



CB-ART—The use of a hybrid cognitive behavioral and art based protocol for treating pain and symptoms accompanying coping with chronic illness



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ABSTRACT

This study was designed to explore the use of a protocol that combines art-based and cognitive behavioral interventions (CB-ART) to help thirteen women cope with pain, anxiety, and depressive symptoms. We used a qualitative evaluation to understand the women's experience as participants in the protocol. In addition we measured changes in levels of distress using the subjective units of distress measure (SUDS) following the sessions. Client feedback regarding the experience of being part of the CB-ART treatment helped identify how art making can enhance the use of mental imagery in psychotherapy. We found that the CB-ART protocol is beneficial in reducing distress of women coping with pain, anxiety and depressive symptoms. We also found that the protocol is equally efficacious in individual and group modalities. Art making provides an opportunity to externalize distressing experiences. The concrete nature of the art product provides a platform for examining mental imagery, practicing coping skills, examining and changing maladaptive cognitions and behaviors.

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Introduction

Pain is a common experience for chronically illness patients. Many women suffering from physical pain often have co-morbid symptoms of depression and anxiety (Sarid, Segal-Engelchin, & Cwikel, 2012; Kurtze, Gundersen, & Svebak, 2011). The use of imagery in therapy is common to both cognitive behavioral intervention (CBI) and art based intervention (ABI) (Huss, 2012; Sarid & Huss, 2010). CBI are psychotherapeutic interventions based on cognitive behavioral theories. The use of imagery in psychotherapy allows for the expression of intense and painful experiences. Creating an image is a process of symbolization that enables externalizing and distancing traumatic material (Arbuthnott, Arbuthnott, & Rossiter, 2001; Huss, 2012; Sarid & Huss, 2010). This paper describes a mixed-method, exploratory study of a novel treatment protocol that uses imagery (both concrete and imagined) based on a cognitive behavioral approach.

Art based and cognitive behavioral interventions – similarities and differences

Art therapy is a relatively new therapeutic profession that utilizes visual art making as a form of expression and communication (Vick, 2003). Art therapy developed from the disciplines of art, education, and psychiatry and therefore is a hybrid discipline with a variety of theoretical foundations (Rubin, 2010). Early art therapists based their work on psychodynamic theories and the work of psychoanalytically trained psychiatrists who viewed art making as a window to the unconscious world of their clients (Kramer & Gerity, 2000; Naumburg & Kalkman, 1947; Vick, 2003). The pioneering art therapists differed in how they viewed art in relation to psychoanalytic processes. However, just as the theoretical and clinical realms of psychotherapy continued to develop after World War II, so did art therapy, and currently art therapists practice from a wide variety of theoretical approaches including cognitive-behavioral (Malchiodi, 2011; Rosal, 1996; Rubin, 2010).

Like art therapy, cognitive behavioral interventions stem from a hybrid approach to psychotherapy that is based on the combination of cognitive and behavioral theories (Dowd, Clen, & Arnold, 2010). The theoretical foundation of cognitive therapy is based on the notion that emotional distress and psychopathology stem from dysfunctional cognitions and that cognitions can be considered

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as unobservable behaviors (Beck, 1982; Hofmann, Asmundson, & Beck, 2011). Behavioral therapy developed from theories of behavioral learning, initially based on experiments of Pavlov (2003) and Skinner (1957). In the 1950s these theories were applied in psychotherapy and posited that behavioral change occurs through the processes of classical and operant conditioning. These two theoretical foundations were merged together with cognitive aspects into integrative interventions of change in psychotherapy (Beck, 1970).

According to Rubin (2001), the application of art therapy from a cognitive-behavioral framework is considered a psycho-educational approach, and is mainly documented in relation to working with children to create behavioral changes (Rosal, 1996; Rosal, 2001). In other cases, dynamic art therapy orientations are used in conjunction with CBI. For example, Rasmussen (2001) worked with children with a history of sexual abuse to curb sexual acting out. In this case, expressive therapies including art therapy were utilized from a psychoanalytic approach by encouraging children to use art to express emotions, similar to free association. This intervention was found to encourage emotional expression and reduce sexual acting out. From this standpoint, art therapy was considered emotional ventilation which enhanced the benefit of the CBI (Huss & Sarid, 2012; Sarid & Huss, 2010; Pifalo, 2006, 2007). However, some art therapists focus on the cognitive aspects of art making and view these as central to the inherent healing qualities of art making itself (Rubin, 2001, 2011). Thus, they insist, for example, that it is crucial that the person express in words and in writing, the feelings, thoughts and behaviors displayed in the art and to graphically portray the problems and their solutions (Ganim, 1999; Silver, 2001).

CBI has been shown to effectively treat a variety of disorders, including depression and anxiety (Hofmann, Asmundson & Beck, 2013; Apóstolo & Kolcaba, 2009; Rush, Beck, Kovacs, & Hollon, 1977). There is convincing empirical evidence on the benefit of cognitive restructuring of maladaptive thoughts, relaxation and guided imagery for reducing pain and depressive symptoms (Astin, 2004; Butler, Chapman, Forman, & Beck, 2006; Neimeyer, Kazantzis, Kassler, Baker, & Fletcher, 2008). In fact, cognitive behavioral interventions are one of the most extensively researched forms of psychotherapy and psychological interventions (Butler et al., 2006).

In contrast to CBI, art therapy has limited empirical evidence that demonstrates its efficacy as a treatment modality. For example, art therapy was demonstrated to reduce depression and the fatigue of cancer patients (Bar-Sela, Atid, Danos, Gabay, & Epelbaum, 2007). Art making was also demonstrated to assist the medical decision making process of individuals coping with cancer (Czamanski-Cohen, 2012). Another exploratory study found that creative arts were associated with increase of positive emotion and pain reduction among women coping with chronic illness (Kelly, Cudney, & Weinert, 2012). One study showed that participating in a single art therapy session was found to reduce pain symptoms in individuals coping with HIV (Rao et al., 2009).

The use of imagery in ABI and CBI

The major difference between imagery in cognitive behavioral interventions in psychotherapy and art therapy lies in the location of the critical image. In guided imagery in CBI, the image remains in the client's imagination and is focused on a solution or more enabling image. However, in art therapy, concrete expression of images on paper or in other media are often focused on describing and expressing the problem. This reproduced image has physical qualities that can be perceived via the senses and occur outside the body of the creator. In addition, because of its concrete nature, the imagery can be physically manipulated to create change and healing, both metaphorically and actually (Huss, 2012; Sarid & Huss, 2010; Ganim, 1999). There is evidence that neurological

pathways can be activated using imagery alone, such as bringing up the memory and sensation of a lemon which results in salivation (Kosslyn, Ganis, & Thompson, 2001). It is not clear if the tactile experience of using the art materials themselves has an additional effect (Sarid & Huss, 2010). Guided imagery focuses on creation or recall of mental images (Kosslyn, Ganis, & Thompson, 2001) which are visualized while in a state of relaxation, possibly with a specific outcome such as pain reduction (Posadzki, Lewandowski, Terry, Ernst, & Stearns, 2012) and depression relief (Gilbert & Irons, 2004). In addition, because the use of imagery in verbal psychotherapy is imagined, it is possible that the psychotherapist can verbally assist the client in creating an image that has an intentional direction, such as in the guided imagery exercise of "safe place" (Kosslyn, Ganis, & Thompson, 2001). Some practitioners leave the described imagery open to interpretation, whereas others build a detailed safe place with their clients that can potentially guide them to remain relaxed in a specific locale and detach themselves from symptoms of depression and pain (Carrico, Peters, & Diokno, 2008).

In this paper we describe preliminary research examining the efficacy of a treatment protocol that combines cognitive-behavioral and art based interventions designed to assist women coping with chronic illness or mental distress. We describe how images help control pain, alleviate anxiety and reduce depressive symptoms. In addition, we explore how images can be utilized within the integrated practice of cognitive behavioral intervention (CBI) and art based intervention (ABI), which we term "CB-ART".

The experience of participating in a treatment protocol

The combined use of qualitative and quantitative research methods is not new (Greene, Caracelli, & Graham, 1989). Health researchers support the use of combined research methods because of the complexity and multi-faceted nature of health and illness (Morgan, 1998). Quantitative study designs are those primarily used to examine the efficacy of psychotherapeutic interventions. However, these studies utilize standardized questionnaires that are unable to capture the depth of human experience.

For a deeper understanding of how individuals experience a treatment protocol qualitative studies are more appropriate (Camfield, Crivello & Woodhead, 2009). While some aspects of visual material (e.g. number of colors used or size of objects drawn) can be analyzed quantitatively, other aspects lose context and meaning without a qualitative analysis. Utilizing multiple texts in qualitative analysis can help us understand the complex experiences of women suffering from chronic pain, depressive symptoms and those coping with cancer (Keats, 2009). In addition, the use of a standardized measure can quantify changes in distress before and after participating in the treatment intervention.

Research goals

In the current study we aim to explore the use of imagery in therapy by applying a combined treatment protocol (CB-ART) that utilizes art therapy and guided imagery practice. Second, we examine the experience of participating in the CB-ART protocol by analyzing verbal interviews, artwork and researcher's recording of participant verbalizations. Thirdly, we assess the effect of a CB-ART protocol on decreasing symptoms of depression and pain by utilizing a standardized self-report measure to examine how participants experienced changes in distress during the study.

Method

This is a mixed methods study combining qualitative and quantitative methods that utilized a pre- and post-standardized

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