

---

## An Art Inquiry into the Experiences of a Family of a Child Living with a Chronic Pain Condition: A Case Study

---

Kathryn Palmer  
Blythe Shepard  
*University of Victoria*

---

### ABSTRACT

Chronic pain among children is poorly understood, and few studies portray the experiences of sufferers and their families. This qualitative case study aimed at gaining a rich description and a contextual understanding of the experiences of a young chronic pain sufferer, aged 6, and her family members through an art-making process. Several examples of the art images are presented along with excerpts from the exploratory conversations that captured the meanings that the child and family members came to understand from the art-making process. A discussion focused on art as a research and counselling tool is presented.

### RÉSUMÉ

La douleur chronique chez l'enfant est un phénomène mal compris, peu d'études ayant décrit le vécu des enfants atteints de douleur chronique ainsi que celui de leur famille. La présente étude de cas utilise l'art afin d'enrichir cette description et de comprendre l'expérience d'un enfant âgé de six ans aux prises avec la douleur chronique et des membres de sa famille dans une recherche qualitative. Plusieurs exemples de ces créations sont présentés avec des extraits de conversations exploratoires commentant le sens de leur expérience comprise dans un processus de counseling se servant de la création comme outil. La discussion des résultats met l'accent sur l'utilité de l'art dans un travail de counseling et de recherche.

Childhood chronic pain is consistently identified as being underestimated and poorly understood, and knowledge about it lags far behind knowledge of adult pain experiences (Bennett, Huntsman, & Lilley, 2000; Eccleston & Malleon, 2003; Schulz & Masek, 1996; Zeltzer & Blackett Schlank, 2005). In childhood, chronic pain is defined as any persistent or recurring pain that lasts no less than three months, with known or unknown aetiology, and that interferes to some degree with the family's level of functioning across financial, social, and emotional life domains (Zeltzer & Blackett Schlank). Children's developmental levels and subsequent ability to understand their experience of pain are contributing factors to childhood chronic pain (Sallfors, Fasth, & Hallberg, 2002; Zeltzer & Blackett Schlank). Yet many aspects of this dynamic have not been explored (McGrath, 1995). For example, little is known about children's subjective understanding of their pain experience in terms of cognitive development, temperament, early pain experiences, family factors, ability to self-report, and ability to use cognitive and behavioural pain control strategies (McGrath). Children understand the world in qualitatively different ways than adults, and when conducting research with

children it is important to design the study in a developmentally appropriate way (Kortessluoma, Hentinen, & Nikkonen, 2003; McGrath).

Most studies that examine the effects of pain clearly indicate that the consequence for sufferers is immense (Bennett et al., 2000; Malaty et al., 2005; Sallfors et al., 2002; Schulz & Masek, 1996; Walters & Williamson, 1999; Zeltzer & Blackett Schlank, 2005). Paediatric chronic pain sufferers are at higher risk of psychological and psychosocial maladjustment including slowed development, increased depression scores, loneliness, isolation, and difficulty expressing emotions (Walters & Williamson). A consistently reported impact for young chronic pain sufferers is activity restriction. When children are not able to attend school regularly or to participate in peer or family activities, they are likely to experience feelings of isolation and abandonment (Schulz & Masek). They may also have difficulty expressing their anger and frustration, and often worry about further burdening loved ones. Limited or restricted activity levels do not provide ill children the same amount or quality of opportunities as typical healthy peers to master developmental tasks such as quests for autonomy and socializing with others (Walters & Williamson).

Although studies that address the impact of living with a painful condition are limited, chronic pain must be viewed in a broad context, as the entire family is affected by this experience (Hunfeld et al., 2002; Sallfors et al., 2002; Walters & Williamson, 1999; Zeltzer & Blackett Schlank, 2005). Families may experience significant levels of emotional, economic, and physical stress (Eccleston & Malleson, 2003; Zeltzer & Blackett Schlank). Importantly, a cyclical role can occur as family functioning can impact sufferers' experience of pain (Schulz & Masek, 1996). At the same time, the condition also places a tremendous burden on the ability of families to manage and cope, thus impacting their level of functioning (Sallfors et al.).

Additionally, families often experience blame from professionals who are seeking to either understand factors that are potentially reinforcing the existence of pain within the family system or, due to their inability to accurately diagnose, turn to the possibility that the pain is psychosomatic or imagined (Eccleston & Malleson, 2003). When chronic pain remains unexplained, families often experience frustration and distress as continual testing and medical exploration reveal no underlying cause. Parents are often forced to seek time-consuming, multiple medical opinions (Kashikar-Zuck, 2006), and face the burden of scheduling difficulties, childcare, missed work, and travelling expenses (Bennett et al., 2000). The health care system often fails to recognize parents' expert knowledge and to appreciate their role in helping their child (McGrath & Finley, 1999).

Art-based therapy interventions are considered an excellent tool for helping children living with chronic pain as the approach (a) meets children's developmental need to make sense of their world through play, including art (Savins, 2002); (b) supports children's cognitive ability to understand their experiences (Prager, 1993; Schulz & Masek, 1996); (c) facilitates self-awareness and expression of emotion (Synder, 1997); and (d) assists in the externalization of subjective meaning related

to experience (Carlson, 1997). The advantage of art-based interventions is that the images are available to revisit over time. Furthermore, “parents can play a crucial role in helping their children manage pain” (Savins, p. 16) when they are included, as they gain insight into their child’s experience and can help their child express experiences without feeling the burden of causing parental anxiety. Art-based interventions introduce families to novel ways of relating to each other and the problem and, in turn, to learning new ways to interact that are not dominated by language patterns that reinforce the presenting problem (Riley, 2004). Moreover, as families are made up of individuals of various ages and developmental levels, art-based approaches provide all members of the family an opportunity to express their thoughts, feelings, and perceptions through the images and to have equal access to the therapist/researcher (Riley).

Studies of childhood chronic pain clearly indicate a lack of understanding of the subjective experiences of sufferers and their family members. Art-based approaches offer many advantages and benefits with this population in terms of bringing these internal, often non-verbal, experiences into the concrete world. As such, the purpose of this study was to gain a rich description and a contextual understanding of the experiences of a young chronic pain sufferer and her family members through the process of art making. The following were used as guiding research questions: (a) What are the experiences of a family that has a child living with chronic pain? (b) How does the chronic pain play out in this family’s life—socially, emotionally, and physically? (c) What kinds of strengths and resources is the family drawing upon to fight the battle with chronic pain? and (d) How appropriate is the process of art making in eliciting a rich description and a contextual understanding of the experiences of a young chronic pain sufferer and her family members?

## METHOD

### *Participants*

An informational poster was sent to local professionals including paediatric psychologists, therapists, and physicians who were likely to be working with children who experience chronic pain. They were asked to share the information with parents of young chronic pain sufferers, and interested individuals were invited to contact the researcher directly. The researcher discussed the participation criteria and suitability with potential participants, thus using a purposive sampling technique (Stake, 2005). The family was chosen based on the criteria that a child aged 6 to 10 within the family was living with chronic pain, and that the family was able to participate without causing overwhelming stress. The family self-identified as meeting the criteria for chronic pain as defined in the introduction.

Participants included parents, Victor and Allison Graham, and their two children, Amy (aged 6) and David (aged 3). Pseudonyms have been used to ensure the family members’ confidentiality. Victor and Allison, a two-income professional family, are about 40 years of age and have been married less than 10 years. Amy, identified by her parents as the young chronic pain sufferer, has complained of back

pain on a daily basis for over two years, since age 3. Despite numerous medical appointments, no aetiology was determined and tests were ongoing. David joined the family to work on his own creations, but given his age and developmental stage, did not participate in the interviewing process.

### *Research Approach*

A multi-method, qualitative approach was used to address the unique context of this inquiry and incorporated theoretical methodologies from case study and art inquiry, specifically symbolic constructivism. A case study approach, using the family unit as the bounded system, afforded the advantage of understanding the multiple realities of the participants from an insider's perspective, and allowed for exploration of the complexities of the phenomenon (Gillham, 2000; Stake, 2005; Yin, 1994). Stake describes this approach to case study research as instrumental, as the researcher's goal is to present a holistic view of the case including a thick description of the multiple experiences and processes that are integral to understanding the phenomenon in question. Although "the whole story exceeds anyone's knowing, anyone's telling" (Stake, p. 456), the end product provides a rich enough description that the reader vicariously experiences the phenomenon.

Art-based approaches are founded on the belief that art making acts as a catalyst in accessing individuals' alternate forms of knowing and in retrieving beliefs, feelings, and experiences out of one's awareness (Barry, 1996; Riley, 2004). The process of art making can assist individuals to let go of logocentric tendencies, view their creations through a more interpretive lens, and begin to understand the potentiality or multiple meanings that may be constructed within their visual representations (Barry). Symbolic constructivism is a mode of inquiry in which the images are not intended to enhance the participants' stories—the images are the stories and the conversational exchanges that accompany the images are intended to help the researcher and participants come to a co-constructed understanding of the potential and possible multiple meanings within the images (Barry).

### *Researcher Role*

Although the primary role and purpose was that of researcher, it was not possible or desirable to disengage completely from training as a therapist. One of the values of this project is that it closely resembles what practitioners actually do, and this was believed to have enhanced the process. Therapeutic skills helped the first author to make sense of the dynamics that took place in the research setting and to respond to these dynamics in order to establish and maintain safety for the participants. As a result, the participants were able to engage deeply in the research process and to uncover aspects of themselves that they otherwise might not have.

### *Data Collection*

The family members and first author met in the family's home over the course of three months, for a total of six sessions of approximately 60 to 90 minutes

to participate in five art-making sessions and one closing session. The five art-making sessions were each followed by a conversational exchange to facilitate the co-construction of meanings. This component of the research was audiotaped and later transcribed. An outline and brief description of the art task for each of the sessions, including the title, materials, and directives is provided in Table 1. Due to the emergent nature of this type of inquiry, the interview questions were largely dependent on the images within the creations.

TABLE I  
*Outline of Art Activities*

	Session #1	Session #2	Session #3	Session #4	Session #5
Title	Representation of Self	Family Picture	Body Map	Metaphor of Pain	Collage
Materials	Paper (11x17) Felt markers Pencil crayons Wax crayons	Paper (11x17) Felt markers Pencil crayons Wax crayons Pastels	Body outlines Felt markers Pastels	Paper (11x17) Tempera paints Paint brushes	Paper (11x17) Pre-cut magazine images Glue Scissors
Directive	I would like you to draw a picture of yourself. This can be a self-portrait or a thing that you identify with, such as a tree or an animal.	Draw a picture of your family with everybody doing something.	Colour in the body outline using different colors and shapes to show where you experience feelings and sensations in your body.	Imagine what the pain looks like and paint that image.	Use the images to create a collage that represents the different things or people that help you cope and feel better and give you strength.
Purpose	To gain a sense of how all members of the family view themselves.	To learn about members' experiences of living with their families.	To discover the emotional experiences that each member is managing and to increase awareness about the body connection.	To externalize the pain and get a sense of how each person subjectively experiences the pain.	To uncover the strengths and resiliencies of each person.

*Data Analysis*

Rather than relying on pre-established symbolic interpretations, participants' meaning-making processes were of primary interest. The analysis process began during the conversational exchanges that followed the art making. In an attempt to facilitate the co-construction of meaning within the images, the researcher posed questions, for example, "What would you title your creation? Of what does this picture remind you?" The second stage occurred after each session when the researcher wrote about the images and the sessions, noting impressions about the

visual and verbal stories. This process was not intended to be an interpretation of the images or responses to questions but rather was intended to account for the researcher's subjective experience. These have been included in the results as "researcher impressions." In the third stage, each person's visual representations and relevant transcripts were reviewed and used as the basis for a re-storying process; these are also presented in the results section. The transcripts were edited and compiled into stories with the intent of capturing the participants' new-found understandings while allowing the text to flow. In the final stage of analysis, information relevant to the four research questions was drawn out from participants' stories as major themes.

### RESULTS

The family members created 15 art images, but due to space limits not all images are presented in this article. The authors have selected six images that best illustrate how art inquiry permits each family member to express their experience of living with Amy's chronic pain. Each image is accompanied by the re-storying results that include excerpts from the exploratory conversations that followed the art-making activities. A condensed version of the researcher's impressions is also presented, followed by four themes that emerged from the transcripts.



Figure 1. Victor's drawing of his representation of self, titled "Thought."

### *Session One: Representation of Self*

Inspired by Rodin's "The Thinker," Figure 1 represents what Victor believed goes on in the world. "So what you see is a man ... he represents strength ... kneeling on one knee and holding the world on his back." Victor asked us to envision the man looking backwards "which represents the past" and "the world above is the future." And above the world you can see representations of weather "with the sun, the lightning, the smog, and the blue sky—they represent the emotions of the world." And "although it's the different emotions displayed around the world, everything is bright and sunny." The man in Victor's picture is "thinking of others, thinking of all these things, all the time ... thought is never ending."

*Researcher impressions.* Victor recognized the past and the future and yet his picture captured a moment in time, the present ... a sense of carrying the weight of the world on his shoulders. With strength of conviction, he pushed on, never giving up.

### *Session Two: Family Picture*

When Dad saw the image shown in Figure 2 and asked about his "tail," Amy responded, "Because you're a pig." And when it is noticed that everyone has tails, she indicated that "pigs are bad ... I don't want anyone to come close to you, because you are too bad." She went on to say, "It is like a trick ... they will think



Figure 2. Amy's drawing of her family, titled "Cat."

that you are bad, but you are really good.” She was asked about who she is tricking and she said, “a giant monster with a big sword that will cut you in half ... it doesn’t like pig guts on its sword ... so it will think it is pigs.” She said that she has seen this monster and “he’s bigger than this house ... his sword is as big as this house.” It is suggested that such a big giant monster might be scary, and in a low voice Amy said, “It is very scary ... up to the door scary.”

*Researcher impressions.* What Amy told us about her picture was what could not be seen ... the tails are a small detail in the picture and yet represent something much larger. Amy expressed a need to protect her family from a giant monster by disguising them as pigs. I am curious. Is the monster pain? Is the monster anxiety? What a huge burden, to protect your family from a monster that is bigger than the house and scary, “up to the door scary.”

### *Session Three: Body Maps*

Allison noted the physical aspects in her picture (Figure 3). “I guess a lot of it seems physical ... and I don’t know if that was what it was supposed to be ... that’s the way that I interpreted it and that’s the way it ended up. You know, like



Figure 3. Allison’s depiction of her body map, titled “Life.”



physical pain or feelings, I guess. If I am working more, I get more hand problems and stuff like that ... physical ... it takes its toll.” And yet she pushes on. “I always have to keep going ... it’s not an option, there is no other option. That’s the way it is and you just have to manage how you feel and suck it up. It’s not an option to stop ... I don’t get to take sick days.”

*Researcher impressions.* The theme of busy continues ... and yet the hustle of this busy life may be taking its toll. The stress manifests itself in physical ways, with neck pain and ulcers. She noticed that this is the way she feels things, in her body.

#### *Session Four: Metaphor of Pain*

Amy pointed to the orange (shown between her body and the arrow in Figure 4) and said, “This is where my back hurts ... my arms hurt ... my back hurts ... and my legs hurt” and, pointing to the arrow, “it hurts in my lower back.” When asked about how the pain feels, she described it as “achy.” When I wondered how often the pain is present, Amy moved away from the picture and engaged in distracting behaviour. When curiosity was expressed about whether her silliness was a way to take the attention away from her picture, she nodded her head and settled. “It hurts here and here ... it hurts so much that it makes it hard to think.”



Figure 4. Amy’s painting of her pain; untitled.

*Researcher impressions.* Amy showed us that her pain is real through her words. The words were hard to say. The pain was hard to talk about and she began her distracting behaviour. When I named her behaviour, she made eye contact and nodded. In heartbreaking words, she said that it hurts so much, that it impacted her ability to think.

Allison drew the image shown in Figure 5. She said, “It affects everything ... in so many ways ... that’s, I guess, what all the colours represent.” Allison described one example as “when she’s tired ... her body goes kind of limp ...” If the pain could talk “that’s what I usually hear ... Mom, my back hurts. In the picture it looks like a bubble that the words would be in.” Allison titled this creation “Mom, My Back Hurts.” If Allison could ask the pain one question she would have asked, “Why? Why are you there ... what is causing the pain?” Allison wanted answers and wanted to know what is going on. “I want it fixed or at least to know what to do to help it go away.”

*Researcher impressions.* It was hard to talk about the pain in this way. The colours represented “everything,” and they were so mixed up that it is hard to tell where one thing ends and another begins. There was frustration because Allison saw how the pain affects all of Amy’s body and she wanted desperately to fix it.



Figure 5. Allison’s painting of the pain, titled “Mom, my back hurts.”



*Experiences of a Family That Has a Child with Chronic Pain*

The Grahams have been battling chronic pain for the past two years and only recently did the family receive referrals for specialized help. Yet no plausible medical explanation has been found. The Grahams find themselves frustrated, angry, and helpless—not knowing what they can do to help relieve their daughter’s pain and confused as to why there are no answers. Allison and Victor both work full-time and, although they have found ways to balance the intense demands of career, household, and family duties, there is also a sense of being stretched and burdened by the inability to find answers.

*Social, Emotional, and Physical Effects*

Chronic pain influenced the family’s experiences across social, emotional, and physical realms. The lack of a social theme is more telling in its absence. Allison and Victor both described their family life as busy; however, their social lives beyond the routine of daily life were not highlighted. Allison was aware that although the family is often together, they seldom spend time doing something as a group. Additionally, the researcher did not hear Amy talk about friends. Her connection with others seems to be within the family. Many responsibilities and obligations named, such as balancing the demands of both career and home life, are not a direct result of chronic pain; however, given the intense demands of managing a home with two full-time working parents, the extra stress of attending medical appointments and parenting a child with chronic pain undoubtedly intensified an already busy lifestyle.

Chronic pain clearly plays out emotionally for this family. Each participant communicated, either verbally or through their art creations, ways in which their emotional self is affected directly or indirectly by chronic pain. The parents were frustrated that they could not help Amy and were unable to take “control” of the pain. Through her art work, Amy expressed her fear of the pain and her need to protect her family from the pain.

As expected, the physical aspect of chronic pain is more pronounced for the sufferer, Amy. Surprisingly, physical discomfort also emerged as a theme for Allison. Victor did not verbalize any symptoms of physical distress, other than in his representation of self when he used the metaphor of carrying the weight of the world on his back. Clearly, the experience of chronic pain has an intense effect on Amy’s life as the intensity of her pain is such that she cannot focus or concentrate. Allison communicated a sense of feeling overwhelmed in trying to meet the demands of her busy life and recognized that she often experiences her emotions in very physical ways. The tone that Allison expressed as she talked about her body map suggested a sense of being weighed down.

*Strengths and Resources*

Despite the stress and struggles encountered in their battle with chronic pain, this family drew upon many strengths, coping skills, and resources. Although they

have their own individual strengths and resources, the importance of relationships, maintaining interests and hobbies, and holding onto hope emerged. Although not always explicitly stated, a thread of hope seemed to travel through the weeks and emerge at different times for each participant. For example, Victor's collage did not just represent the present, but also symbolized hopes, goals, and dreams for the future.

### *Appropriateness of an Art-based Approach*

As I asked family members to follow basic directives and to engage in art making, they were able to explore and talk about aspects that were most relevant to their present and lived experiences. As a result, it was possible to gain a rich and in-depth picture of not only each individual, but also the interactions, roles, and rules within their family. The researcher learned information about the family members and the family unit that would have been difficult to anticipate in advance; thus, it would not have been possible to ask questions that would have elicited the same information. Additionally, the approach was particularly useful given Amy's shy personality and developmental level in that she was able to communicate her experiences without having to rely entirely on language skills. Each family member was able to participate equally in the art-making component of this inquiry.

The images provided something concrete to talk about and helped participants to make sense of their experience as well as to communicate that experience more clearly to the others. When Amy had difficulty answering questions, by referring to her pictures she was often able to reveal more about her beliefs, perceptions, and experiences. Although Amy was able to tell us about her picture and metaphorically about her experience, it was difficult, more often than not, for Amy to put words to her emotions, especially in terms of acknowledging "negative" emotions. Children in the pre-operational stage of development think in very concrete terms and operate from an egocentric point of view. Through the image making, Amy's internal experience found a concrete way of being in the world and a way to make sense of an experience that is more complex than her developmental level enables her to understand.

## DISCUSSION

Due to the lack of physical evidence and psychometrically sound measures, many families are faced with inaccurate diagnosis and lack of appropriate medical responsiveness (Malaty et al., 2005; Zeltzer & Blackett Schlank, 2005). Frustration and anger on the part of parents is commonly reported and is especially prevalent when the pain is unexplained (Kashikar-Zuck, 2006; Zeltzer & Blackett Schlank). Lack of a medical explanation can lead to misunderstandings between families and professionals (Eccleston & Malleon, 2003).

Families of young chronic pain sufferers often live in a busy environment, and in their attempts to attend to their child's medical needs they often are tapped

of resources (Bennett et al., 2000). A family's ability to manage these stresses is reflected in their level of functioning that, in turn, impacts the sufferer's experience of pain (Schulz & Masek, 1996). "Children learn about how to react to pain by watching how their parents react, not only to the child's pain but also to their own pain" (Zeltzer & Blackett Schlank, 2005, p. 109). Parents' modelling, coaching, and reactions to children's emotions play a role in how children develop emotional expressiveness and cope with their own emotions as well as those of others (Denham, 1998).

Children who live in pain often indicate that their lives are controlled by pain (Sallfors et al., 2002). Walters and Williamson (1999) found that these children are also at higher risk for psychological and psychosocial maladjustment. For example, when children worry about causing their families further anxiety, they tend to internalize the pain, which can lead to increased anxiety and/or depression (Savins, 2002). As the type of chronic pain is not indicative of the intensity of pain, it is important to honour the child's subjective pain experience (Schulz & Masek, 1996).

Parents who have children with chronic pain tend to focus their attention on their child to the point that they neglect their own well-being (Zeltzer & Blackett Schlank, 2005). Yet parents can also model for their children appropriate ways of managing stress (Denham, 1998; Zeltzer & Blackett Schlank). Families that are characterized by positive interactions, cohesion, and less conflict experience better adjustment in the face of difficulties (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998). As evidenced in the Graham family, interests, hobbies, and activities serve as personal resources.

The construct of hope is an important factor in predicting psychosocial adjustment in children and adults (Barnum et al., 1998). Individuals with higher levels of hope are able to find new ways to accomplish their goals and to maintain their sense of drive toward these goals even in the face of challenges (Barnum et al.). Accordingly, they are more likely to overcome these difficulties and, in turn, they experience greater levels of psychological adjustment.

"[C]hanging family members' cognitive views, or constructions, of the presenting problems should be a primary focus of treatment" (Coulehan, Friedlander, & Heatherington, 1998, p. 17). Family members can gain new perspectives and new relationships with the problem through the use of art. During the exploration of each person's images, perceptions and misperceptions are revealed and the communication system becomes more overt (Riley, 2004). Communication opens to new possibilities and alternate resolutions of the problem (Riley). In the current study, the parents highlighted new awareness regarding their relationship to the problem and were able to name specific shifts in understanding that had come as a result. They indicated that these changes were positive and helped them to re-evaluate their situation.

While useful in research, art inquiry has implications for counsellors who work with families. From this research the authors noted how important it is for therapists to have a strong foundation in human developmental psychology in order to

educate parents and others about how children make sense of, express, and manage pain. When therapists assist important others in the child's life to understand the complexity of pain for a particular child at a particular developmental stage, the child is more likely to receive the supports and appropriate assessments and interventions that she or he needs (McGrath, 1995).

Therapists who work with childhood chronic pain populations need to view the condition through a psychosocial lens (McGrath & Finley, 1999). A multi-disciplinary approach is often necessary in order to address the multiple factors that could potentially be creating or maintaining the existence of pain (Zeltzer & Blackett Schlank, 2005). Accordingly, the family needs to be assessed in terms of discovering possible factors within the family system that could be contributing to the ongoing pain, and they also need to be recognized for the role they play in helping their child adjust to and manage their experiences of chronic pain (McGrath, 1995).

#### LIMITATIONS

Single case study research is not intended to be generalized to other cases or to the general population of young chronic pain sufferers and their families. This case study revealed one of the most difficult aspects of studying childhood chronic pain. The experience is so embedded in the family context that it is not possible to clarify exactly how the presence of chronic pain relates to all the experiences identified by the child and family. As with most things, chronic pain does not happen in isolation. Although the themes that emerged within this project are consistent with the existing research, they may not all be sole results of the existence of chronic pain. Multiple factors are potentially involved, and although it is probable that chronic pain either contributes to or intensifies different issues, it may not be the sole explanation.

#### DIRECTIONS FOR FUTURE RESEARCH

More in-depth inquiries are needed in order to increase our understanding of how certain factors contribute to the occurrence of chronic pain and, most importantly, how we can intervene to minimize the impact for sufferers and their families. Future research needs to explore how families can support their children's adjustment to, and management of, their chronic pain. Other areas that are in need of future research include developing a protocol for responding to childhood chronic pain that incorporates an interdisciplinary approach and pursuing information about childhood chronic pain sufferers who also experience other mental health issues.

#### CONCLUSION

Chronic pain is a condition that affects many children and, unfortunately, this issue has not been sufficiently addressed in the research. Research corroborates

that for young chronic pain sufferers and their families, the short-term and long-term ramifications are potentially intense. These families need not journey alone as art-based interventions provide a venue for exploration and self-expression. Through the use of art media, children can find creative means to express their internal subjective experience while increasing their abilities to cope with and manage chronic pain. As families play such an integral part in their children's responses to chronic pain and since families have their own struggles in relation to this debilitating condition, family art therapy offers unique opportunities to explore interactional behaviours and communication patterns of families. As family members have opportunities to tell their unique stories and have those stories heard, they can begin to imagine new alternatives and experience new ways of relating to each other.

### *Acknowledgements*

The authors take this opportunity to express their deepest gratitude to the Social Sciences and Humanities Research Council of Canada for their recognition of the value of this research project and their generous financial support.

### *References*

- Barnum, D. D., Snyder, C. R., Rapoff, M. A., Mani, M. M., & Thompson, R. (1998). Hope and social support in the psychological adjustment of children who have survived burn injuries and their matched controls. *Children's Health Care, 27*(1), 15–30.
- Barry, D. (1996). Artful inquiry: A symbolic constructivist approach to social science research. *Qualitative Inquiry, 2*, 411–438.
- Bennett, S., Huntsman, E., & Lilley, C. (2000). Parent perceptions of the impact of chronic pain in children and adolescents. *Children's Health Care, 29*(3), 147–160.
- Carlson, T. (1997). Using art in narrative therapy: Enhancing therapeutic possibilities. *American Journal of Family Therapy, 25*, 271–284.
- Couleshan, R., Friedlander, M. L., & Heatherington, L. (1998). Transforming narratives: A change event in constructivist family therapy. *Family Process, 37*(1), 17–33.
- Denham, S. A. (1998). *Emotional development in young children*. New York: Guilford Press.
- Eccleston, C., & Maleson, P. (2003). Managing chronic pain in children and adolescents. *British Medical Journal, 326*(7404), 1408–1410.
- Gillham, B. (2000). *Case study research methods*. New York: Continuum.
- Hunfeld, J., Perquin, C., Hazebroek-Kampschreur, A., Passchier, J., Suijlekom-Smith, L., & van der Wouden, J. (2002). Physically unexplained chronic pain and its impact on children and their families: The mother's perception. *Psychology and Psychotherapy: Theory, Research and Practice, 75*, 251–260.
- Kashikar-Zuck, S. (2006). Treatment of children with unexplained chronic pain. *Lancet, 367*, 380–382.
- Kortelnuoma, R., Hentinen, M., & Nikkonen, M. (2003). Conducting a qualitative child interview: Methodological considerations. *Journal of Advanced Nursing, 42*(5), 434–441.
- Malaty, H., Abudayyeh, S., O'Malley, K., Wilsey, M., Fraley, K., Gilger, M., et al. (2005). Development of a multidimensional measure for recurrent abdominal pain in children: Population-based studies in three settings. *Pediatrics, 115*, 210–215.
- McGrath, P. J. (1995). Annotation: Aspects of pain in children and adolescents. *Journal of Child Psychology and Psychiatry, 36*(5), 717–730.
- McGrath, P. J., & Finley, G. A. (Eds.). (1999). *Chronic and recurrent pain in children and adolescents* (Vol. 13). Seattle, WA: International Association for the Study of Pain Press.



- Prager, A. (1993). The art therapist's role in working with hospitalized children [Electronic version]. *American Journal of Art Therapy*, 32(1). Retrieved October 7, 2004, from the Academic Search Elite database.
- Riley, S. (2004). *Integrative approaches to family art therapy* (2nd ed.). Chicago: Magnolia Street.
- Sallfors, C., Fasth, A., & Hallberg, L. (2002). Oscillating between hope and despair: A qualitative study. *Child: Care, Health & Development*, 28, 495–505.
- Savins, C. (2002). Therapeutic work with children in pain. *Paediatric Nursing*, 14(5), 14–17.
- Schulz, M. S., & Masek, B. (1996). Medical crisis intervention with children and adolescents with chronic pain. *Professional Psychology: Research & Practice*, 27(2), 121–129.
- Stake, R. (2005). Case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (3rd ed., pp. 443–466). Thousand Oaks, CA: Sage.
- Synder, B. (1997). Expressive art therapy techniques: Healing the soul through creativity. *Journal of Humanistic Education & Development*, 36(2), 74–83.
- Walters, A., & Williamson, G. (1999). The role of activity restriction in the association between pain and depression: A study of paediatric patients with chronic pain. *Children's Health Care*, 28, 33–50.
- Yin, R. K. (1994). *Case study research: Design and methods* (2nd ed.). Thousand Oaks, CA: Sage.
- Zeltzer, L. K., & Blackett Schlank, C. (2005). *Conquering your child's chronic pain: A pediatrician's guide for reclaiming a normal childhood*. New York: HarperCollins.

### *About the Authors*

Kathryn Palmer, M.A., RCT, is a graduate of the counselling psychology program at the University of Victoria and is currently employed at a mental health centre for children, youth, and their families. Her special interests include working with children and youth with mental health issues and using expressive mediums.

Dr. Blythe Shepard, Ph.D., CCC, is an associate professor in the counselling psychology program at the University of Victoria. She has a special interest in rural youth, counsellor skill development, counselling interventions, and life-career development.

Address correspondence to Kathryn Palmer, e-mail <kate.palmer@gov.bc.ca>; or Dr. Blythe Shepard, Faculty of Education, PO Box 3010, STN CSC, University of Victoria, Victoria, BC V8W 3N4; e-mail <blythes@uvic.ca>.