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Abstract:

This qualitative study explored the origins of interest in textile arts among a group of women living with long-term health problems. The part that illness played in motivating engagement in creative arts was of particular concern. Twenty four women were interviewed, aged between 29-72 years. Most were hobbyists and but the sample included some publicly acclaimed textile artists. A minority had engaged in art continuously since their earlier years. Most of the women had discovered (or re-discovered) textile arts, in middle and later life. Several factors facilitated this. The narratives indicated that the women's pre-existing resilient personality as well as extensive support structures may have encouraged a reflective attitude and a problem-solving approach to living with illness. The experience of biographical disruption, stemming from the crisis of illness, dissatisfaction with unproductive time and a growing need for self-fulfilment, appeared to create a search for a meaningful occupation. The discovery of textile art as a meaningful occupation (as opposed to other ways of living with illness) appeared to be encouraged by early role models, enjoyment of art at school, the discovery that adult personal and professional interests could be expressed through artwork, and chance events. Textile art at school appeared to provide a form of 'cultural capital' for these women, who returned to this art medium and the skills learned earlier, when crisis occurred. The findings indicate that a negative event such as illness may have life-enhancing effects. Rehabilitation specialists might focus more on the arts as a resource for adults living with illness.

Conversations about creativity and chronic illness (1) : textile artists coping with long-term health problems reflect on the origins of their interest in art¹.

Introduction

The relevance of artistic pursuits for enhancing quality of life in chronic illness has received relatively little research, even though links have been established between creativity, stress-coping and mental health (Cropley 1990; Nicol & Long, 1996). This paper explores the process of discovery of art as a meaningful occupation, through narratives offered by women textile artists who were all living with long-term health problems, such as multiple sclerosis, breast cancer, rheumatoid arthritis and chronic fatigue syndrome. A second paper will explore the creative process itself, through textile artists' accounts of their inspirations, their preferred approach to designing and making textile art, and their perceptions of the influence of illness on art-making. It is important to focus on women's experiences of engaging in art, because cultural stereotyping and value judgements have tended to make the work of female artists relatively invisible (as noted by Helson, 1990; Nochlin, 1973; Kirschenbaum & Reis, 1997; Rodeheaver et al, 1998 and Slatkin, 1993). Textile arts (including embroidery, quilting, applique and multi-media) have been selected in this study to provide a common focus of working in fabric and threads for all participants, and not because they are considered to be uniquely therapeutic or gender-appropriate. Because textile arts are widely enjoyed by women, they provide a rich focus of enquiry, enabling women's experiences of creativity in general, and art in particular, to be better understood.

¹ *Acknowledgement:* The author would like to thank the women who participated in the study, and the Arts & Humanities Research Board (UK) for financial support.

Although evidence is limited, it appears that art may help people come to terms with the physical decline associated with chronic illness and ageing and may promote positive self-esteem (Fisher & Specht, 1999; Malchiodi, 1999). In addition to physical impairment, chronic illness prompts a range of emotional and cognitive responses, such as uncertainty, anxiety and powerlessness. After diagnosis, a slow process of psychological adaptation may occur in which grieving takes place not only for the former healthy body but also for the taken-for-granted self that inhabited that body (Charmaz, 1991; 1999). The profound changes that chronic illness instigates, not only in the physical body but in the whole lifestyle and identity of the person, has been termed biographical disruption (Bury, 1982). At first sight, such stressful demands and losses seem more likely to constrict psychological and social functioning, than to encourage creativity (Amabile, 1989). Nevertheless, long-term health problems do prompt positive lifestyle change among at least some individuals. Crossley (2000), for example, found that some of her interviewees with HIV/AIDS regarded their condition as motivating a change toward living more authentically, with a firmer sense of identity and with greater self-insight.

There has been some research interest into relationships between art and life stage, including enquiry into changes that may occur in artistic self-expression. Lindauer, Orwoll & Kelley (1996), for example, found that older artists often regarded their commitment to art as increasing during their later years, because reduced involvement in paid work and family responsibilities meant that they could devote more time and attention to their creative artwork.

In what ways can artistic occupations contribute to the quality of life during chronic illness? Art is self-expressive, and enhances the experience of control, which may be particularly valued by those whose health appears out-of-control (Malchiodi, 1999; Predeger, 1996). Most research papers in this area have been written by art therapists, based on their observations and interpretations of patients' engagement in creative processes (e.g. Edwards, 1993). With a few exceptions (e.g. Hill, 1951), the personal stories of people with chronic illness who engage in artwork have been rather neglected. Predeger (1996) conducted a participatory feminist enquiry into the meanings of an art-based support group for women with breast cancer. The themes were co-analyzed by the participants and many quotations were given in the report of the study. The women reported that the group-based artwork helped them to live more positively with breast cancer, through for example facilitating their self-expression, enhancing their experience of control, and promoting feelings of solidarity and mutual help. Reynolds (1997; 2000) in a pre-cursor of the current interview-based study, analyzed written accounts sent by textile artists affected by long-term health problems who described the functions of art in their lives. The written narratives suggested that many women regarded art as a vital antidote to many of the stressful experiences of illness. For example, it promoted positive feelings, hope for the future, social contacts and productive use of time. Most respondents in these previous studies had not simply adapted a lifelong interest to their changing health and social circumstances. About 80% of the chronically ill women described taking up artwork after diagnosis, usually to cope with anxiety about the illness and/ or unstructured time, for example during hospitalisation (Reynolds, 1997). For some of these women, serendipitous events such as receiving a needlecraft kit or book seemed to provide an important introduction to

textile artwork. That serendipity is an element of many turning points in life has been noted by Plunkett (2001).

How do artists in general account for the origins of their commitment to art? Slatkin (1993) reviewed documents written by a number of acclaimed women artists, which mostly reveal that the artists were aware of their deep interest in art from an early age, with most entering formal art training by their late teens. Their families generally offered emotional and financial support for their artistic careers, even when not themselves artistically talented.

In contrast, Frym (1979) explored the artistic motivations of women who began their careers as artists in mid-life. Participants tended to attribute their 'late start' to their earlier obligations as full-time caregivers to their children. They often made reference to the conflicts that they continued to experience about giving time to their children as well as their art. A personal journal written by a female artist documented similar conflict and guilt (Truitt, 1982). These themes of guilt and role conflict were also discovered in a study of factors affecting the productivity of female artists (Kirschenbaum and Reis, 1997). Although most of the participants recalled being artistic at school, they had generally received little encouragement to take their studies further. Their parents, for example, had tended to favour them taking up alternative careers with more secure financial prospects. It was only in later years, when they were spending more time in the home caring for children, that many of the women re-kindled their interest in artistic pursuits. Art became valued as a means of self-expression and also as a temporary psychological 'escape' from the routines of motherhood. However, some felt guilt about balancing their roles as wife and mother

with their artistic pursuits. Such guilt may have been compounded by the overt and covert discouragement for their artwork that most received from husbands. Even though the study is quite recent, patriarchal assumptions about women's place in the home appeared to constrict many of the women artists' opportunities.

These qualitative studies have provided somewhat contrasting perspectives on women's development as artists. Some have been committed to art since childhood, and have pursued this vision doggedly, even in the face of public disinterest or hostility. Other women have complied with conventional social role expectations to have a secure career and/or family, and have only re-connected with their artistic interests in later life. It cannot really be determined whether more acclaimed artists tend to begin their commitment to art at an earlier age, as fame is not directly related to the uniqueness or skill of a person's work. The support of sponsors, reviews of critics, cultural prejudice against women artists, and changing fashions all play a part in determining the public attention given to a particular artist (Rodeheaver, Emmons & Powers 1998, Slatkin 1993). For this reason, the current study includes both 'hobbyists' as well as textile artists who have published designs, sold pieces and taught master-classes.

What previous studies have tended to ignore is the potential role of crisis, particularly the role of ill health, in bringing about a commitment to artistic expression. Bateson (2001:9) argues for the 'the creative potential of interrupted and conflicted lives'.

Evidence suggests that some acclaimed artists seem to have been spurred into art through such experiences. Frida Kahlo described how she began oil painting whilst confined to bed in a plaster cast, following a serious accident (Herrera, 1998). Zausner

(1998) examined relationships between physical illness and creativity in twenty one eminent artists, and suggested a number of common patterns. About a third of the artists selected for review had developed their interest in art during periods of long-term illness and convalescence during childhood and adolescence. Such confinement to home (and in many cases to bed) resulted in the experience of unproductive time, and the search for a meaningful activity. Zausner argues that engagement in art (rather than other potential activities) was associated with exposure to adult role models and access to art materials. It is interesting to note that some of these artists despite their youthfulness, realised at once that they had found a deeply satisfying means of self-expression. Matisse is described as having the 'feeling that my life was there' as soon as he opened a box of colors (Zausner, 1998:24). Nevertheless, not all artists, according to Zausner's study, discover their vocation in childhood. For some, creativity is kindled in mid-life or later years, or is positively re-directed through the experience of later life illness. Zausner gives the example of Longo-Muth who committed herself to art once she had left her teaching career because of multiple sclerosis. On the basis of her experience, this artist described illness as an encouragement 'to direct what energies you have left and focus them on your creativity' (quoted by Zausner, 1998, p.25). The stress and chaos of illness may thereby be brought under control, and a new mode of life emerges. Such studies point to the possibility that crisis, disjunctions and turning points in life may increase creativity and engagement in art.

Nevertheless, clearly only some people experience illness as a positive turning point and a force for creativity. What other facilitative factors may be needed? Helson (1990) sees creativity as problematic for many women to achieve, and suggests that

both personal characteristics (such as being imaginative in childhood, ambitious, persevering, and serious) and social encouragement (such as being selected as 'special' within the family) are important. Zausner (1998) notes in the study of artists who turned to art in the aftermath of illness in childhood that family role models were usually present. Lindauer, Orwoll & Kelley (1997) studied older artists who regarded the quality and quantity of their work as increasing with age. They attributed their creative 'rejuvenation' to a wide range of personal characteristics, such as enthusiasm, openness to experience, commitment to learning and personal growth, and self-acceptance. A view of time as precious, and a desire to express an accumulated 'lifetime of emotions' (p.141) also motivated creative productivity. However, the availability of available time was also important. These older artists found that they could engage more extensively and intensively in art because they had fewer work and family responsibilities. Such 'enabling' factors may be important in influencing whether or not a person engages in creativity as a response to a crisis such as illness.

This paper explores the experiences and events that prompted women with long-term health problems to take up textile art, specifically examining the role of illness in motivating artistic endeavor. As artistic occupations present such a potent means of living positively with physical discomfort, and illness-related threats to identity, roles and status, the process of discovery may be of interest to occupational therapists and art therapists, as well as researchers into creativity.

Method:

A qualitative method was justified, as the focus of enquiry has received very little previous research. The process whereby art had been discovered was anticipated to be

a highly individual matter, influenced by many different life experiences.

Consequently, a more structured, quantitative approach to enquiry risked missing vital issues. Qualitative research is often considered to be appropriate for an exploratory study as it permits detailed examination of personal perspectives and can therefore gain 'insider information'. It is recognised that initial motivations to engage in art may be somewhat distant and difficult to articulate in an interview, but the narratives are likely to reveal at least some of the factors that the participant construes as significant. Studies that have explored the art-making process and meanings of art for well-being have employed a similar methodology (e.g. Mace, 1997; Fisher & Specht, 1999). In qualitative research, generalisation from the data is not sought, as small samples are involved. Instead, the rich, multi-layered narratives are valued for suggesting hypotheses and models which later larger-scale research can test, and for providing a means of understanding complex human experiences, including the processes whereby people construct meaningful accounts of their lives (Creswell, 1998).

Sample:

Women coping with long-term illness who regularly engaged in textile arts were requested to join the study. The invitation was placed in a textile arts magazine, through local branches of the Embroiders' Guild and in local community venues (in the UK) holding embroidery classes. Twenty four participants were recruited, all living with long-term health problems such as multiple sclerosis, chronic fatigue syndrome, post-polio syndrome, arthritis and cancer. The majority were married (18/24). Fifteen had adult children living away from home. Only three had young children or teenagers living

at home. Two participants in their 30's had never had careers because of long-standing ill health. Most of the other participants had a professional background, including teaching, social work, physical therapy, nursing, and graphic design, but only one was still physically able to work outside the home. The age range was 29-72, with the majority (16/24) aged between 50 and 65. The women engaged in a wide range of textile arts including embroidery, patchwork quilting, tapestry, applique, and multi-media. Almost all had taken at least one course in one of the textile arts, and had exhibited their work. Some were essentially 'hobbyists' , but others published designs, lectured or taught master-classes, and one had written a book on an unusual form of needlework. The participants were given full information about the study and a copy of the interview guide in order that they could give informed consent. All interviewees were assured of anonymity, and the secure keeping of tapes and transcripts. To preserve confidentiality, pseudonyms are used below in conjunction with quotations from the interviews.

Procedure:

In-depth, semi-structured audiotaped interviews, one to two hours in duration, were carried out in participants' homes (except for one participant who was interviewed in hospital at her own request, and for three who were interviewed by telephone because of distance). Open questions were formulated to guide a focused conversation about the process of discovering textile arts and the personal satisfaction derived from this occupation. Questions included:

- How did your involvement in textile arts begin? Can you describe any particular event or experience?

- Were there any significant events or people encouraging you to take up needlecrafts?
- Have you been interested in creative activities such as needlecraft since childhood?

In addition to exploring the origins of their interest in textile arts, the women also reflected on their inspirations for artwork, and the role of textile arts in coping with long-term illness. The latter issues are examined elsewhere.

Analysis:

The tapes were transcribed verbatim. Analysis procedures were influenced by the constant comparative approach suggested by Strauss and Corbin (1990), in which the researcher moves back and forth between emerging themes and the original data, to check that the themes represent a good summary of the respondents' meanings. Initial close analysis of the interview material resulted in the identification (coding) of many specific issues. After several readings and re-readings of each participant's narrative, some of the specific issues were coded into larger, more abstract themes (in a similar approach as used by Gray et al, 2000). Where participants had expressed interest in viewing the summary themes from their transcripts, they checked these for acceptability. The analysis of a sample of the transcripts was also checked by a second coder. The women's views regarding the process by which they had discovered the personal relevance of textile arts were compared and contrasted, and the main enabling factors identified. Illustrative quotations are given verbatim, with only occasional editing to improve grammar, and for brevity.

Findings:**Early memories of art and textile artwork:**

Nineteen of the twenty four women traced the beginnings of their interest in textile work back to early childhood experiences, particularly the example provided by mothers and grandmothers, who often made the family's clothes by sewing or knitting.

Cheryl (mid-50's, currently treated for breast cancer and metastases):

Well, when I was a little girl, my grandmother was a make-do-and-mend type of person, and I used to spend a lot of time with her and she used to help me make doll's clothes and things when I was quite small. My mum was a dressmaker as well, not embroidery as such, but I've always liked embroidery, right as far back as I can remember.

Although remembered as showing great skill in their needlework, family members had mostly used fabric and thread for *practical* reasons. Relatively few participants described direct experience of family members embroidering or making other decorative objects. One participant was unusual in having a grandfather who designed embroideries, despite the prevalent cultural assumption in the early twentieth century that this was 'woman's work'.

All of the women followed the norm and participated in regular art lessons throughout primary school and during the early years of secondary school. In past decades, it was usual for sewing lessons, consisting of very traditional embroidery, and/or dress-making, to be provided for girl pupils at least between the ages of about 11 to 14

years. Participants expressed a wide range of opinions about their art and needlework experiences at school. Most had enjoyed these lessons.

Deidre (aged 59, recovering from leukaemia):

I can remember trying to sew almost before I could walk, I don't know where that came from. I've always loved textiles, I love the colours and textures, so, right from when I was very small, I was trying to do patchwork and of course we learned sewing at school, from about the age of five, so I've made my own clothes since I was about twelve. But I particularly love patchwork and I've done all sorts of embroidery as well.

A few recalled disappointing memories of art at school:

Jane (aged 50, rheumatoid arthritis, recently finished treatment for breast cancer):

At school, you didn't do freestyle embroidery, you didn't do embroidery unless it was on smocking, you stuck to the syllabus. I remember being a bit disappointed at the .. examination syllabus at the time, 1958, or something, really a long time ago, I {wanted} something freer....

I didn't think I was any good at art because I couldn't really draw terribly well, and I thought I hadn't got a tremendous amount of capability or talent, and the art room was always serried ranks of easels, upright, loads of swatches of paints, smelled to high heaven, the boys misbehaved, and all this sort of thing, you know (laughs) but the geography room had maps in it, nice images...

Although most had enjoyed their art and/or textile lessons, only five took their artistic interests into careers after leaving school. The others did not regard art as a suitable career because they were considered to be 'too academic' for college art courses, because they felt that they needed to focus on getting a 'proper job' that would pay reliably, or because they soon immersed themselves in marriage and children. Needlecrafts, if continued at all, tended to involve practical work such as making clothes rather than artwork. A few occasionally engaged in painting or completed an embroidery kit (for example on holiday), but they did not describe these as all-consuming hobbies. In the majority of cases, the women virtually or completely stopped engaging in visual art once they had left school, only returning to this later on in life. Family responsibilities and careers took precedence.

Lydia (mid 30's, back pain, chronic fatigue syndrome):

I was put off taking art at school {as a specialist subject} by not being very good at it, being told I wasn't any good at it, but I did always enjoy it at secondary school, also cooking and the more domestic side of school, although I was pushed into the sciences because that's where it seemed my talents lay.

Pippa (early 50's, ongoing treatment for cancer):

I've always been interested in art and craft, needlework, but I went to quite an academic school so after a certain stage I didn't get to do much and then I got married and had some children. That's when I went back to it again {dress-making}.

Only five of the sample had been engaged in art as part of a professional career, first of all taking art/ embroidery classes at school, and then subsequently having specialist training at art school, teacher training college, fashion college or during an occupational therapy course. Only this small group had immersed themselves in creative arts pursuits throughout their adult lives.

Four of the women did not even have good memories of art at school, and did not consider themselves to be at all artistic in their earlier years. For these women, art had carried poor associations at school, especially 'failure' and discouraging feedback from their art teacher.

Sue (aged 48, multiple sclerosis):

I was never any good {at textile work}.

Bridget (early 60's, cancer, osteoporosis):

I can't draw or anything like that ... I didn't do embroidery, I did a bit at school but it was never any good.

To summarise, although a large proportion of women in the sample had been quite interested in arts and crafts at school, not all had considered themselves to have any talent. Most had pursued other occupations in adulthood. Nineteen had not developed or revived a serious interest in textile arts until later in their adult years. For the majority, the pressures of their employment and family roles had left little time for art of any sort until later in life. During their early adulthood, contact with fabric and threads - if any - tended to be practical, such as making and mending clothes, or

household articles such as curtains. Nevertheless, in most cases early art education provided positive memories and basic skills which could be drawn upon when needed in later years.

The beginnings of the women's development as textile artists

All 24 women in the sample considered that textile arts were currently central to their ability to live positively with long-term illness, and most were very skilful practitioners. Almost all had displayed their work at exhibitions and some had sold items. Yet the analysis of their accounts (above) showed that relatively few had engaged in artwork continuously throughout their adult lives. This raised the question of what prompted the beginning or re-emergence of their commitment to textile artwork in their middle and later years?

In analysing the process of discovery of textile arts, three major motivating forces were identified, together with four main 'instigating' or 'opportunity' experiences. All of the women reported at least one of the 'motivators', and most described one or more of the following instigating experiences:

Insert Fig 1 here*****

The process outlined in Figure 1 will be described first, and then further illustrative quotations will be offered. As shown in Figure 1, the appearance of available, seemingly unproductive time in midlife, a growing need for authentic self-fulfilment and the crisis of illness could each provoke a search for meaningful occupation. Many

participants experienced all three experiences more or less simultaneously. Illness for most led to early retirement from work, closing the woman's usual avenue of personal fulfilment, and challenging the future that she had previously envisaged for herself. A deep uncertainty about how to achieve a quality life was then commonly encountered, sometimes lasting for several months. This phase can be conceptualised as a biographical disruption. Biographical repair for these women was achieved from taking up an artistic occupation that was usually familiar from family role models, and also experienced as rewarding in earlier years (e.g. at school). Some women found that the turning point occurred when an opportunity arose to engage in a community or religious textile project. Once begun, artwork then soon led to a variety of rewarding experiences, including renewed fulfilment, status and an extended social network. Although these positive experiences were often referred to as important in introducing the woman to textile arts in her middle and later years, chance events and serendipitous coincidences also had a part to play. These influences will receive more comment below. But first of all, some prerequisite characteristics seemed to enable an artistic turn of lifestyle, namely personality traits such as assertiveness, independent-mindedness and a feisty approach to life.

Prerequisite conditions for discovering textile arts:

Although subject to more interpretation than the other themes, there were many signs in the interviews that the women had led busy lives prior to their planned or illness-enforced retirement. Their narratives often included memories of being innovative and assertive (for example setting up play-groups in an area that lacked pre-school facilities, or running a business). Some mentioned that they had always lived with the

belief that one must make each day count and not waste time. They conveyed the impression of having had abundant energy and a determination not to be defeated by life events. Whilst their energy had been temporarily ‘dammed’ by their illness, it seemed to be awaiting release into a new, more personally satisfying artistic lifestyle:

Angela (50, neurological disease, colostomy):

When I had my colostomy done, I think it was so devastating, so tiring, I thought I have *got* to get out the house, stop feeling sorry for myself and go on a little course.

Sue (48, multiple sclerosis with severe mobility problems):

We just used to go round London, my daughters speak about it even now, it was greatthere was always lots to do, lots of things, but *active* things, our holidays were always a big thing, we used to do an awful lot of walking, which I miss, I miss that, although .. we’ve been on these disabled walks. We were very active, very busy (pause) so it’s channelling this energy into something new

Emily (aged 48, multiple sclerosis):

I don’t know why I’ve always felt a slight guilt. I think I’ve had quite a puritan upbringing, believing the devil makes work for idle hands. I’ve always had this thing that you should be doing something. I suppose I didn’t want to give in to illness and I didn’t want it to be the total thing of my life.

Holly (early 50’s, treated for breast cancer, bone disease):

Before {the illness} I was getting up, take the dog for a walk, sorting the children, ... everybody wants taxiing around, do the garden, do the housework and you're for ever going around in a circle and you never stop to think ... And I thought I'll never get back to doing that, I *must* have time to stop and think.

A reasonable degree of financial security (either from their own occupational pensions or from the income provided by husbands/ partners) and social support characterised the lives of most of the women in the sample. These factors may also have assisted their decisions to alter their lifestyles in a radical way:

Lydia (back pain, chronic fatigue):

I'm lucky because I had an insurance policy and a pension, so I'm actually quite well off, in terms of other people.

The appearance of available/ unproductive time:

In their middle to later years, when family responsibilities had subsided, and children had grown up and left home, five of the women found that they had more time on their hands. This often coincided also with retirement from paid work, but pre-dated the onset of illness. The diminishing of familiar roles and responsibilities, whilst welcome in some ways, also opened up a void:

Linda (65, severe asthma, osteoporosis):

{After retiring} out of desperation I decided that I wanted a hobby, especially with the winter coming on. In September I thought I can't stay at home and turn into a cabbage. I'll enrol for these classes. This was 1984 and I enrolled for about 5 different classes.

Although five women had taken up textile artwork in mid-life before the appearance of health problems, in response to lighter family responsibilities and work-loads, the majority of the sample had experienced a serious illness as opening up an even more problematic chasm in their lives. Days became empty as illness interfered with or prevented the women's range of usual activities, through mobility limitations, pain and hospitalisation (for example, following surgery, or during an exacerbation of symptoms). This experience galvanised many in the sample to search for other possible occupations that might fill empty time:

Holly (50's, cancer, bone disease):

I had been so active before I was ill. You know, I'd taken the kids on school camps, walking the dogs, ... I'd played badminton, I was such an active person so my artistic side was ...dormant really. .. Although I have so many limitations ... I can't physically do all that I want to do, I've developed this {textile work} and then in a way, what I'm doing now and my life now is just so much better than before my illness, although I am restricted ...

Lydia (30's, back pain, chronic fatigue syndrome):

It was quite difficult for me giving up my career because {physical therapy} had been a real vocation for me, and so that first six months was spent not doing a lot because my back was in such a state, but I started sewing again, something to do to stop me going mad, got my cross-stitch out and that helped me to cope. I thought I can't do anything to do with the Health Service any more, let's think of something else. I'd always been interested in the Arts, so I was looking at university courses, thinking that might be something to keep my brain going, and then I looked in the library for other courses about embroidery or patchwork, and the City & Guilds just leapt out. ... it just brought a whole new life forward, my whole life has changed since then, from quite bleak and thinking 'where's the future?', 'what am I going to do with my life?', it sort of changed things.

A growing need for self-fulfilment

A few of the participants entered mid-life experiencing a pressing need for personal fulfilment. They judged that this need could only be acted upon once their children had become more independent, or when they were financially secure enough to leave work:

Cheryl (50's, treated for breast cancer and metastases):

{To the interviewer's question 'What led you to take up the City and Guild's embroidery course?} I don't know, really, the boys were at an age where they were sort of late teenagers and sort of leaving home ... I thought, well, I've got to do something for me, and that's what I wanted to do. I got the feeling

that I should be doing something artistic, something positive, rather than just existing.

The crisis of illness

Although the chief challenge of illness was often represented as empty time and the boredom of inactivity, some women also confronted a range of other illness-related stressors, including:

- Worry about the future, including death
- Loss of confidence, skills, status, career
- Isolation, loneliness
- Pain, discomfort, illness symptoms

Many of the sample, in searching for a way of blocking out the worry and loss that the illness was bringing into their lives, found a refuge in artwork. Before that time, needlework may have been at most an occasional pastime. Its psychological significance emerged following on from illness, when they realised how the artistic process could be self-expressive, consuming of attention and capable of distracting thoughts away from illness:

Holly (50's, breast cancer, bone disease):

You can engross yourself in the {art}work if you're worried about something, if you're really upset or anxious. You suddenly look up and you think 'that was

two or three hours gone' and you know, you haven't given anything a thought, you've been so engrossed in ... It's very important to me now, embroidery.

Joyce (56, treated for breast cancer):

Replying to the interviewer's question: When you were ill with cancer and having all the treatment, did you find yourself able to do your arts or textiles at that point?

Without a doubt, I felt it was so important. I'm lucky because I've got a room just full of textiles and paintings, and I thought I just can't sit down and feel sick with this chemotherapy, and so I just used to shut myself in my room and do textiles just about all day obsessively..., and it took my mind off the chemotherapy, and so it was a great help to me.....Sitting down doing nothing and taking what came at me didn't do for me at all, I had to decide, I had to be in control, it's worked.

Miriam (50's, treated for breast cancer):

Then I was diagnosed with cancer, breast cancer and I had to go into hospital to have an operation and that's the first time I realised how important the needlework was, because going into hospital, I took a tapestry with me and I sat there, and that was really, you know, waiting for doctors to come, and waiting for the operation, you're all tense and it was marvellous to have something to do and I just got on with that. That was like the first time that I really sort of thought of it as (pause) this is an important thing for me.

Paradoxically, the crisis of illness was valued, in retrospect, by many in the sample because it had provided the impetus to overhaul their lifestyles and express personal values and interests:

Joyce (56, breast cancer):

You're just on this treadmill and you can't really jump off it (pause) and then your body says stop, it makes you ill or whatever, and you've got to stop, and take stock and think, and so I'm glad I'm doing what I'm doing.

Initiating experiences:

The crisis of illness and the burden of unproductive time might have plunged the woman into deep depression. Alternatively, other ways of responding to the crisis of illness might have been developed. Taking up textile arts in the aftermath of illness could be understood as one option among many. So what experiences did the women regard as initiating or encouraging this particular choice of strategy for living with illness, out of many possible choices?

Being ill, the women's choice of occupation was inevitably restricted. Nothing too energetic could be contemplated. As illness made it difficult for most to venture out, the women looked for an occupation that could be carried out within the home. In coming to their decision to take up artwork, many women also looked to their previous interests and skills. School experiences, the activities of mothers and grandmothers that they had witnessed as children, and the occasional needlework kit finished with satisfaction during adulthood, led some of these women to consider

textile artwork. In so doing, participants not only prevented their lives from being dominated by illness, but began a new fulfilling lifestyle as a textile artist. Although long-dormant interests and accomplishments were revived by some women, others found security in expressing their more recent professional expertise through their artwork. This appeared to provide another valuable route to preserving identity and biographical repair for women whose illness had enforced early retirement:

Jane: (50, rheumatoid arthritis, treated for breast cancer; former geography teacher):

{After the chemotherapy} I was feeling really battered so I needed something, so I then decided to start the City and Guilds {embroidery course}. ... I thought back - what things would I like to do? Here I am, this is my life, what can I do, make it a positive thing? And the things I thought back on, in my childhood were the craft lessons I had at primary school, cutting paper, chalk diagrams and using – I don't know how you pronounce it – Aida fabric, fabric with holes in, regular holes, and I remember doing this little bag ...and I thought how nice and I remembered my childhood , and my mother who was a tailoress And I'd done those things as a child, um that was great, so I looked back on this and thought it worked for me then... it's the tactile feel of it and the color and so on, it's really superb. Because I'm a geographer I like spatial things, I like color, I like pattern... I've loads of books and they've got fantastic pictures in, lovely crystals and that sort of thing, and aerial photographs.

Marjorie (60's, rheumatoid arthritis, former primary school teacher):

Nature, fungus, or rock formations... I'm very much into natural things. I enjoy looking at books and magazines and there might be a superb photograph of some natural object...and I'll think, that's lovely.

For a few of the women, the beginnings of their textile art could be traced to an opportunity that they had seized to be involved in a community arts or church project. Perhaps because they were already looking for a way of filling time productively and to restore self-esteem in the face of illness, they were 'primed' to take up an opportunity when it presented itself:

Geraldine (52, neurological disease, pain, fatigue, mobility problems):

Utterly desperate {following months of illness}, lost all social skills, saw an advert in the Post Office for a community textile project at our local school. A friend took me, a neighbour brought me home. I spent the first two weeks terrified that someone would discover that I couldn't embroider!

Miriam (50's, breast cancer, describing a visit to a new synagogue):

We went to my nephew's synagogue, which he started, and I don't know if you know about Judaism, but they go round the synagogue with the Scrolls. And the Scroll is covered with usually a beautiful cover, and this is a very new congregation, you know, they had a dozen or so people. I remember that it had a real horrid, what looked to me like a bit of brown something and I thought, oh, that's horrid, there was this lovely vibrant group of people trying to get something together. So, I said to him, 'would you like me to make you

a mantle', which is something that I'd never ever done before, because it was like a real leap into free embroidery and design and everything, and they said, 'thank you, that would be very nice.' So, I spent that summer, I suppose, making the mantle.

One participant who had spent a lengthy period in a psychiatric hospital during her 40's was encouraged by a nurse therapist to reflect on her earlier interest in art and enrol for a degree course in fashion. Such 'professional' encouragement was rare. In most cases, the women appeared to seek inspiration for a positive lifestyle by reviewing their own memories of childhood and adolescence.

Jasmine (63, takes medication to control clinical depression):

I had psychotherapy with a nurse therapist and that went on for two years. But it was him that really channelled me, because there was so much that I wanted to do. My mum used to make ballet dresses for a company, and she used to make beautiful things and she never needed a pattern, she used to be able to just do it, you know. I did needlework for the school and was always top of the class and that was the sort of thing I always loved, and he said, 'why don't you do a course' and so I got the brochures from the college...

Chance events:

The account above perhaps implied that careful planning and conscious weighing up of alternative courses of action were common. Such a purely 'logical' problem-solving approach only describes a very few of the women. Chance, or serendipitous, events also figured greatly in many of the women's discovery of textile arts:

Louise (34, chronic fatigue syndrome):

{Replying to the interviewer's question: when did you start being interested in textiles and needle crafts?}

It was probably about five years ago, I was in hospital and I was in for five weeks altogether and I had my gall bladder removed eventually, but I just needed something to do, and somebody bought me a little cross stitch kit, which was fantastic and I think I did three of them, while I was in hospital. It's something that's quite easy to do physically, it means that I could sit still and do it, and be quite creative.

Shirley (60's, rheumatoid arthritis):

{With the arthritis} I didn't walk for 6 months and the doctors said they didn't know what was wrong. And during that time I was sat tearing my hair out and a friend of mine bought me a cross stitch kit and I did that and I did another and then I did another one and then I felt like doing my own designs. I started doing cards and things. So really it was that time when I couldn't do anything else. I suppose it helped save what bit of sanity my family think I've got.

Serendipitous events included gifts of a needlework kit, or a book, or a lucky encounter with a magazine article, often when the woman was in hospital or was confined to home by illness. However, it may be argued that most of the women were in a 'primed' state, ready to make use of such encounters, through their awareness of their health crisis, or the time that was hanging heavy on their hands during convalescence

Once interest and confidence had been nurtured by an embroidery or patchwork kit, or a magazine pattern, the women were inspired to develop further skills and begin designing their own work. Most sought courses that would develop their creativity. Even women with considerable mobility problems began textile art courses, for both the intellectual and social stimulus. Within a year or two, many were exhibiting their work. Exhibitions were not only important for confirming an artistic identity, but to provide deadlines and thereby distractions away from illness:

Sue (48, multiple sclerosis):

{In hospital, the quilt} was something to talk about, something to aim for, because I knew I was going to {exhibit at} this quilt show at some stage very shortly..., and then you're not sitting there brooding over things that can go wrong... I think it is vital to find a goal.

Discussion

Within the limits of recollection and verbalisation, the women offered many insights about their discovery of textile arts. The study showed that whilst most of the women had enjoyed their art education at school, only about a fifth of the sample described life-long, continuous involvement in the visual arts. Instead, the majority had succumbed to family and cultural pressures either to raise a family or to take up a financially secure career, and engaged in arts and crafts only occasionally prior to illness. Yet when time became more available later on in life artistic interests were revived and developed. This pattern mirrors the findings of Frym (1979), Kirschenbaum & Reis (1997) and Reynolds (1997;2000).

Because the artists in this study were all coping with long-term health problems, some new issues have emerged. The findings indicate that illness - through both the crisis of identity that it provokes, and its restricting influence on usual activity – can re-awaken dormant artistic interests in mid-life and later years. These observations add to the evidence that illness can provide a turning point in some artists' careers (Zausner, 1998). A similar 're-awakening' of artistic interests was noted among women living with breast cancer attending a support group (Predeger, 1996). Other types of life crisis which also over-turn usual routines have been noted to stimulate creativity (Bateson, 2001; Becker, 1997; Mishler, 1999). Art is particularly potent in challenging the experience of illness because it engages the mind rather than making great demands upon physical functioning, and because it is self-expressive, time-consuming and facilitates social contact. The resourceful women in this study exemplify how a negative life event such as serious illness can be a catalyst for positive lifestyle change.

A schematic diagram has been presented to outline the most salient aspects of the process of discovery of art as a meaningful occupation, and this has been conceptualised in terms of biographical disruption and repair. The interview material suggested that the women's long-standing personality, beliefs and support structures might have been important in helping them to cope positively with the crisis of illness and unproductive time, through searching for a meaningful occupation. Humanistic psychologists (e.g. Rogers, 1961, Maslow, 1970) have argued that self-actualisation is a positive force in human behavior, and these findings confirm that serious illness does not necessarily interfere with these needs. Independence, self-confidence and

energy have been said to characterise many women artists, particularly in mid-life (Abra, 1989; Rodeheaver et al, 1998; Slatkin, 1993). Such character traits would seem likely to help the woman withstand the initial experience of helplessness and depression that often accompanied her illness. However, it is to be noted that most participants refrained from explicitly ‘boasting’ about their personal initiative and determination, leaving these qualities to be inferred from many clues within the narratives. Further research is needed to examine the role of personality characteristics and self-image in initiating an artistic identity in later years.

Whilst several previous studies suggest that most artists have a strong, unaccountable need to engage in art, the women in this study elaborate further on the process of discovery that textile arts were meaningful to them. Various initiating experiences seem to be influential, including childhood exposure to role models (such as mothers engaged in textile work), favourable memories of art/ textile work at school, perceived links between professional interests and themes that could be explored in textile artwork, and opportunities to be useful in a community or religious setting. These factors appeared to guide the woman towards textile arts, rather than towards other ways of living with illness.

The guilt and role conflict noted by Frym, 1979, Kirschenbaum & Reis, 1997, and Truitt, 1982, were not widely evident in the current study. Possibly the women themselves, having had (in the most part) professional careers, were less subject to restrictive gender stereotypes compared with those participating in previous studies. In almost all cases, their children had grown up and no longer required care. For many, illness had already interfered with domestic responsibilities, and therefore

artwork was not perceived to take time away from housework. It is also possible that the families, having witnessed the difficulties and distress brought on by illness, were more supportive of the woman's life-affirming artistic endeavours than found in previous studies.

The interviews often included mention of chance events leading to the discovery of artistic interests. This pattern was also noted in the written accounts of textile artists by Reynolds (1997; 2000). Nevertheless, serendipity favours people who are already primed to make use of an opportunity (Diaz de Chumaceiro, 1995; Plunkett, 2001). In each case, the crisis of illness, unstructured time and/or need for self-fulfilment was already prompting a search for meaningful occupation. In such circumstances, a 'chance' gift or encounter with a magazine article could have particular salience.

Some previous studies of female artists have suggested that the appearance of talent and interest early on in life is typical (Slatkin, 1993). Yet in this study, only a minority had actively committed themselves to an artistic career whilst at school. Perhaps conventional lifestyles and gender roles typically suppress creativity, as Abra (1989) suggests. These findings seem to indicate that many women leave their artistic and creative skills unexplored, until a life crisis re-directs them on to a new path in life. Occupational therapists, art therapists and counsellors may draw some confidence from this evidence that significant creative development is a possibility for people coping with health problems during their later years. Such evidence adds to the emerging awareness that artistic pursuits are important for quality of life in old age, and make a valuable contribution to rehabilitation (Osgood, 1993).

The findings support the provision of better art education in schools, as a form of 'cultural capital' for students. Although not always appreciated at the time, many of the women had subsequently drawn upon their childhood art experiences and skills in later life. The women had also encountered many textile artists who had acted as role models, particularly among their elderly relatives. Although Sang (1981) has argued that few women become artists because they lack role models, this may apply only to the traditional fields of painting and sculpture. Textile arts have a rich tradition within women's communities, and therefore mentors, teachers, and like-minded friends are readily available.

Clearly this study is limited by sample size, and the self-selection of interviewees. Unconscious motives for taking up textile arts may have been important but clearly participants would not have been able to reflect on these. The narrative exercise itself may have encouraged the women to over-explain and simplify the process whereby they had discovered textile arts in order to present a coherent and powerful self-image. Nevertheless, the interviews illuminated processes through which a group of highly resourceful women embarked on new lifestyles as textile artists in their middle and later years, in order to live positively with chronic illness. The findings carry implications for rehabilitation specialists.

In conclusion, the crisis of serious illness led many of the women in this study to take up textile arts, even though they had not defined themselves as artistically talented in their earlier years. It is suggested that several factors played a role in releasing the women's creativity. Her pre-existing resilient personality and support structures may have encouraged a reflective attitude and 'can-do' approach to illness. The experience

of biographical disruption, stemming from the crisis of illness, experience of unproductive time and emerging need for self-fulfilment, appeared to create a search for a meaningful occupation. The discovery of textile art (as opposed to other ways of living with illness) seemed to be grounded in exposure to role models in childhood, enjoyment of arts education at school, recognition that professional interests could be expressed through her artwork, and through chance events. The findings suggest that rehabilitation specialists might include more focus on the arts as a resource for living with illness.

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Figure 1: Schematic diagram of the process of discovery of textile arts in adulthood:

