Art Keeps Hope Alive: Art Interventions as a Positive Psychology Tool for Individuals with MS

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Background

Individuals with Multiple Sclerosis (MS) may suffer from debilitating physical, cognitive, and emotional symptoms. Psychological interventions may reduce the impact of symptoms and enhance quality of life (1). Positive psychology centers on interventions that foster individuals’ resiliency, and it may benefit individuals with MS (2). Art therapy has a unique capacity to mobilize individuals’ strengths and its use may be synergistic with a positive psychology approach (3). Art therapy interventions may include artwork created by the therapist that is shared and processed with the patient (4,5).

Objectives

To assess patient acceptability and therapeutic effect of an art therapy intervention, Response Art, incorporated during individual psychotherapy of five patients with MS.

Method

Five individuals with MS in treatment for depression and anxiety participated in the study. The therapist shared with each individual a piece of artwork, created by the therapist, illustrating essential resiliency aspects of each patient: hope, persistence, generosity & shared problem solving, connectedness, and focus.

Case Series

1- Capacity for hope- Case Vignette: Allyson is a 62-year-old disabled teacher, with MS since her 40s. She also suffers from spinal stenosis, Hashimoto’s thyroiditis, and Rheumatoid Arthritis. She has experienced depression and chronic pain since her 40s. In the past she relied on prescribed pain medications and alcohol. After a few “dark” years, her resilience came through. She engaged in regular psychotherapy and art making (mandalas) and accepted help from her loved ones. She has sustained these changes.

Patient’s Response: “I can see this as a representation of where my thoughts are, at times. But the hope is there. Seeing this helps me feel that I can master them (the negative thoughts). When I see them represented as these circles, I see they have a boundary. They do not invade everything. And, I can focus on the seeds of hope. I know that I am a hopeful individual, and the black circles don’t cover that.”

In her own words- Text written by Allyson: Coloring mandalas has allowed me time and space away my feelings of loneliness, isolation and depression. I can be creative in the color schemes. Starting from the center of the mandala and coloring outward from there brings a great calm to my soul. Once the mandala is completed, I experience a tremendous sense of accomplishment and pride.

2- Persistence- Case Vignette: George is a man in his 60s, with MS since his 20s. He also had recurrent meningiomas and neurosurgery. He has suffered from depression, cognitive impairment, and is wheelchair bound. His strengths include a relentless sense of humor, a deeply supportive relationship with his wife, and a persistent love of plants.

Patient’s Response: “I can see it. This is me, with everything that was happening. I was there; under that rock- bills, taxes, mortgage, MS; everything. And this is me, with every thing and my daughter- we want to be there; get away from the drama; take care of my health. I feel different with MS. We are making changes while we are still young, we are planning for the future”.

In his own words- text written by George: I was diagnosed with MS in my early twenties. When I first heard the news I was overwhelmed and scared. Instead of feeling sorry for myself I decided to immerse myself in nature and all the beautiful things it had to offer. I began to study plants and learned about all the possibilities they had for nurturing the soul. As my MS became less manageable I had to find ways to still enjoy nature, but from my wheelchair. I had raised beds built in my garden so I could maneuver around them. I planted and grew many varieties of flowers and vegetables. Every day, I go out and attend to the plants. Weeding, watering, singing to them. Being out and enjoying all the beautiful gifts God created gives me inspiration and happiness.

3- Generosity and shared problem-solving- Case Vignette: Martin is a married man in his late 40s, father of four. He supports his family with his work in construction. His MS symptoms of fatigue and balance problems bring worries about the future. The needs of his extended family added to his burden. After a thoughtful process of evaluating options, he and his wife made significant life changes.

Patience’s Response: “How can I keep this pace up? This is me, with everything that was happening. I was there; under that rock- bills, taxes, mortgage, MS; everything. And this is me, with every thing and my daughter- we want to be there; get away from the drama; take care of my health. I feel different with MS. We are making changes while we are still young, we are planning for the future”.

4- Connectedness- Case Vignette: Lizette is a single woman in her 40s, with MS since her 20s. She was not close to her mother, and had a past abusive partner. Emotional intimacy does not come easily to her. She is close to family members, but also keeps them at a distance and struggles with feelings of loneliness. She feels they don’t see her suffering from MS, because she looks well.

Patient’s Response: “I can see it. This is me, with everything that was happening. I was there; under that rock- bills, taxes, mortgage, MS; everything. And this is me, with every thing and my daughter- we want to be there; get away from the drama; take care of my health. I feel different with MS. We are making changes while we are still young, we are planning for the future”.

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Patient’s Response: “Connected but alone. I can be around people and feel alone. I am learning that my thoughts of loneliness come from missing a closer relationship with my mother. I am learning that I am connected to my sister and daughter. I need to challenge my view of loneliness. You asked me to talk about myself, and I talked about relationships. Connectedness as one of my strengths- I am surprised at how much that makes sense”.

5- Focus- Case Vignette: Patricia is a single female professional in her 50s, disabled due to MS. She reduced ‘noise’ in her life to cope with bothersome fatigue and psychomotor retardation, in addition to depression. This allowed her to focus her limited energy on her art making.

Patient’s Response: “This captures my life strategy: I was too busy with life maintenance. There is a positive aspect, that I have been more able to make art, my passion- the red is where the heart beat is. There is also awareness of the sadness- how much is closed off for me. I continue to work on that balance, how to keep some openings, to be engaged”.

Results

All subjects were eagerly engaged in the process of exploring the art pieces, reflecting, and sharing their reactions. Subjects showed a high level of behavioral activation and a positive affect during the process. Subjects emphasized elements of the intervention they found helpful, including: permanency of the art object as a reminder of the therapeutic work and their strengths, and enhanced connectedness with the therapist and the treatment process. Patients proactively provided feedback about their reactions towards the artwork. In addition, some patients kept a copy of the art piece as a reminder of their strengths and shared them with their caregivers.

Conclusions

Art therapy techniques may enhance the therapeutic benefits of a positive psychology treatment approach for individuals with MS.

References

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5- Havsteen-Franklin D. Consensus for using an arts-based response in therapy. Art Therapy 2014