The "Art" of Social Problem-solving: A Creative Approach
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This author proposes that art therapy techniques can enhance Problem-Solving Training (PST). Using art media to support the PST protocol provides a pleasurable component to the process and may support use of positive problem-solving strategies. To explore the combination of PST and art therapy interventions, an approach for group work with people diagnosed with Lupus and other autoimmune disorders was designed and implemented. In this paper, theory, problem-solving treatment strategies and the potential of PST/Art Therapy integration will be presented.

Problem-solving Style

D'Zurilla, Nezu, and Maydeu-Olivares (2004) state that problem-solving outcomes are largely determined by problem orientation and problem-solving style. Problem orientation relates to how a person appraises the process of problem-solving. For example, a person who has a positive problem-solving orientation holds beliefs that problems are a solvable, manageable challenge. Additionally, he may believe that he has the ability or skills to solve problems that may arise. This set of beliefs results in a constructive approach to problem-solving. In contrast, a person with a negative problem orientation views problems as a significant threat to his well-being. Consequently, a person with a negative problem orientation may also hold beliefs that include doubt about his own ability to solve problems successfully. This negative orientation often results in frustration and distress.

The authors (D'Zurilla, Nezu, and Maydeu-Olivares, 2004) also note that negative problem orientation may result in careless or impulsive style, or an avoidant style of problem-solving. If a person is careless in problem-solving, he or she will quickly make choices without thoroughly examining the problem-solving options or the consequences of problem-solving choices. An individual with an impulsive or careless style of problem-solving will also be more likely to give up when initial efforts at problem-solving fail. A person may seek out others to solve problems with them or for them, or withdraw in attempt to avoid the problem instead of solving it.

Enhancing problem-solving through social problem-solving training

To help individuals change their maladaptive beliefs about problem-solving and to help them become effective problem-solvers, D'Zurilla and Godfried (1971) designed a Problem Solving Therapy (PST) framework to use for training. PST has been shown to be effective with a broad range of adults including those with medical or emotional issues, as well as other concerns (Nezu, D'Zurilla, Zwick, & Nezu, 2004). Accordingly, PST has enhanced the quality of life for a variety of medical patient populations.

Nezu, Nezu, Friedman, Faddis, and Houts (1998) provided an extensive guide to problem-solving approaches for cancer patients. In great detail, the authors outline philosophical and practical means to helping individuals and families improve problem-solving skills. The objective of problem-solving therapy with cancer patients and others experiencing medical issues, is to help "individuals to understand the nature of problems in living and direct their attempts at changing the nature of the problematic situation itself, their reactions to them or both" (p.71).

In this context, a 10-week protocol for PST was established (Nezu et al., 1998). PST participants were engaged in sessions related to, introduction and rationale for PST, problem orientation, problem definition (2 weeks), generation of alternatives, decision making, solution implementation and verification, and practice (2 weeks) and practice and termination the final week. This PST program inspired the design of Overcoming Obstacles Creatively, a monthly psychoeducational support group for the Lupus Foundation of Pennsylvania-Pocono, Northeast Branch.

Overcoming Obstacles Creatively

The Lupus Foundation Inc., (Lupus Foundation of Pennsylvania, 2004) explains that approximately 1.4 to 2 million people in the USA have been diagnosed with Lupus, most commonly, Systemic Lupus Erythematosus (SLE). Lupus is described as "a chronic, inflammatory disease in which the body's immune system fails to serve its normal protective function and instead forms antibodies that attack healthy tissues and organs." Lupus can impact kidneys, lungs, the heart, arteries, the central nervous system and the brain's blood vessels. Symptoms differ depending on which organ or system is impacted but can include: extreme fatigue, headaches, painful and swollen joints, fever, anemia and more (Lupus Foundation of America, 2010). Symptoms can also "flare" and remit at different times. Certainly, any and all of these symptoms can impact one's quality of life.

Problem-solving Style, Problem-Solving Training and Chronic Illness

Elliot and Hurst (2008) state that " It is possible that a dysfunctional problem-solving style—in the context of chronic disease and stress—may have definite correlates with impaired immune system functioning" (p.303), an assertion based on the review of relevant literature and studies on problem-solving , personal adjustment , and health.   Given that Lupus is an autoimmune disorder, and that "flares" may be impacted by emotional health and stress, addressing problem-solving style and problem-solving skills would be beneficial for people living with a Lupus diagnosis.

In a related study, Kozora, Ellison, and West (2009) conducted research with people diagnosed with Lupus with and without neuropsychiatric symptoms as well as a healthy control group. One finding of the study was that the sample diagnosed with Lupus self-reported greater amounts of negative life events and negative disengaging coping skills at a statistically significant level compared to the healthy control group. Based on this, and other study findings, Kozora, Ellison, and West suggested that integrated behavioral strategies for treatment for people living with Lupus would be important. Cohen,

Roberts, and Levenson (2004)concurred with this statement and noted that it is important to

"conceptualize the patient as central to managing her disease" and to "develop the patient's confidence

in her own ability to do whatever tasks are required to achieve a specific goal" (p. 817). The authors

proposed that providing self-efficacy and self-management training for people diagnosed with Lupus

improved mental health outcomes and enhanced self-efficacy in coping with illness.

Art Therapy and Lupus

Unfortunately, scholarly literature on art therapy and people diagnosed with Lupus is limited.

Individual artists (Art de Ayala, 2010; Clarke, 2002) have reported that involvement in art making

processes and in creative expression enhanced their ability to cope with Lupus symptoms. Nowicka and

Sauer (2007) assessed the use of drawing with adult women diagnosed with SLE in their qualitative

study (n=38). Women were asked to draw their illness and comment on them during psychological

group sessions of a broader, "My life" course offered to patients with Lupus. The authors described the

drawings as "a priceless source of patients' perspectives…"[that] "make many dimensions of living with

the disease uncovered, especially psychological" (p. 1523). The authors felt that it helped participants

open up about their illness and that as a result, health professionals were able to understand the

individuals and their symptoms in a less schematic way.

Based on these influences, Overcoming Obstacles Creatively was designed for individuals with

Lupus and was later expanded to include individuals with other autoimmune disorders served by the

regional Lupus Foundation. Sessions were scheduled monthly and were held as "open" educational

support groups. Although, the goal was that participants would attend regularly, participants could

"drop in" and attend any of the sessions independently of the whole series. Clearly, this was not a

research study or a formal therapy group. The intention was to provide a service to the foundation and

to explore hypotheses about the combination of social problem-solving methods and art therapy

approaches. It was predicted that art therapy's visual and hands-on methods would increase energy and engagement and support explanation and exploration of problem-solving topics.

During the process of the support group, several art therapy based strategies were used to facilitate and process social problem-solving topics. For example, during the first session in which social problem-solving and problem orientation concepts were introduced, participants were asked to draw a line to represent their journey from the time they woke up to the time of the session. The qualities of the lines and comments about their routes provided a creative way for participants to see and describe their experiences and obstacles they faced when completing daily tasks. When problem-orientation was addressed, participants selected one rock from many different sized and shaped rocks that best represented the problem they were experiencing. The selection of the rocks helped participants "see" their perceptions of the size, weight, and manageability of their problems. Verbal feedback was positive.

Unfortunately, the "drop in" nature of the groups led to inconsistent attendance. Several individuals who stated they wished to attend regularly reported difficulty with symptom flares, or had other medical appointments that were an obstacle to regular attendance. These attendance challenges led to the premature ending of the group. In spite of this set back, this author believes that PST used in conjunction with art therapy techniques is a combination that merits further exploration.   A more formal protocol and study should be developed to examine the efficacy of such an approach.

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