residencies, employment or awards. The artistic statement can address a body of work or a single opus. In the artistic statement, the artist may choose to explain the medium, method, and meaning of the art. The method describes the artistic process and how the artist actually made the work. The medium is what was produced, such as a series of cartoons or a single quilt. When the artist attempts to explain the meaning of a visual work, the artist sometimes shares why the art was created and what he or she

hoped to communicate (Claremont, 2015). Because the artists are individuals who choose to communicate visually, rather than through text, the process of writing an artistic statement can be challenging for an artist (Claremont, 2015). Both the process of producing visual art and the process of writing can involve deeply personal thoughts and emotions. The process of bringing work to completion has been compared to giving birth (Handuwela, 2011; Monroe, 2011; Peters, 2012). Therefore, artistic statements are documents intimately connected to how an artist feels about her or his artwork.

Data Analysis

To determine what insights to chronic pain are evidenced in the posted work, thematic analysis, triangulation by discipline, and Delphi process were used. In the thematic analysis the interdisciplinary team strove for transparency of process and the communication and coherence of findings (Auerbach & Silverstein, 2003). The interdisciplinary team (professionals from the fields of social work, theology, and art therapy) also had access to the artistic statements and the artwork as they appear on the website of PainExhibit (2014). In recruiting the team members individuals were sought out who expressed an interest in the utility of art in chronic pain. In reviewing the artistic statements, each discipline followed the steps of thematic analysis familiarization of the data, generation of the initial code, searching for themes, review of the themes, defining and renaming the themes and production of the report (Braun & Clark, 2010). This method was intended to maintain study credibility. The material was coded (organization of the artist's statements) without the use of coding software (Auerbach & Silverstein, 2003). In this analysis, each discipline was asked to consider and answer the research

question: From the perspective of your discipline, what themes or concepts are evident in the artistic statements?

When the dominant themes of the statements had been determined by each discipline participant, the list of each discipline's themes was shared with the entire group. This process is called triangulation by discipline. The members of the interdisciplinary team were asked to answer the following question: Of the themes and concepts reviewed by the interdisciplinary team, which themes or concepts do you consider most significant or important? The Delphi process was used to determine the most important themes. The Delphi technique is a method to gather consensus among a group of experts (Burns, & Grove, 2005). Hsu and Sandford (2007) described the Delphi process as a method to study informed opinions on an issue which spans disciplines. The interdisciplinary team members were supplied with education on the Delphi process (Appendix C).

To determine how the studied themes might inform individual nursing practice and facilitate the reduction of pain, themes were examined in the context of existing literature. Following reduction of data to the most important themes, the themes in the context of nursing literature and general literature were reviewed. Nursing specific artistic interventions were generated by the review process. These suggested applications to nursing practice are the final product of this study. The final project included the new practice applications and the research that supports these interventions (applications).

Human Subjects

The study was reviewed by the institutional review board of Walden University. The IRB approval number is 04-24-15-0380402. While the names, artwork, and artistic statements of individual artists already appear on the public PainExhibit (2014) website, the chronic pain patient's names were not shared in any part of the project. Copyrighted artwork of the chronic pain patients were not reproduced for this study. Permission was obtained to use certain artworks for a single presentation of the project proposal (Appendix B). This project did not involve interviews with individual artists with chronic pain or other chronic pain patients.

Project Evaluation Plan

The goal of this qualitative project was to develop practice-specific nursing interventions for chronic pain following study of both the artistic statements of adult patients with chronic pain and pertinent nursing specific and general literature. A summative evaluation will consider the uncovered practice recommendations and the findings that support the suggested changes. Because this project was qualitative, metrics were not employed. Rather, the following questions were addressed in evaluation: Did the project process generate practice interventions for chronic pain utilizing art? Are the suggested interventions appropriate for nursing practice? Do the insights generated by a review of the artistic narratives of PainExhibit (2014) and the studied literature support the presented interventions?

Summary

The exploration of the narratives of visual artists with chronic pain provided nursing with insights into how art benefits people living with chronic pain. The online body of work is a dynamic resource for research. The study was congruent with the nursing imperative to advocate for those in pain. Nursing art interventions can reduce pain in chronic pain patients, encourage self-efficacy and self-care, reduce the cost of health care, prevent unnecessary invasive treatments, and decrease the need for medication.

In Section 3, I described the process of the project. The method of gathering and analyzing the data has been elucidated. Section 4 offers the findings of the project and explores implications for change in nursing practice. I also consider evaluation of self as scholar, practitioner, and project manager.

Section 4: Findings, Discussion, and Implications

Introduction

The purpose of this doctoral project was to determine emerging concepts found on PainExhibit (2014), a website dedicated to artists with chronic pain. I evaluated the artistic statements using thematic analysis and sought insights supporting nursing interventions for chronic pain. Two questions were considered in the review of the literature of PainExhibit: What insights to chronic pain in the adult patients are evident in the posted work and statements? How does the exploration of the artistic statements inform individual nursing practice and facilitate the reduction of pain in adult chronic pain patients? The project met the evaluation plans of determining significant themes in the data and in generating nursing-specific artistic interventions.

Summary of the Findings

The PainExhibit (2014) website offers diverse artist statements. The review of the artistic statements generated several concepts: the view or perspective of self, concealment or masking of pain, communicating the pain, isolation or the isolating nature of pain, making sense of or finding meaning in the pain, feeling better with art, expressing hope, the use of color, and spiritual distress. These concepts were uncovered through the process of thematic analysis.

View or Perspective of Self

Several of the artists offered a self-portrait or a visual representation of a personal attribute or portion of the self. Preparing for warfare or attack was a theme in some of the responses. One artist (A.G.) described her painting is an “image of myself as a noble

warrior...facing the battle ahead.” Another artist (S.B.) shared: [This is a] “self-portrait as a fighter dazed by pain but still standing to fight.”

Other statements from the PainExhibit website described positive aspects of self in the face of pain. In describing the change that art had brought to life one artist (H.M.) said: “The challenges of both physical and emotional pain have given me the opportunity-more life forced-me to grow and change. I am a much more compassionate and forgiving person than most people. Another artist (T.S.) described the transforming nature of art: “The ironic thing is that the color as a means of growing from my pain, transforming my painful feelings into vivacious designs.”

Some of the artist statements of PainExhibit speak to self-reflection and examination of personal actions. One artists (G.M.) shared an intimate view of self: “All characters represent aspects of myself: Parts of me helping, dealing, or hurting the crisis.” Another artist (L.R.) found strength in artistic expression: “She thought she was indestructible. Now she is certain.” One artist (M.G.) described art as helping in a timely manner: “...by then my identity was close to dissolving” (M.G.). For another artist (T.G.) the process of making art allowed examination of the impact of pain on self: “The center of the picture depicts six figures, all having my face. Each one expresses the various aspects of pain.”

Concealment of Pain

Some of the artists of PainExhibit spoke of hiding (behind a mask), concealing, or keeping the pain secret. One artist (K.S.) shared that the mask hid the true nature of condition: “The mask is the happy face that I put on for the world.” Artists like (R.M.)

see the mask as appropriate in public: “The socially acceptable face we present in public and the private horror going on inside, behind the smile.” “I keep my pain a secret from the world, holding it deep and close”. Another artist (J.C.) saw the mask as protective: “A thorn shield of protection surrounds me.” One artist (E.R.) described the pain as a burden to be kept private: “If we don’t talk about our burdens our risk, then we carry the burden alone.”

Communicating the Pain

Several artists described the need to communicate or describe the pain experience. Themes that emerged included the desire to be believed and the need for a visual medium to effectively express the pain. Artists described the desire to be believed or taken seriously. Some of the artists, like D. K. felt that art enhanced veracity: “I feel compelled to illustrate it for those who don’t believe that this type of pain is real.” One artists (J.G.) shared the burden of not being believed: “The emotional pain of not being understood and taken seriously.” For artists like (E.R.) communicating to family was liberating: “Even my family didn’t understand me until I started using art to convey my experiences. There is only the moment of suffering.” One artist (D.K) shared the satisfaction of [finally being believed] “after years of being dismissed as a malingerer and called a fraud by several doctor.”

The artistic statements of PainExhibit (2014) also site the inadequacies of language in conveying the pain experience. One artist (D.H.) felt that art communicated when words failed: “Sometimes it’s hard to put into words what those of us with these symptoms feel. I hope that my art expresses it to those who don’t understand.” Another

artist (S.G.) believed that pain itself hindered communication: ‘Pain is a solitary truth that defies communication. Resistant to language and measurement’ Some artist like (J.C.) felt frustrated by the inability to convey the pain: “No one can see the agony inside of me. This is the only way to show what it is like” Another artist (G.M.) had difficulty using language to described pain: “I have no words to express how my body and mind feel.”

A subset of artists considered visual depiction an opportunity to thoroughly describe the negative aspects of the pain. The pain was personified by one artist (S.W.): “It’s as if the paintings have become a record of my pain, giving a face to an otherwise faceless enemy.” Sometimes, the art was simply descriptive (T.S.): “This piece describes me and my horrible pain best.” For another artist (J.M.) described the pain as a creature: “This is how I perceive this creature and the pain and difficulty he causes.” One artist (E.R.) described both the pain and the struggle to overcome it: “The Great Unburdening is about not only accepting my arthritic degeneration and my failing reproductive system but of sharing with others what kind of pain this causes.”

The Isolating Nature of Pain

Isolation was a recurring theme even for artists who otherwise posted positive comments. Both isolation and the isolating quality of pain appeared. For one artist (S.G.) isolation seemed to inhabit the pain: “To live in pain is to live in isolation.” Another artist (K.H.) described being ignored: “No one wants to help or understand me.” At times, the artist (M.C.) seemed to be abandoned: “I cry out to beg God for mercy.” For one artist (E.R.) pain was the only constant: “I am reduced to existing in a void filled

only with pain.” Another artist (F.V.) used photography to describe the isolation: “The photograph expresses the emotional isolation that pain has brought to my life.” One artist (K.H.) clearly states the all-encompassing nature of the pain: “It is a feeling of aloneness, emptiness and fear, and pain, physical pain, emotional pain, spiritual pain.” The pain seems to bury the artist (T.G.): “When pain rises up I am submerged in its solidness.” For another (A.Y.) pain demands the resources of the artist: “The person in pain concentrates on the aching body part all the time.” Some artists voiced the need to carry the pain alone because of the inability of others to understand the pain.

Making Sense of or Finding Meaning in the Pain

Several artists described the creative act as an opportunity for attaching meaning or making sense of the pain. For one artist (W.S.) the art was “an attempt to explain the torment I am going through. I began coming home and going straight to the studio to and try to make something of it all.” Another artist (J.S.) was able to transform the experience: “Painting is a means for me to transform and find meaning in what can not otherwise be healed by modern medicine.” The art invited introspection for one artist (P.S.): “I turned to art to work out what I was feeling and to take a hard look at the pain that came with the disorder.” Another artist (L.R.) described transforming the pain: “It is an attempt to turn my pain into something beautiful>”

Two of the artists more completely described their thoughts and explained their mental constructs for living with the pain. One artist (H.S.) offered: “I consider my pain as a partner in an arranged marriage where you have to forge a good life out of an

inevitable situation.” Another artist (G.M.) considered the pain “a betrayal of my senses. To manage my pain throughout the day I remember, I am not the body.”

Better With Art

Some of the artists described finding relief in the creative process. One artist (K.M.) felt relief while creating: “I could feel individual vertebrae burning as I painted “when I finished the pain dispelled for awhile.” Another artist (D.N.) found that “the meditative process of making the work helps me to transcend the pain to some degree.” For another artist (J.C.) a specific work was pivotal: “This work was a healing process for me.” One artist (J.S.) found that “making art is one of the ways that I escape the pain for a little while. When I get into the zone and go away for awhile everything seems like it should.” In describing and artist friend another artist shared that “being active kept his mind away from the pain.” For one artist (J.M.) [the art] invokes a centering place for healing.” Another artist (G.C.) found that art enhanced coping skills: “This painting has helped to me cope with living with chronic pain.”

A subset of these artists described the artistic experience as cathartic. One artist (J.P.) stated: “This painting expresses the strong anger emotion that I was feeling at the time...It felt great to get it out.” Another artist (A.A.) uses the symbol of fire for the creative process: “The fire already burns. The pain does not affect it.”

Expressing Hope

Hope was sometimes depicted visually. For example an artist (C.P) described the process as “coloring the brain waves in rainbow hues alludes to hope for the power of the full spectrum of human potential to triumph over pain.” Another artist (R.L.) visualized

“myself burying the painful shadow beneath the sandy surface deep in a restrictive dark hole where it can no longer define my world. And in that moment I am free.” For one artist (B.A.) the hope seemed more fragile: “Even though there is no life in this picture, there is the potential that something is going to happen, that life might get better.”

Ventures in the visual arts were described as steps in a positive direction. One artist (Q.L.) describes a certainty of improvement: “Starting from the pain, from society, from family and from yourself are deep marks in your life, but they can be overcome.” For another artist (P.S.) art seems to place pain in perspective: “There is a sense of hope and it is that hope that keeps me going. Keeps me looking through the pain at the beauty that surrounds us. Showing me that pain is just a small part of a total complete life.” One artist (K.F.) found benefit in the pain: “Expressing about this pain has enabled me to move from life as a Victim to life as a Survivor. I choose the latter one. Healing for me is a constant journey. I live as I learn from this pain.” Another artist (M.C.) described taking responsibility for pain: “The patient often puts the onus on the physician to find the problem and treat it. In reality treating pain should be a team effort.”

The Use of Color

The color red was chosen frequently to depict pain. One artist (J.C.) perceived pain as “the excruciatingly painful pressure points in a searing red.” The color red was paired with the emotion of hate--hate of the pain sensation. It seems possible that intense emotion was sometimes associated with color choices.

Spiritual Distress

The artists endorse the spiritual dimension of their pain. An artist (K.H.) noted the spiritual dimension of the pain: “It’s a feeling of aloneness, emptiness and fear, and pain, physical pain, emotional pain, spiritual pain.” Another artist (A.C.) described “trying to find peace again.”

Narratives included appeals to the divine and requests for escape from torment that was not wholly physical. One artist (M.C.) claimed:

I cry out to God begging for mercy. What have I done to deserve this fate? I feel like an innocent man condemned. I am trapped in a cage of pain, a cage made of rebar. I cannot tolerate it another second. I try a desperate escape by pushing my face through the bars, but I can go no further. I'm trapped in hell.

Another artist (A.A.) described “self-blame for that which Guilt plagues my mind, For this once strong soul keeps slipping from my grasp, Impatiently waiting for the sunrise that awakes it's slumber.”

The artist (A.A.) explains spiritual conflict: “I wonder if Jesus knows about me. He cried, ‘My God, why has thou forsaken me?’ I say, ‘Ye gods! When wilt thou forsake me? For the fire, every moment is an altar.”

Discussion of the Findings in the Context of Literature and Frameworks

Concepts that emerged in a study of individuals with chronic pain who post their art and narratives online included view or perspective of self, concealing pain, communicating the pain, the isolating nature of pain, sense of or finding meaning in the pain, better with art, and expressing hope. The findings of the project were examined in

the frameworks of the RAM (2008) and Saunders's total pain theory (as cited by Clarke, 1999) and the context recent literature.

View or Perspective of Self

Artists with chronic pain offered statements on self. Some responses described positive aspects of self. Art was described as a means to grow, transform, and reframe perspective of self. The self was sometimes depicted preparing for warfare, able to fight despite pain. Self-reflective statements also emerge. These acknowledged the personal actions that made the pain worse and better. Roy (2009) cited protection as a function of physical mode of adaptation. The stance of not being willing to submit to the pain is adaptive. To extrapolate, the mindset of the warrior, therefore, is adaptive. In addition, the ability overcome or even to reclaim the present moment from pain may be linked to self-integrity (Roy, 2009).

In a study of individuals in an interdisciplinary treatment groups, Gilliam et al. (2013) found that individuals who presented themselves as coping well with pain were more likely have lower pain scores at the end of the treatment program. It could be argued that artists who present a positive image of self (such as the one whose self-portrait depicts "myself as a noble warrior") have presented the self as adaptive. Roy (2009) further noted that the inability to adapt to maintain self-integrity can keep individuals from taking the steps to recover or maintain health. The physical self includes both body sensation and body image (Roy, 2009).

Concealment of Pain

Some of the artists spoke of hiding (behind a mask), concealing, or keeping the pain secret. The symbol of the mask was a common theme. The concealment was described by one artist (R.M.) as “socially acceptable.” Another artist (E.R.) suggested that pain revealed may burden others. In as much as concealing the pain also included concealing of strong emotion such as anger, betrayal, or sadness, the action may be maladaptive (Beutler et al., 1986). Additionally, Uysal and Lu (2011) found that self-concealment of a painful experience was associated with higher levels of pain in both healthy and chronic pain samples. Although it may be socially acceptable to conceal the pain experience, it may be unhealthy to always do so. Silence and concealment when experiencing pain allow the individual to avoid the assumption of the sick role. This may preserve important group identities such as employee, spouse, and parent. Assumption of the sick role implies less than mastery of important societal roles. Therefore, the need to communicate the pain or unmask may be opposed to self-integrity as enhanced by employing all resources including the help of others when dealing with the pain.

Communicating the Pain

For the participants of PainExhibit (2014), the creative act was both an opportunity to hide the pain and to reveal it. Multiple artists spoke of the need to express the pain. Themes that emerged included the desire to be believed and the need for a visual medium to effectively express the pain. Artists offered outrage at being accused of malingering. One artist (E.R.) asserted “no one believes me.”

Artists argued that visual media was essential for communicating the pain.

Language was considered inadequate. Another artist (S.G.) found pain to be “resistant to language and measurement.” Some artists have attempted to bridge this communication gap. Padfield (2011) made the expression of the pain experience the subject of a series of photographs. These were created specifically with the intention of detailing the pain experience for caregivers. Patients and providers found images effective in conveying chronic pain. Padfield’s work suggested a common iconography for pain.

The artists of PainExhibit (2014) also experienced this phenomenon. For one artist (E.R.) the works did communicate the pain: “even my family didn’t understand me *until* (emphasis added) I started using art to convey my experiences.” Kelly and Clifford (1997) in an examination of the narratives of individuals with fibromyalgia also uncovered the desire to be understood. Saunders noted that listening to understand is a developed clinical skill; she would record conversations with her pain patients and listen to them again to enhance understanding (as cited in Clark, 1999). It seems possible that seeing the art of chronic pain patients and listening to their descriptions of the art works will enhance the nurse’s understanding of the patient’s pain.

Finally, some of the artist used anthropomorphisms to depict the magnitude or depth of pain visually. One artist (J.M.) depicted the pain as a creature and another artist (S.W.) saw pain as a faceless enemy. The benefit of so presenting the pain was not offered.

The Isolating Nature of Pain

In the context of intractable pain at life-end, Saunders found that the isolating nature of pain often contributed to the total pain of her patients (as cited in Clarke, 1999). Isolation, a recurrent concept in artist's narratives, had two dimensions: isolation and the isolating nature of pain. Artists recounted the perception that they were alone with the pain. One artist (E.R.) stated: "I am reduced to existing in a void filled only with pain." Another artist (F.V.) described the sensation as that which kept one from others: "The photograph expresses the emotional isolation that pain has brought to my life." One mechanism was offered as an explanation was the ubiquitous isolation. The artist (A.Y.) argued: "The person in pain concentrates on the aching body part all the time."

Making Sense of or Finding Meaning in the Pain

For a number of the artists, art production was undertaken to make sense of chronic pain. The work was called "an attempt to explain the torment" (W.S.) or "to take a hard look at the pain" (P.S.). The art making activity was used to convert the pain; "it is an attempt to turn my pain into something beautiful" (L.R.). Segal-Andrews, Altschuler, and Harkness (1995) found that the development of similar coping skills were beneficial to children with chronic abdominal pain. Segal-Andrews, Altschuler, and Harkness applied family systems theory to clarify the meaning of chronic abdominal pain for the children with the pain and their families. For these children and families, the providers moved away from causal and diagnostic language, from curative goals to goals of coping (Segal-Andrews, Altschuler, & Harkness, 1995). Two artists developed unique cognitive constructs for the pain. One artist (H.S.) described the pain as a less than ideal

relationship: “I consider my pain as a partner in an arranged marriage where you have to forge a good life out of an inevitable situation.” Another artist (G.M.) found it helpful to remember that an individual is more than pain: “I think of pain as a betrayal of my senses. To manage my pain throughout the day I remember, I am not the body.” Such thought processes imply an acceptance of the pain and a desire to proceed in spite of the pain. Other individuals with chronic pain may depict the pain visually but not be as able to provide a verbal description. The meaning of the pain for the individual may be more firmly conveyed in visual representation.

Cassell (1991) describes the meaning of illness or suffering as having affective, physical, and spiritual dimensions. The pursuit of meaning in chronic disease is common and is often tied to the individual’s spiritual life (Saunders, Walsh, & Smith, 1981).

Cassell further postulated that the provider effects change only by first understanding the meaning of the illness for the patient. Communication of pain is enhanced when caregivers allow children with chronic abdominal pain and their families to descriptively express their pain and to believe that the pain is present (Segal-Andrews, Altschuler, & Harkness, 1995). Acknowledging and accepting the patient’s pain report is a first step in understanding the meaning of pain for the patient.

Better With Art

The pain relieving and healing aspects of producing art were well represented in the website narratives. Artists say that art helps them cope. The creative act was described as centering, healing, and allowing escape. Centering is described as the concentration of attention on an important stimulus or the present environment (Tabers,

2009). Art was considered a place to escape to, a place to get away from the pain. A subset of these artists shared that the artistic experience was cathartic. Appleton (2011) argued that the visual medium facilitated a more powerful catharsis than words alone. De Petrillo and Winner (2005) found elevation in mood in participants who created a drawing as opposed to completing a puzzle. Likewise, the artists of PainExhibit (2014) described a better present circumstance, transcendence and relief. It is postulated that the creation of visual art has a healing quality not as evident in analytical distraction.

Expressing Hope

Hope was sometimes depicted visually. Some of the artists explained the significance of what appeared, others felt that their work depicted steps in a positive direction. The creative act was thought to engender hope. One artist (P.S.) shared that art “keeps me looking through the pain at the beauty that surrounds us.” In a study of 124 women with osteoarthritis or fibromyalgia, a more elevated mood state was positively correlated with lower pain levels (Zaustra, Johnson, & Davis, 2005). The ability to find the hopeful, uplifting, or positive in the art of the pain experience is adaptive, an action that makes pain less likely.

The Use of Color

The color red was chosen frequently to depict pain. An artist (J.C.) describes “the excruciatingly painful pressure points in a searing red.” The color red was paired with the emotion of hate; hate of the pain sensation. In describing the limitations of the visual analogue pain scale, Whitworth (2009) insisted that pain should be considered a color, but that pain was not limited to the color red. Roy (2009) considered pain description in

the context of assessment of somatosensory processing. The colors depicted and the meaning of the color for the patient are part of the pain assessment.

Spiritual Distress

In pivotal writings on treatment of cancer pain at life end, Cicely Saunders described spiritual pain as the most intractable pain of all (Clark, 1999). Likewise, a number of the artists of PainExhibit (2014) reported a sense of spiritual anguish. Artists felt abandon by the divine and devoid of a meaning for their suffering and pain. Patients with chronic pain may also ask why they were singled out for pain (Ferrell & Coyle 2008). Individual spirituality often determines how a person meets and responds to health changes and challenges (Roy, 2009). If a person perceived abandonment or a lack of meaning in pain, then an important personal support may be threatened.

Implications

Nurses have a societal obligation to relieve pain. The understanding that creating visual art is of benefit to some patients offers nursing more options for pain management. This research suggests that the creative act and its product can be used to communicate pain, to offer a sense of meaning to individuals with pain and improve the lives of individuals with pain. The implication for nursing is that art may be another way for nursing to help patients control pain.

Drawing as a Tool in Pain Assessment

Several of the artists of PainExhibit (2014) described the difficulty of communicating how the pain felt. A subset of chronic pain patients described outrage and frustration when providers didn't acknowledge their pain. Health care providers

have attempted to quantify and otherwise describe pain in assessments. Body diagrams and other drawing activities have enhanced assessment in pediatric pain (Baeyer, Lin, Seidman, Tsao, Zeltzer, & Lonnie, 2011) and back pain in adults (Bogefeldt, Grunnesjo, Blomberg, Delaney, & Svardsudd, 2006). However, pain body diagrams differ from artistic works that express the pain experience.

Padfield (2011) determined that sharing the visual image enhanced communication between patient and caregiver. In a study of the headache drawings of 226 children, pediatric neurologists found that the addition on the drawings improved the clinical diagnosis of headache type (Stafstrom, Rostasy, & Minster, 2002). The artists of PainExhibit (2014) endorse the difficulty of communicating pain and describe the facility of art to convey that which is otherwise not expressible.

Nurses can offer opportunities for artistic expression to the patient in pain. “Would you be willing to draw what the pain feels like?” Or “would you be willing to draw the pain?” The interventions could be as simple as offering the patient a sketch pad and a box of drawing pencils (Lane, 2005). Nurses may glean important insights if they ask chronic patient patients to describe their drawings. Such explorations engender tacit knowledge (Polanyi, 1966), as dimensions of the patient’s pain, not evident with verbal description may be revealed visually.

Exploring the Meaning of Color for the Patient

In review of the artistic statements, the use of color drew the attention of the interdisciplinary team. Color acquires meaning in the context of culture, and personal experience (Birren, 1961). Color choices were significant for many of the artists of

PainExhibit (2014). The color red had a prominent place and it was used to describe both pain and hate. However in American society the color red is also associated with passion, activity, and heat (Birren, 1961). In addition, the patient's unique spiritual, cultural, and experiential background may assign a symbolism or meaning to a color.

To understand the color choice, the nurse must ask the chronic pain patient about the color. Non-judgmental questions and comments can invite the patient to explore palette and may encourage reflection. The following open-ended queries may be helpful: Would you tell me more about your use of color? And I'm noticing that you used blue in your depiction of the figure. Nurses are advised to explore color choices in a non-judgmental manner. When the nurse accepts the patient's description of pain and recognizes the patient as the single authority on the pain, a rapport develops between patient and caregiver (Roy, 2009). Such actions provide a place for non-verbal understanding to develop between the chronic pain patient and the nurse.

Encourage Self-Exploration in Mask-Making

Roy (2009) asserts that self-concept involves focusing on self and developing an awareness of who one is in reference to others in society. Several of the artists of PainExhibit (2014) spoke of wearing a mask that hid the pain as a response to the pain. The mask often involved presenting a socially appropriate face. These behaviors describe the social and emotional aspects of chronic pain. The masks allowed the artists to examine different dimensions of self. Mitchell (2013) note that masks reveal and conceal. Mask making has been used to help victims of sexual abuse (Trepal-Wollenzier, & Wester, 2002) and adolescents struggling with mental illness, trauma, and abuse

(Brumleve, 2010). Nurses have also guided seriously ill children through the mask making process (Driessnack, 2004).

Masking making is suggested for chronic pain patients. Roy (2009) notes that such self-focus allows the chronic pain patient to set goals, evaluate goals, and make corrections. The nurse can suggest mask-making when self-focus may trigger adaptive change. Simple card stock or tag board with assorted supplies such as yarn, raffia, markers, and paints can be a starting point for individuals with chronic pain. Premade cardboard or plastic mask forms can also be utilized (Corrington, 2012).

The power of mask-making is the ability of the artist to examine and visually manipulate the self. The chronic pain patient may share deep or buried issues during this process (Ingersoll, 2013). Trepal-Wollenzier and Wester (2002) suggest that the patient write a paragraph or a letter about the completed mask. Brumleve (2010) advises creating a setting that helps the patient cultivate a positive sense of self. A safe space must be provided for the chronic pain patient to explore pain related issues in the mask (Brumleve, 2010; Corrington, 2012). The nurse must remain nonjudgmental and accepting of the work in process and product (Corrington, 2012). Ideally, the chronic pain patient who conceals pain will begin to explore motivations for masking of self.

Providing Meaningful Distraction

Art can serve as a source of distraction and can distance the patient from the pain (Nainis et al., 2006). Nurses frequently use other forms of distraction (humor, conversation, or toys) for the acute pain of procedures (Richardson, Adams, & Poole, 2006). Traska, Rutledge, Mouttapa, Weiss, and Aquino (2013) found that patients with

fibromyalgia used distraction to control pain. Patients who use art to evade pain describe it as an opportunity to redirect focus (Lynch, Sloane, Sinclair, & Bassett, R., 2012).

Therapeutic activity, including art, can move individuals with chronic pain to a higher level of independence (Wheeler & Houston, 2005). Chronic pain patients who utilize distracting activities have higher perceived control over pain (Yoshida et al., 2012).

Effective coping involves finding activities that allow the individual to maintain integrity in times of stress (Roy, 2009). In pursuing meaningful distraction, chronic pain patients are demonstrating effective coping

Wheeler and Houston (2005) suggest bags or kits of quick projects (craftwork).

The patient may need to be introduced to an activities that haven't been tried before (Creek, 2008). The patient may feel more comfortable creating a work of art if the provider works beside the patient for a time (Creek, 2008).

Producing a Product

Art is an activity that could be experienced as meaningful work or an occupation; it also produces a product (Reynolds, 2004). Productive activity also allows the chronic pain patient to move beyond the sick role and reassume the role as producer and other societal roles (parent, spouse, and friend) (Roy, 2009). Kelly, Cudney, and Weinert (2012) determined that artistic expression allowed women with chronic pain to feel productive. The women described thing pleasure in making objects for others (Kelly, et al., 2012). The production can also provide a means for chronic pain patients to help others or give of themselves (Lynch, Sloane, Sinclair, & Bassett, 2012). There is benefit in avoiding self-absorption or self-pity by doing for others (Kelly et al., 2012).

Nurses should consider art as an occupation or employment. Chronic pain patients should be encouraged in efforts to create for others or for profit if desired by the patient. Producing a work for someone else may also be suggested by the nurse. The nurse may initiate the activity by exploring the patient's prior creative experiences.

Using Art to Identify Spiritual Distress

Some of the artists described spiritual distress as sense of abandonment by God, guilt or distress over prior acts; and searching for meaning in the suffering of chronic pain (PainExhibit, 2014). As nursing becomes comfortable with offering drawing, painting, and other artistic media to chronic pain patients appearance of work that suggests spiritual distress can be expected. Nursing has begun to embrace the study of specific religions and ramifications for appropriate nursing care (Roy, 2009).

Spiritual assessment should be offered when the nurse suspects spiritual distress (Rippentrop, 2005). In individuals with advanced cancer pain, Georges and Dungan (1996) found that spiritual assessments provided valuable insight into patient pain. The patient responses elucidated spiritual coping and the ability to deal with pain in recurrent or advanced disease. Religious or spiritual coping may be utilized though out life in spite of limitations such as time disruptions, or worsening pain (Bush et al. 1999). The nurse can also support the chronic pain patient by supporting personal spiritual disciplines of prayer and meditation (Rippentrop, 2005).

Spiritual distress also necessitates the offer of a spiritual or chaplaincy consult. Guilt and remorse sometimes manifest in chronic pain; total pain theory likewise argues that the weight of a past offense can make pain worse (Clarke, 1999). Paquette (2008)

notes that spiritual pain may require a place to unburden the soul and confess past transgression. Kautz (2008) described the environment of hope as one in which the patient can ask forgiveness for themselves and others. While the nurse is often sensitive to the need for spiritual unburdening in the chronic pain patient, the role of confessor is outside that of nursing. In spiritual distress the nurse is most effective when partnering with the chaplain or the spiritual care provider (Ferrell & Coyle, 2008). The nurse can encourage expressing the distress visually. The art work exists as a departure point for a healing discussion with the confessor.

Nursing should use artistic the process to assess for spiritual distress, support chronic pain patients in their spiritual disciplines, and consult spiritual or pastoral care when indicated. Guilt and remorse may manifest when spiritual distress is explored; the role of the confessor is one firmly within the roles of the spiritual caregiver. In this process, the drawing, painting, or sculpture should be used to enhance communication between the patient and caregivers, nursing and pastoral care.

Encouraging Hope

Hopelessness includes the perception that there is no remedy for the cause of distress (Ferrell, & Coyle, 2008). Hope is defined as the act by which the temptation to despair is overcome (Marcel, 1962). Kautz (2012) argues that when a nurse helps a patient develop and revise goals, the nurse cultivates hope. The individual with chronic pain is experiencing compromised adaptation in physical, mental, emotional, social, and spiritual domains (Roy, 2009). Fitzgerald Miller's (2007) strategies of hope inspiration

in families of the critically ill client offer the interventions for encouraging hope: providing a protective environment, and expanding a coping repertoire

Cicely Saunders suggested exploration of prior successful coping (Baines, 1990). These interventions can also be carried into the care of the patient with chronic pain. In establishing the opportunity to use art, the nurse provides a secure and safe environment for self-expression and self-disclosure. Hope is cultivated in the atmosphere of unconditional acceptance and positive regard (Cutcliffe, & Herth, 2002). Such unconditional regard must be demonstrated in reference to both the patient and the product produced by the patient. The nurse provider also expands the coping resources of the patient when artist media is introduced. The work makes visible the complex issue of hope in chronic pain allowing the patient to study and manipulate the problem. Such control is integral to engendering hope (Miller & Happell, 2006). Johnson and Sullivan-Marx (2006) note that learning new processes also builds confidence and allows integration of present and past experiences. This integration results in an increased sense of hope (Johnson and Sullivan-Marx, 2006).

Miller and Happell (2006) utilized patient photography to draw out the nature of hope in individuals with schizophrenia. In interviews before beginning the photography project, participants described hope in terms of making decisions, gaining control over day to day activities, and describing future plans. Participants were given the task of photographing images that depicted hope. The photographs offered the hope of meaningful work and the hope of finding others with similar problems (Miller & Happell,

2006). This ability to find the hopeful and positive in spite of chronic pain is adaptive (Roy, 2008).

The nurse can offer the task of finding or depicting hopeful images to the chronic pain patient experiencing despair. Tools such as sketchbook and drawing media could also be utilized and photography can be developed per personal cell phone. The therapeutic relationship is enhanced when the nurse offers the chronic pain patient the opportunity to describe display and describe the images.

Implications for Practice

Each of the seven nursing specific interventions for chronic pain could be explored in professional nursing practice. Art can be considered in nursing process: assessment, diagnosis, planning, implementation, and evaluation (Orlando, 1961). Patient artistic works have a place in nursing assessment. The nurse considers the patients pain and what was communicated non-verbally in determining the nursing diagnosis. The communication between the patient and nurse can be enhanced by artistic process facilitating the plan for the patient's pain. Art may also be part of the treatment plan, the patient may be interested in the ability of art to provide meaningful distraction, or the benefit of producing a product. The patient may begin assign a meaning to the pain using visual media. In evaluation, the nurse considers if art has been of benefit to the patient. Artistic intervention should not be expected to help every chronic pain patient.

Given the guidance that the headache drawings of children with migraine offer in the diagnosis (Stafstrom, Rostasy, & Minster, 2002), assessment drawings should be

considered in all chronic pain patients. The nurse may offer opportunities for the patient to describe pain visually. The nurse should take time to discuss the art work with the patient.

Nurses should ask about color choices. The color acquires meaning in the context of culture, and personal experience (Birren, 1961). The discussion of the patient's artistic color choices illuminates the meaning of the color choice for the patient

Mask making is self-disclosure on par with self-portraiture. It is evident that mask making helps patients deal with painful issues (Trepal-Wollenzier & Wester, 2002). More insights and benefits might be derived if the nurse provider teams with a social worker or psychologist in this activity. Mask making may be best offered in a chronic pain group.

Artistic projects can provide meaningful distraction. Such therapeutic artistic activity encourage independence (Wheeler & Houston, 2005), higher perceived control over pain (Yoshida et al., 2012) and are an opportunity to improve coping skills finding (Roy, 2009). As an intervention, nurses can ask about prior effective coping (Roy, 2009) and suggest working on an artistic project.

The production of artistic works can be an occupation or employment. The patient's self-concept may be tied to the current sick role (Roy, 2009). When the patient produces a product, or engages in work, the patient moves away from the sick role. Nursing can intervene by suggesting production of art for others.

The chronic pain patient experiencing despair must consider the hopeful to move beyond despair. The proposed intervention is asking the patient to visualize that which is

hopeful. The patient is offered the task of finding and depicting hopeful images. Tools such as sketchbook and drawing media could also be utilized and photography can be developed with a personal cell phone.

Spiritual distress may manifest in the pain assessment drawing or the patient may articulate a sense of spiritual guilt or abandonment. Nursing spiritual assessment should be initiated and the nurse can also ask the patient about prior spiritual practices and disciplines. As intervention, the nurse can listen to the patient's description of the pain drawing and gather the spiritual assessment. The nurse can encourage the patient to consider spiritual practices that have been a source of support. Spiritual distress necessitates the offer of a spiritual or chaplaincy consult. The patient's pain drawing can also inform the spiritual caregiver and provide a start point for spiritual healing.

Implications for Social Change

Walden University (2013) defines social changes as the application of student knowledge and skills to make a positive change in the life of others. Chronic pain comes at great expense to the patient and the American healthcare system (American Pain Society, 2012). The visual arts offer relief to some individuals with chronic pain (Nainis et al., 2005). The doctoral project has developed nursing specific artistic interventions for chronic pain patients; these interventions have the potential to help those with chronic pain. Society benefits if pain is better controlled. Potential outcomes could include reduced health costs, and enhanced employee productivity.

Project Strengths and Limitations

This project illuminates concepts present when individuals with chronic pain produce art. This knowledge moves nursing toward artistic treatments for individuals with chronic pain. The project approach utilizes a qualitative method to ultimately guide practice.

Strengths

The study has the benefit of multiple theories and disciplines. The method, thematic analysis, is well matched to the large data set. The use of multiple researchers limited the shortcomings of an individual perspective. The process encourages analysis by multiple researchers. Interpretation of the themes can be supported by the data set and relevant literature. The process encourages emergence of categories from raw data (Braun, & Clarke, 2010).

Limitations

Limitations of the study included the absence of demographics and health records for the artists with chronic pain; as this information was not offered consistently by the artists. In the absence of patient history and physical examination, earlier medical records, and diagnostic studies, the appropriateness of application to prescriptive nursing practice may be questioned. However, in their artistic statements, the artists of PainExhibit self-reported chronic pain diagnoses.

This study was limited to the narratives of visual artists with chronic pain who posted their artistic statements on a single website. Time constraints limited the inclusion of other websites. Reliability is more difficult to achieve in thematic analysis. Many

interpretations were offered by the interdisciplinary theme, the result of multiple researchers. Subtle thematic data may have been missed in the presence of larger themes (Braun, & Clarke, 2010). The flexibility of the process can impede concentration on most meaningful themes. The process of moving from themes to codes is seamless and may cloud the verification process. A theoretical framework is required to enhance interpretive power (Braun, & Clarke, 2010).

Recommendations for Remediation of Limitations

Although health records were not part of the data, pain diagnoses were revealed by several artists in their statements. Artists described migraine, arachnoiditis, chronic back pain, fibromyalgia, and other chronic pain conditions (PainExhibit, 2014). Pain is a subjective experience (McCaffery & Pasero, 1999). For the purpose of this study, the patient was considered a chronic pain patient if the patient so self-labeled.

The limitation imposed by the qualitative approach, thematic analysis was mitigated by the transparency of Delphi process review. Four reviewers retrieved and reached consensus of significant themes. In addition, reviewers were recruited from diverse disciplines which enriched the interpretation of the data. Two theoretic frameworks, RAM (Roy, 2009) and Saunders' total pain theory, provided interpretive power (as cited by Clark, 1999).

The project utilized a single website to provide the data of artistic statements. The website had the largest number of artists of the websites reviewed. Several of the websites included the work of only one artist. The PainExhibit (2014) website was

unique in that it offered the work of over one hundred artists. This project utilized a single website to provide the data of artistic statements.

Analysis of Self

As Scholar

Nursing scholarship has been described as a byproduct of the effort to improve nursing (Conard & Pape, 2009). The desire to determine how the visual arts reduce chronic pain was found to be a powerful incentive to develop research skills. The most insightful aspect of the experience has been finding the resources that make one a better scholar.

Both clinical scholarship and inter-professional collaboration for patient health outcomes are considered essentials of doctoral nursing (ACCN, 2006). The topic of art in chronic pain has allowed integration of the findings of multiple disciplines. The project also required enhanced communication and collaboration to produce the scholarly product. Sociology offered the tool of thematic analysis and literature considering chronic pain in social context. Art therapy brought the rich associations of color to the list of significant concepts and described unique challenges of various artistic media. From pastoral care came the role of the confessor, a caregiver who illuminated healing and forgiveness in burdening guilt.

Doctoral nursing research skills facilitated examination of the intersection of art and chronic pain. The process of thematic analysis was a new process for the project director. Uncovering the themes present in the narratives of artists with chronic pain was a step necessary before nursing interventions using the visual arts can be explored and

before new knowledge can be translated into practice. These new interventions can be used to improve patient care outcomes for individuals with chronic pain.

Information technology and research methods were used to collect meaningful data. This new knowledge facilitated the literature review that identified gaps in existing literature. The search uncovered on-line websites addressing visual arts in chronic pain as resources to enhance nursing understanding of how art helps those with chronic pain.

Advanced Practice through Application of Research

This study challenged the project coordinator to apply the appropriate qualitative method. Thematic analysis was selected because the process encouraged thorough examination of the rich artist statements. Through the qualitative approach unexpected results and insights can occur. In the conventional view, qualitative methods produce information only on the particular cases studied, and any more general conclusions are considered informed assertions. Qualitative research can then be used to seek empirical support for such research hypotheses. While this remains the domain of the nurse scholar, it is essential that doctors of nursing practice understand this continuum.

The process of triangulation allowed the researcher to examine personal bias. Triangulation also facilitated determination of the most relevant themes. The processes exposed the researcher to thought process more common in the disciplines of spiritual care, social work, and psychology. Working with other disciplines also enhanced the researcher's understanding of coding process.

Both the literature review and the evaluation of the project findings provided the opportunity to explore the literature of non-nursing disciplines. Exposure to discipline specific thought and discourse enhanced the reviewer's ability to collaborate.

As Practitioner

Chronic pain continues a significant issue in healthcare (National Institutes of Medicine, 2011). The literature review has demonstrated how nursing is using art in practice to help individuals with chronic pain. The generated knowledge has informed individual practitioner practice. New interventions have been designed, implemented, and evaluated in personal practice. These interventions consider the whole individual in the context of environment. Roy adaptation method (Roy, 2009) and Saunders' total pain theory (as cited by Clarke, 1999) offered a framework for the project but also allowed the practitioner to consider personal actions in the larger context of the entire nursing community.

Illuminating nursing literature also shaped practice develop during the project formation. The work of Ferrell and Coyle (2008) offered profound insights into spiritual pain and suffering. Ferrell and Coyle's work described how patients and nurses suffer in chronic pain. The opus also described how nurses promoted healing with unconditional patient regard and with the gift of presence. These aspects of exemplar nursing practice are essential in helping those with chronic pain.

During the preparation of the scholarly project and because of literature encountered during the nursing literature review, the researcher pursued certification with the American Society of Pain Management Nursing (2015). Preparation for the

certification exam included the use of new pain assessment tools such as the Brief Pain Inventory (Cleeland, 1991), which includes a pain drawing instrument. Tools such as these have greatly enhanced communication between the practitioner and the patient, and made more effective treatment possible. Such assessment tools are also firmly within the practice of the professional nurse (Roy, 2009) and routine use of such instruments could greatly enhance patient care.

As Project Developer

Chronic pain was considered for the doctoral project because of the great need for effective treatments and interventions to help those with chronic pain. The application of visual art was chosen because of personal interest and prior experience. When qualitative study utilizing thematic analysis was planned, was necessary to select team members with a willingness to review the data and participate in Delphi process. Two individuals at first agreed to participate and then declined; and therefore, tenacity was necessary to recruit a team. Team leadership involves sharing vision (Kouzes & Pozner, 2007). In discussing the merits of art in chronic pain, the project developer was able to convey the importance of the project. Ultimately, individuals who joined the interdisciplinary team were those who understood the unique potential of the visual arts after viewing the PainExhibit website (2014).

The interdisciplinary team gained momentum as individual team members returned their reviews of the artist's statements. Team members were energized when the themes that they uncovered were affirmed by fellow team members. One team member found the artwork painful to view but the contribution to the project a means of helping

those with chronic pain. Theme members articulated challenge and gratification their participation.

What This Project Means for Future Professional Development

The project has considered how creating art benefits the chronic pain patients of PainExhibit (2014). The review process has uncovered several nursing specific artistic interventions. These interventions can be further explored in professional practice. Patients may benefit from a screening of patient preference in selection of distracting art projects. The drawing pain assessment could also be more standardized with the development of specific instructions for the patient. The provider may also consider the written works, narratives, interviews, and artistic statements of well-known artists with chronic pain; thematic analysis could also be applied the artist's written works.

This project is also a template for further project development and also a template for carving out the DNP role in practice. The research project was an opportunity to develop new knowledge translation skills. In considering other interventions for pain management such as humor, pain diaries, and aroma therapy, research can again inform practice. Collaboration allows nursing to employ the thought of other disciplines and to shape projects for the health of individuals and communities (AACN, 2006). The result is a body of knowledge unique to doctoral nursing practice.

Summary

Section four has considered the project findings and a discussion of the findings. The interdisciplinary team identified the themes of view or perspective of self, concealment of pain, communicating the pain, the isolating nature of pain, making sense

of or finding meaning in the pain, better with art, expressing hope, and spiritual distress. The findings were discussed in the theoretical frameworks of Roy adaptation model (Roy, 2009) and Saunders' total pain theory (as cited by Clarke, 1999) and in the context of current literature. The review process suggested the seven nursing specific artistic interventions: drawing as a tool in pain assessment, exploring the meaning of color for the patient, encouraging self-exploration in mask making, providing meaningful distraction, producing product, using art to identify spiritual distress and encouraging hope. Section five describes the scholarly project.

Section 5: Scholarly Product

Introduction

Scholarship and the products of scholarship are an essential aspect of doctoral education (AACN, 2006). The doctor of nursing practice is tasked with translating research in practice (AACN, 2006). For the new knowledge to move beyond individual personal nursing practice, it must be disseminated to the nursing community. This research product described nursing specific interventions for chronic pain and the research that revealed the interventions.

Scholarly Product to be Shared With the Greater Scholarly Community

The planned scholar product is a nursing poster presentation. An example of the scholarly project appears in appendix D. Posters offer the means of disseminating research to a diverse audience (Forsyth, Wright, Scherb, & Gasper, 2010). The medium allows the scholar to appraise viewers of outcomes. The presentations attendees have the opportunity to discuss the presentation with the study author(s). The format has also been found to be more approachable and more conducive to staff interaction than a short oral presentation (Forsyth et al., 2010). The poster is more visual in impact than verbal, and a good poster engages the viewer (Kaimal, & Thappa, 2010).

The proposed poster will include a discussion of the problem: prevalence of chronic pain, project statement and the purpose statement, significant specific and general literature, theoretical frameworks, project design and data collection, summary of findings, and the recommendations for practice. Significant specific literature includes the work of Franck, Sheikh, and Oulton (2007) and, Gabriel, Bromberg,

Vandenbovenkamp, Kornblith, and Luzzatto (2001). General literature to be considered in the poster includes: Huss and Cwikel (2008), Collen (2005), and Padfield (2011). The role of the theoretical frameworks for the project will be explored in the poster: RAM (Roy, 2009), Saunders' total pain theory (as cited by Clark, 1999), and thematic analysis (Braun & Clarke, 2010). The poster will contain a description of the data collection procedure.

The poster will display the project findings. Thematic analysis by the interdisciplinary team offered the following findings: the view or perspective of self, concealment or masking of pain, communicating the pain, isolation or the isolating nature of pain, making sense of or finding meaning in the pain, better with art, expressing hope, the use of color, and spiritual distress. These will be displayed with quotes from the artists that support the themes.

The suggested nursing specific artistic interventions are the product of this scholarly project. The interventions include: drawing as a tool in the assessment of pain, exploring the meaning of the color for the patient, encouraging self-exploration in mask making, providing meaningful distraction, producing a product, using art to identify spiritual distress, and encouraging hope. These will be presented with specific recommendations for practice.

Summary

Chronic pain comes at high cost to American society (American Pain Society, 2012). Nursing is ethically charged with helping those who experience pain and those who suffer (Ferrell & Coyle, 2008). The exploration of the artistic statements of the

PainExhibit artists (2014) has provided nursing with powerful concrete methods of using art to help chronic pain patients. This online body of work was a dynamic resource for research. The project was congruent with the nursing imperative to advocate for those in pain. The proposed nursing artistic interventions have the potential to reduce chronic pain, encourage self-efficacy and self-care, reduce the cost of health care, prevent unnecessary invasive treatments, and decrease the need for medication. These outcomes offer a better quality of life for individuals with chronic pain.

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Appendix A: Literature Review Table

Discipline	Source	Purpose/Problem	Design	Results	Implications	Comment
Nursing	Foster, Dietrich, Friedman, Gordon, & Gilmer, (2012).	An examination of health care provider perceptions of legacy-making activities currently offered to pediatric patients and their families.	Descriptive cross-sectional study.	Nearly all of the providers reported legacy-making activities; some of these were art making activities.	Legacy-making may enhance life and decrease suffering for dying children and their families.	Continued research is needed to make the activities specific to age groups.
Nursing	Franck, Sheikh, & Oulton, (2007).	To investigate what children feel helps when they have pain.	Exploratory cross-sectional descriptive design.	Four themes emerged; common to both text and drawing.	Children consider themselves central in the interventions for pain.	Children have well-formed opinions of what helps.
Nursing	Heiney, & Darr-Hope, (1999).	To describe the structure and process of an art support program for patients with cancer, ages 16 and older.	Descriptive study.	Informal response of patients, family, and staff was positive.	The therapeutic factors present in a traditional support group blended with the creative process.	Nursing collaborated with artists in the therapy sessions.
Nursing	Nainis, Paice, Ratner, Wirth, Lai, & Schott	To evaluate the effectiveness of a single art therapy	Quasi-experimental design.	Statistically significant reduction in pain and eight other	Uses the Edmondson Symptom Assessment Scale and	Single art therapy session, offered by art therapist

	(2005).	session in reducing pain and other cancer-related symptoms.		cancer-related symptoms.	Spielberger State-Trait Anxiety Index.	in conjunction with nursing.
Nursing	Oster et al., (2006).	To describe the effects of art therapy on coping in women with breast cancer.	Experimental design.	Overall increased coping resources.	Art therapy can improve coping resources.	Use of an art therapist in conjunction with nursing.
Nursing	Schreiner, Pimple, & Wolf Bordonaro, G. (2009).	To describe an art-based learning experience for nursing students caring for terminally ill pediatric patients.	Descriptive study.	The art experience allowed nursing students to address personal end-of-life experiences and values.	Art therapy may facilitate the ability of nursing students to care for terminally ill pediatric patients.	Evaluation included artistic product and narrative.
Nursing	Wood, Molassioti, & Payne, (2011).	To assess and synthesize available research evidence for the use of art therapy in the management of symptoms in adults with cancer.	Systematic review.	12 studies were examined. Narrative analysis found the art therapy was used at all stages of cancer treatment.	Art therapy is a psychotherapeutic approach being used by adults with cancer in management of treatment-related symptoms.	Art therapy as a treatment is still emerging.

Psych-ology	Huss, & Cwikel, (2008).	To describe emerging themes in the art work of Bedouin mothers.	Descriptive design.	Pain was most commonly due to life circumstance rather than inherent weakness or sickness.	Art may be of benefit for other socially marginalized individuals.	Art may be available as a form of self-expression in an otherwise restrictive culture.
Art Therapy	Broecher (2012).	To describe the use of art therapy in a child coping with surgery.	Case study.	The drawing intervention allowed the child to more effectively cope with pain and his wounds.	Art therapy may be useful in acute pain in children.	The drawing activity was part of a parenting class.
Art Therapy	Vick, & Sexton-Radek, (2005).	To examine the relationship between creating art and pain in migraine sufferers.	Mixed methods; qualitative and quantitative.	Making art was more likely to trigger headaches than to alleviate them.	The materials used in making art can trigger migraines.	Some of the artists shared that they created their best work created during migraine.
Music Therapy	Mitchell, MacDonald, & Knussen, (2008).	To examine the effects of preferred music, visual distraction, and silence on pain perception.	Experimental design.	Music was found to significantly increase tolerance and perceived control over the painful stimulus when compared with both the visual	Music enhances tolerance for pain.	Researchers offer that combining art with music may further enhance pain reduction.

				distraction and silence conditions.		
Art Education	Williams, & Taylor, (2004).	To describe how a creative arts intervention helps incarcerated women enhance self-image.	Descriptive study.	Visual reflection allowed women to positively reshape their identities.	Artistic expression helps survivors of domestic violence deal with psychological effects of prior trauma.	Art should be considered in non-traditional venues.
Artist	Collen, M. (2005).	Artist's description of life with chronic pain.	Commentary.	Art was the most effective means of treating this individual's pain.	A patient perspective of chronic pain.	Details the development of Pain-Exhibit.

Artist	Padfield, D. (2011).	To describe how art can be used to communicate pain between patient and provider.	Descriptive study.	Chronic pain moved this artist to create a series of photographs to enhance description of pain.	The visual image can help patients with chronic pain communicate their pain experience.	Padfield worked with other chronic pain patients to create her work.
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Appendix B: PainExhibit Agreement

PAIN Exhibit, Inc.

Limited Non-Exclusive License Agreement

This Limited Non-Exclusive License Agreement (hereinafter “Agreement”) is entered into this 17th day of March, 2014 (the “Effective Date”) by and between the PAIN Exhibit, Inc., a California Nonprofit Public Benefit Corporation, whose principal office is located at XXX (hereinafter “Licensor”), and Susan Janicke, Nurse Practitioner and Doctoral Student whose principal place of business is located at XXX (hereinafter “Licensee”), collectively referred to as the “Parties.”

WHEREAS, Licensor is the provider of an online educational and promotional exhibit of visual arts in connection with chronic pain;

WHEREAS, Licensee is a doctoral student in the Nursing Practice Program at Walden University in Minneapolis, Minnesota;

WHEREAS, Licensee desires to acquire the right to use, promote, display, exhibit, transmit, and distribute images of certain visual art(s) available on Licensor’s website, within the scope of the project described below with the intent to educate the public about chronic pain and pain treatment;

NOW THEREFORE, in consideration of the mutual covenants and conditions set forth herein, it is hereby agreed between the Parties hereto as follows:

1. PROJECT DESCRIPTION

The Licensor hereby grants the Licensee a limited non-exclusive license to use, copy, display, vend, promote, exhibit and transmit the images of the artwork(s) specifically listed in Schedule A attached hereto (hereinafter the “Artwork”), in accordance to the following specifications (hereinafter “Project”):

Purpose: Artwork and artist statements to be used in a PowerPoint presentation entitled “Visual arts and chronic pain: A grounded theory approach to the online narratives of

visual artist with chronic pain;” and as part of research for a doctoral dissertation involving coding.

Medium of Use: Artwork images and artist statements will be used in PowerPoint; and analyses of Artwork and artist statements will occur on the PainExhibit.org website on the Internet.

Language: This Project may be distributed in English and/or Spanish only.

Terms: The Artwork and artist statements for the PowerPoint presentation may be used April 4, 2014; and the Artwork and artist statements for analyses as part of the doctoral dissertation may be used between March 17, 2014 and January 1, 2016.

Geographical Area: United States and Internet.

Compensation: No fee.

The Artwork may only be used in affiliation with PAIN Exhibit and may not be used to promote or advertise the Project outside its affiliation with PAIN Exhibit without a separate written permission from the Licensor.

2. PROPER CREDIT AND CAPTIONS

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4. WARRANTIES AND REPRESENTATIONS

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To the fullest extent permitted by law, Licensee shall and hereby agrees to hold harmless and defend Licensor and, as applicable, its officers, directors, agents, employees, representatives, associates, affiliates and subsidiary corporations, through legal counsel acceptable to Licensor, from and against all claims, demands, actions, suits, obligations, liabilities, losses, costs, damages or expenses (including court costs and reasonable attorneys' fees) incurred by Licensor with respect to any claim made by any third person to the extent arising out of or related to Licensee's use of the Artwork as contemplated herein. The indemnities set forth in this Agreement shall survive the expiration of the Term or termination of the Agreement.

5. DISPUTE RESOLUTION

Any controversy, claim or dispute arising out of or relating to this Agreement, shall be settled solely and exclusively by binding arbitration in San Francisco, California. Such arbitration shall be conducted in accordance with the then prevailing commercial arbitration rules of JAMS/Endispute ("JAMS"), with the following exceptions if in conflict: (a) one arbitrator shall be chosen by JAMS; (b) each party to the arbitration will pay its pro rata share of the expenses and fees of the arbitrator, together with other expenses of the arbitration incurred or approved by the arbitrator; and (c) arbitration may proceed in the absence of any party if written notice (pursuant to the JAMS' rules and regulations) of the proceedings has been given to such party. Each party shall bear its own attorneys fees and expenses for commencement of the proceedings. The parties agree to abide by all decisions and awards rendered in such proceedings. Such decisions and awards rendered by the arbitrator shall be final and conclusive. All such controversies, claims or disputes shall be settled in this manner in lieu of any action at law or equity; provided however, that nothing in this subsection shall be construed as precluding the bringing an action for injunctive relief or other equitable relief as stated below. The arbitrator shall not have the right to award punitive damages or speculative damages to either party and shall not have the power to amend this Agreement. The arbitrator shall be required to follow applicable law.

6. ATTORNEY FEES AND EXPENSES

Should either Party hereto, or any heir, personal representative, successor, or assign of either Party hereto, resort to legal proceeding in connection with this Agreement, the Party of Parties prevailing in such legal proceedings shall be entitled, in addition to such other relief as may be granted, to recover its reasonable attorney's fees and costs in such legal proceedings from the non-prevailing Party or Parties; provided, however, that nothing herein intended to affect the provisions of Section 5 (Dispute Resolution) above.

7. TERMINATION

Either party may terminate this Agreement by giving thirty (30) days written notice to the other.

Notwithstanding above, Licensor reserves the right to terminate this Agreement at any time for

Cause. For purpose of this Agreement, Cause shall mean Licensee (i) material breach of this Agreement, (ii) if applicable, failure to timely fulfill the financial obligations under this Agreement, (iii) Except as provided herein, Licensee assigning or purporting to assign this Agreement or any of the rights granted herein to a 3rd party without the prior written consent of the Licensor, or (iv) Licensee use of the Artwork on or in connection with any goods or services other than what is anticipated herein, or (v) any material misrepresentation regarding the Artwork or PAIN Exhibit. This Agreement shall be effectively terminated 15 days from the date of Licensor's written notice of termination if Licensee fails to reasonably remedy and cure the breach to the Licensor's satisfaction. The early termination of this Agreement for Cause by Licensor shall not exonerate the Licensee from the payments and its obligations under this Agreement.

Upon termination of this Agreement for any reason, all rights granted hereunder shall automatically revert to the granting party.

8. GENERAL PROVISION

This Limited Non-Exclusive License is the Parties' entire Agreement, and may be amended only by a separate writing. Any document referred to herein is incorporated by reference. This Agreement shall be construed using the laws of the State of California (except as they apply to conflict of law), and the copyright laws of the United States. If any provision of this Agreement is determined to be unenforceable, that provision shall be severed, and all other provisions shall remain in effect. Any ambiguities shall be resolved to effectuate the intent of the Licensor, and shall not be resolved against the drafting party. This Agreement shall bind and be for the benefit of the Parties and their heirs, fiduciaries, and permitted successors and assigns. Correspondence will be to the Parties as the addresses on the front page of this Agreement, or to such other places that the Parties designate from time to time. The Parties executing this Agreement represent and warrant that they have the authority from their respective governing bodies to enter into this Agreement and to bind their respective companies to all the terms and conditions of this Agreement. This Agreement may be signed in counterparts, which together shall be one contract. Faxed signatures will be treated as original.

UNDERSTOOD, ACCEPTED AND AGREED as of the
above:
PAIN Exhibit, Inc. LICENSEE

a California Nonprofit Public

Benefit Corporation
SCHEDULE A

Unless specified, copyrights for all art is 2015.

Art listed below is for the PowerPoint presentation December 2015.

ARTIST TITLE MEDIA

Mark Collen Darkness Enshrouds mixed media

Mark Collen Hey Doc, Have you...it out? installation

Kurt Fondriest Witnessing the creation of pain.. pastels

Vicky Grant Tension acrylic

Melissa Hentges Migraine fiber art

Linda Langerak Release II acrylic

Kirsten McLaren Holy Scoliosis acrylic on board

Deborah Nehman 1-3365 pyrography

Jennifer Shifflet Fire 1 acrylic on paper

Art listed below is for analyses as part of the doctoral project

ARTIST TITLE MEDIA

ALL ARTWORK AND ARTIST STATEMENTS AVAILABLE ON THE
WWW.PAINEXHIBIT.ORG

WEBSITE.

Appendix C: Delphi Process

Round one

In round one, the narratives of the chronic patients of PainExhibit will be sent to the members of the interdisciplinary team. Delphi process commonly involves a questionnaire. A single question comprised the questionnaire: “From the perspective of your discipline, what are the most important concepts or themes that emerge in the artistic statements?” The interdisciplinary team will include an art therapist, a Doctor of Divinity, and a social worker. The team members will examine the assembled artistic statements which will be electronically delivered to individual team members. In reviewing the artistic statements, each discipline will follow the steps of thematic analysis familiarization of the data, generation of the initial code, searching for themes, review of the themes, defining and renaming the themes and production of the list (Braun & Clark, 2010).

Round two

The project director (the Doctor of Nursing Practice Candidate) will review the responses. The lists of significant themes and concepts will be combined. The compiled list will then be returned to the members of the interdisciplinary team. In this round, the team members will be asked to reduce the total list to the ten to twelve most important themes. The lists will then be returned to the project director.

Round three

The second lists will be reviewed by the project director. If the total number of concepts exceeds twelve, the list of non-consensual themes or concepts will be again

shared with the team members. At this point team members will be asked for arguments for inclusion or elimination of concepts. The interdisciplinary team will again be asked to choose a number of concepts or themes to bring the total number to no more than twelve.

Round four

The second lists will be reviewed by the project director. If the list has not been reduced to twelve or less concepts. The arguments for inclusion or exclusion supplied in round three will be shared with the entire team. The team members will consider the arguments. Final choices for inclusion will be submitted to the project organizer. At this point, if consensus on the twelve most important items has not been met, the project organizer will reduce the number to facilitate timely review of the data.

Appendix D: Poster Presentation

Slide 1

Visual Arts and Chronic Pain:
Thematic Analysis to the Artistic Statements
of Visual Artists

SUSAN B. JANICKE DNP CANDIDATE

A POSTER PRESENTATION FOR THE GREATER SCHOLARLY COMMUNITY



Slide 2

Background:

Over 100 million Americans have chronic pain (American Pain Society, 2012).

The American burden of chronic pain includes high health care costs, rehabilitation services, and decreased job productivity (American Pain Society).

The visual arts are modalities for understanding and treating chronic pain. Art has been explored in adult cancer patients (Nainis et al., 2005) and hospitalized children (Franck, Sheikh, & Oulton, 2007).

Slide 3

The Project Purpose

The purpose of this doctoral project was to determine emerging concepts found on PainExhibit (2014), a website dedicated to artists with chronic pain.

The Project Questions

What insights to chronic pain in the adult patient were evidenced in the posted work?

How did the exploration of the content of the posted artistic statements inform individual nursing practice and facilitate the reduction of pain in the adult patient suffering from chronic pain?

Slide 5

Conceptual Frameworks:

Roy Adaptation Method (RAM).

Theory authored by Sr. Callista Roy

RAM posits four modes of adaptation: the physiologic-physical mode, self-concept/group identity mode, role-function mode, and interdependence mode (Roy, 2009).

Saunders Total Pain Theory

Authored by Cicely Saunders.

Total pain includes physical manifestation, mental distress, social repercussions, and emotional upheaval (Clark, 1999).

Slide 6

Method, Design, & Sample

The project used a qualitative thematic analysis, a grounded theory approach.

The method was applied to online artistic statements of people living with chronic pain who post their artwork online and to use the revealed concepts to develop nursing interventions for chronic pain. Thematic analysis allowed the interdisciplinary team to identify signification concepts in the artistic statements.

The sample was comprised of 107 artists statements from the art and chronic pain website, PainExhibit (2014).

Slide 7

Data Analysis: Thematic Analysis and Delphi Process

An interdisciplinary team examined the artistic statements using thematic analysis. The significant concepts were selected.

The team then used Delphi Process of achieve a consensus of the most important concepts.

Slide 8

Evaluation Plan:

This project was qualitative and metrics were not employed.

The following questions were addressed in evaluation:

Did the project process generate practice interventions for chronic pain utilizing art?

Are the suggested interventions appropriate for nursing practice? Do the insights generated by a review of the artistic narratives of PainExhibit (2014) and the studied literature support the presented interventions?

Slide 9

Project Findings:

The following concepts emerged in thematic analysis of the artistic statements:

Perspective of self

Communicating the pain

Concealing or masking the pain

Isolation

Making sense of or finding meaning in the pain

Better with art

Use of color

Expressing hope

Spiritual distress

Slide 10

Application to Nursing Practice:

- Drawing as a tool in pain assessment
- Exploring the meaning of color choices
- Encourage mask making
- Providing distraction
- Producing a product
- Using art to identify spiritual distress
- Encouraging hope

Implications for Social Change:

Expected outcomes include:

- More effective pain control
- Greater patient autonomy
- Better communication between patient and caregiver
- Reduced healthcare cost.

Implications for Future Research:

This project is also a template for further project development and also a template for carving out the DNP role in practice

Possible Projects:

Patients may benefit from a screening of patient preference in selection of distracting art projects.

The drawing pain assessment could also be more standardized with the development of specific instructions for the patient.

The provider may also consider the written works, narratives, interviews, and artistic statements of well-known artists with chronic pain; thematic analysis could also be applied the artist's written works.

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