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Abstract:

This qualitative study explored the personal meanings of needlecrafts and their role in the self-management of depression. Written and spoken narratives from 39 women were studied. Respondents described themselves as experiencing chronic or episodic depression (e.g. associated with stressful work situations, bereavement or caring for an ill relative). Some had received treatment for depression but most had not. When analysing the therapeutic effects of creative activity, most women described the experience of intense concentration in the task as providing distraction from worry and relief from depressive thoughts. Creative activity was often described as enhancing self-esteem. The adaptability of the occupation to suit time available, mood and other factors facilitated a sense of empowerment or control. Creative arts activities could also challenge depression from enabling social contacts. Most respondents had taken up their favoured creative activity in adulthood, commonly in response to stressful life events and with some self-awareness of its therapeutic potential. The diversity of subjective benefits support further research into the self-management of depression through creative activities, in both patient and non-patient groups.

Managing depression through needlecraft creative activities: a qualitative study

Introduction

This qualitative study explores women's views about the personal meanings of creative arts activities and the subjective part they play in the self-management of depression. To place a boundary around the focus of enquiry, the participants in this study were all needlecraft practitioners. Needlecrafts comprise a wide variety of activities such as embroidery, tapestry, applique and quilting, and its products may be two-dimensional pictures or three-dimensional objects. It was anticipated that focusing on the common experience of working in fabrics and threads (to the exclusion of other art media) would facilitate the discovery of shared themes in the participants' accounts.

Arts activities may be promote psychological well-being whether engaged in as recreation, remediation or therapy (Schalkwijk 1994). Whilst art therapists often regard the therapeutic relationship as central to facilitating clients' exploration of emotional concerns and self, personal engagement in the process of art and craftwork may in itself promote well-being. Creative arts therapists often view the arts as facilitating self-expression, developing empathy and emotional awareness, promoting self-actualisation and achieving a more integrated self (e.g. Case & Dalley 1992; Payne 1992, 1993). Warren (1993, p.4) argues 'Each creative mark reaffirms the self. It says "I am here", "I have something to express".' Within the creative arts therapies, some research to examine these processes is underway although it is still limited in scope (Gilroy & Lee 1995; Payne 1993).

The self-management of physical and psychological health have received recent attention by researchers (e.g. Berman & Iris 1998). Studies of how people control and enhance mood have

mainly focused on the use of relaxation and exercise strategies (e.g. Thayer, Newman & McClain 1994). There has also been some interest in relationships between leisure use and well-being, particularly among older people (e.g. Oakley & Pratt 1997; Sherrard 1998). However, people's perceptions of the place of creative leisure activities in promoting their own well-being have been little explored. Reynolds (1997) reported a qualitative study of needlework practitioners who were all coping with chronic illness or disability. They reflected on the role of needlecrafts in their lives. The women's accounts frequently represented creative activity as a potent means of preserving or re-gaining a satisfactory sense of self. Their artwork helped them to define an 'able' identity, regardless of their mobility limitations, pain or fatigue. This identity-enhancing function was particularly valued by those whose illness had enforced a dependent role within the family or early retirement from work. The findings demonstrated that individuals may have considerable ability to reflect in detail upon the meanings of creative activities and offer from a personal perspective, careful analysis of their therapeutic elements.

The present study sought to examine the role of creative arts activities in the self-management of depression. Some respondents had received a medical diagnosis and treatment for depression but the majority had not. This may represent a fair sample from the community as depressive episodes are quite common yet often do not receive medical attention (Ormel & Sanderman 1989; Gilbert 1992). Women are somewhat more vulnerable than men to episodes of depression (Nolen-Hoeksema (1987)). Depression and dysphoria often occur in response to stressful events that involve irreversible loss or failure. The psychological state of depression additionally reduces motivation, enthusiasm and self-belief, sabotaging attempts at active coping and problem-solving. Various conceptual perspectives have been developed to guide understanding of depression.

From a psychodynamic perspective, the depressives' tendency to self-punish and turn anger inwards may be released through verbal or art-based means (Read Johnson 1998). Where negative feelings are highly threatening and repressed, artwork may provide a safer, more oblique means of exploration than verbal therapy (Dekker 1996). The artwork may also present a 'container' for expressed emotions (Schaverien 1989). Alternatively, the cognitive behavioral perspective regards depression as an outcome of both unconscious schemata (core beliefs) and more consciously available negative thoughts. The depressed person may have the subjective experience of facing overwhelming and uncontrollable demands, losses or failures (Seligman 1975; Ormel & Sanderman 1989). Beck (1976) in addition suggests that the depression is fuelled by negative intrusive appraisals about the self, ongoing experience and future possibilities. Additionally, depressed behaviours (such as passivity, inactivity and failure to self-reward) may exacerbate low mood and further diminish self-esteem. Whilst cognitive behavioral therapy usually addresses these facets of depression through verbal interchange and behavioral 'experiments', creative arts experiences certainly can be helpful in challenging negative self-beliefs and re-framing more positive interpretations of life experiences (Reynolds, in press).

When offered formally, cognitive behavioral therapy of depression empowers the client do the following:

Challenge spirals of negative thinking (e.g. through examining experiences that disprove negative appraisals of the self)

Build self-esteem (to challenge depressives' focus on self-blame and feelings of worthlessness)

Foster an increased sense of control (to challenge helplessness about the present and future)

Increase activity levels (to challenge lethargy and dysphoria)

Schedule rewarding experiences (to challenge depressives' tendencies to self-punish)

Enhance social support (to increase buffers against stress and build self-esteem)

(see Beck 1976; or Stern & Drummond 1991 for further detail).

This study examines whether 'lay' people within the community develop similar or different understandings to account for how and why creative arts activities help them to manage depression and promote well-being. The study will explore whether any of the therapeutic features described above appear in respondents' own accounts. The study also explores participants' reflections about when and how they first discovered that creative activity alleviated low mood states. This will help to establish whether the meaningful management of psychological health through arts activities requires a life-long interest in the arts or whether artwork can become a potent vehicle for self-development even when discovered in later years.

The findings may provide recreational, and remedial arts specialists (as well as art therapists) with further insights into the therapeutic facets of creative occupations. No claim is intended that needlecrafts are uniquely therapeutic. They provide a convenient focus for enquiry and further studies are needed to determine whether other arts-based recreational pursuits contain similar opportunities for managing depression and promoting well-being.

Method:

Design & Procedure: This was a qualitative study of written narratives, supplemented in a few cases by interviews. Qualitative research seeks to explore the 'insider's' perspective, and so no formal evaluation of the respondents' clinical state was attempted. The sample was recruited through requests for volunteers printed in national needlecrafts magazines available across the

UK. Respondents were asked to reflect on whether and how needlecrafts helped them to manage depression. The age at which needlecrafts were first taken up as a leisure occupation was also requested. The invitation also asked for the sociodemographic details of age, gender, marital status and occupation. Whilst needlecraft practitioners could have been contacted through educational classes or sewing circles, the approach would then have gathered samples with established social contacts and support, and would probably have led to an under-representation of participants with marked levels of depression.

The sample was clearly self-selected although this approach, for contacting a relatively 'hidden' sample within the community has been adopted in some previous exploratory studies (e.g. Mansfield et al 1992). Successful recruitment through magazines of a sample of needlework practitioners coping with chronic physical illness and disability was reported by Reynolds (1997).

Those responding were assured of anonymity in reporting the material and the secure storage of all submitted accounts. The questions posed were not unduly intrusive but the researcher had planned to telephone to support any respondent disclosing severe psychological distress. None of the written or interview material indicated that this intervention was required. All participants were thanked for their contribution to the research by letter or (where interviewed) in person.

Sample: Thirty nine women who identified themselves as experiencing chronic or fluctuating depression replied. Face-to-face supplementary interviews were arranged for four who lived locally to the author's place of work. Three other respondents (one man, and others whose

accounts suggested problems other than depression) were excluded from the current analysis.

Of the 39, twelve reported a medical diagnosis and treatment for depression (or manic depression). The majority were dealing with their difficulties through their own resources. This appears to reflect the nature of depression in community samples (Giblet 1992).

The women's ages ranged from 18-70, with the majority aged 30-49 years. Twenty five were in paid work (full-time or part-time). Twenty two were married or living with partners; nine were single (five did not provide information about marital status).

A template approach to data analysis:

There are many ways of analysing qualitative data, but a template approach has been recommended by Miles & Huberman (1994). This approach applies a 'start-list' of categories drawn from existing theory or practice to the analysis of themes within the data, and then determines whether respondents include additional themes unpredicted at the outset. In this study, the accounts were initially screened for their mention of the therapeutic facets outlined in the Introduction (such as building self-esteem, enabling social contact) and then noted any further topics that emerged. Reliability of the coded themes was checked through use of a second rater for six of the accounts. High levels of agreement (in excess of 85%) were reached, and all different codings were resolved through discussion.

The broad themes are reported below in the order of frequency with which they appeared in respondents' accounts. Because qualitative data analysis tends to be intertwined with interpretation (Stake 1995), some preliminary discussion is offered within each section, before

reviewing the key findings in the later Discussion. Reflexive consideration of the researcher's role in the analysis will also be offered within the Discussion.

Findings:

When was the creative activity taken up as a leisure activity?

Continuous interest in arts/crafts since childhood	8
Initial interest in childhood, but rekindled more recently	7
A new leisure pursuit (mostly taken up in the last 5 years, and mostly in response to stressful life events)	23
No information	1

The findings accord with those of Reynolds (1997) and indicate that only a minority of respondents had maintained a commitment to their leisure interest from childhood. The majority described needlecrafts as a new activity discovered in adulthood (even in later life).

"I suffered a period of intense depression in 1991 which necessitated a few months off work...I discovered needlework as I began the long slow process of recovery. My discovery was by chance as I pottered through a craft shop whilst on holiday".

Some described how stressful life events had prompted a search for a meaningful escape from worry and the re-discovery of needlecrafts:

" In November 1992, my mother..was diagnosed as having inoperable cancer, and obviously one rallies around to visit hospitals. The same week, my husband who had recently been made redundant was diagnosed as having a potentially life-threatening illness, to go with the depression he'd been fighting for eight years. (Shortly

after..) my sister was found to have two inoperable tumours. I was now visiting several different hospitals whilst attempting to juggle the college and school needs of two teenagers. One morning..I decided something had to be done. I decided to chart up a friend's house and garden and make a needlepoint cushion for her birthday..."

It is remarkable that despite the multiple demands on her time and energy, this respondent seemed to manage her experiences of helplessness in the face of loved ones' illnesses and hospital visiting , through embarking upon in a productive, controllable art activity. Later themes within her account examined some of these meanings, and these will be considered later.

How do women experience needlecrafts as facilitating coping with depression?

Mental /emotional relaxation

When describing the therapeutic effects of needlecraft activities, most of the sample (32/39) referred to its relaxing (calming) properties. Psychological calming and relaxation was attributed mainly to the following experiences during needlecraft:

- * distraction from worries through intense concentration on the task
- * escape into a fresh enjoyable task or world (away from other responsibilities)

The respondent quoted above who took up a time-consuming craft activity despite the many other calls on her time, explained the importance of distraction:

"I discovered when working from my charts that no intrusive worrying thoughts could occur, and unlike knitting, cross-stitch demands that complete concentration which

results in mind relaxation".

Many other respondents had discovered similar psychological benefits:

"Needlework forms the tiny balancing point between being able to cope and not able to cope. Being able to concentrate on a small, slow piece of work absorbs my mind and soul"

Some respondents did not construe relaxation as being derived from banishing negative thoughts but as achieved from embracing a refreshing new set of experiences:

"I get carried away into another world"

"My husband is chronically ill and I am a 'prisoner' of his disability but I can let my imagination take wings as I piece my patches for a quilt"

Mental relaxation was not only experienced whilst physically sewing. Some women emphasised how relief and distraction from worrying thoughts could also be achieved through planning designs and reading associated needlecrafts literature.

Only one respondent referred to the physical repetition of stitching as calming. Most seemed clear that the cognitive task was so consuming of attention that temporary distance could be gained from other worries. Some added music to enhance the relaxation experience. It seems from these accounts that the artwork can indeed alleviate exhausting rumination on worrying thoughts. However, some go further in suggesting that during craft activity a temporary, fresh and controllable world may be created, providing a relaxing antidote to stressful family and work situations.

Physical relaxation:

Five respondents valued the activity for its therapeutic influence on the physical manifestations of stress, having discovered that that sewing could provide a much needed physically calming experience to deal with specific episodes of panic or insomnia. For example, a woman described herself as regularly waking with panic symptoms in the night and resorting to cross-stitch to help her calm down:

"The concentration needed to count stitches begins to slow down my breathing and eventually I am able to lie down again."

Building self-esteem

Given the volume of research on the links between low self-esteem and depression, it was interesting that the sample made frequent references to this issue (25/39). In common with the needlework practitioners of Reynolds (1997) who were coping with acquired disability or illness, this group also regarded the pursuit as vitally important for providing themselves and others with evidence of a healthy, achieving self.

There were many themes relating to building self-esteem. Dominant ideas included:

- * needlecraft process and products provide self with evidence of own mastery/competence
- * needlecrafts provide a visible record of lasting achievements
- * self-expression is experienced through creativity, choices
- * evidence of an alternative self (extends work/family roles)
- * enables receipt of acknowledgement and praise from others (private and public)
- * provides a valued role and source of status (e.g. charity work, teaching skills to others)

"It is nice after a day at work to be involved in something for me and noone else"

"If I'm tense or stressed, a few hours of stitching gives me back a feeling of confidence in myself when I see what I can achieve."

"Embroidery is ideal for me and I feel that at least I'm accomplishing something instead of being slumped in front of the TV when I'm resting in the afternoon" (respondent with chronic fatigue and depression)

A doctor who described feeling depressed at times by her 72 hour weeks, explained:

"When I get depressed about work, spending a few quiet half hours with some needlework helps to reduce my stress and give me a sense of achievement in another facet of my life apart from medicine"...It helps me express another side of my character that is not always apparent at work."

Self-esteem could also be enhanced from the responses of others. Family and friends often gave positive feedback, praise and appreciation of needlework products. For a few, public recognition was achieved when work was photographed for magazines or presented in exhibitions. These experiences enhanced feelings of accomplishment, and increased the person's sense of occupying a valued place in her social network.

One respondent with agoraphobia and depression wrote:

"As both my girls are away, I needed something to do that I felt was useful, and these crafts do this. I think we all need to feel we are good at something."

Another diagnosed with clinical depression explained:

"I am slowly rebuilding my confidence because friends and relatives admire the work I have done."

Charity work (already emphasised by disabled embroiderers in Reynolds 1997) helped some to 'make their mark':

"My life's work now is to cross-stitch all the members of the Owl population (5 done, 11 in the pipeline) which will eventually go to the World Owl Conservation Centre in Ravenglass, Cumbria".

A nurse who had taken early retirement after battling with severe depression for three years described how she had progressed from her initial endeavours to a larger project for charity. As with a respondent previously quoted, needlecrafts had been discovered by chance from passing a needlework shop:

"I left the shop with a long-stitch tapestry kit. Up until that day I had no motivation to do anything even knitting but I came home, started and eventually completed it. Although I thought it looked awful (the back of it looked like a battlefield), my husband had it framed and I was surprised to see that it looked quite good....I have recently completed a tapestry of the Last Supper measuring 50 x 25 inches as a sponsorship and raised £1200 for medical textbooks for Rumania".

Enhancing perceived control:

When life circumstances are stressful, psychological equilibrium may be re-gained either from directly influencing problematic situations or by increasing one's experience of control, perhaps

over negative emotions. Some aspects of the needlecraft activity seemed to allow the experience (however temporary) of autonomy and choice, which may be particularly valued when personal decision-making or control was limited in other facets of life. Although this theme seemed to underpin many of the benefits that respondents described, explicit references were difficult to isolate, except in the interviews.

"If I'm feeling really low I'll cross-stitch a picture of a teddy bear (my other great passion) for myself and that is guaranteed to make me smile again."

An intensive care nurse wrote:

"When so much that I see (at work) is negative and destructive, the process of creating brings everything back into perspective, gives me back hope."

Needlework activity was even a catalyst for exerting more control over general lifestyle. A woman who regarded long-term severe stress at work as undermining her mental and physical health, described her needlework pursuits as giving her the confidence to make considerable life changes. She had decided to change to part-time work and develop her needlework into an alternative business:

"We have a small barn at the bottom of our garden which my husband says he'll turn into a studio for me - it will be my workplace where I can go and be me and keep all my stuff.

Suddenly there is a future, there are possibilities and I look at the world around me and I see colour and shapes."

Increasing activity levels and energising thoughts:

Depression is associated with problems of low motivation and dysphoria. For nearly half the sample (17/39), meaningful activity clearly helped to combat this sapping of energy.

"I find having a project on the go keeps my mind active - I am always planning the next one."

"Fabrics, colours and threads excite me beyond belief".

"It's given me enthusiasm to get things finished".

Social support

Whilst the accounts suggested that the primary value of needlecraft was in developing individual resources such as mental relaxation and equilibrium, self-belief and self-esteem, a large minority (12/40) seemed to build social support as well. Five had joined clubs, courses and guilds to pursue their activity, and five referred to developing and maintaining friendships through sharing these craft interests. Maintaining feelings of usefulness and reciprocity within the family were also seen as valuable outcomes of this leisure pursuit.

"I've found it easier to make friends - often I've been stitching on night duty or on the train and people have spontaneously come to have a look and stayed to talk. It's a great conversation starter."

"My enthusiasm for needlecraft as a stress relieving hobby has convinced many of my colleagues to take up needlepoint. Their interest allows us to have a talking point which isn't work-based. This I find very positive in a stressful working environment."

“ I make my grandchildren’s clothes and feel a useful member of my family”.

Additional themes

Whilst the 'start-list' of themes made regular appearances in the respondents' accounts of coping with depression, some additional issues emerged.

Practical adaptability:

Many respondents explained how the activity could be adapted according to mood, levels of energy and environment. For example, a respondent with manic depression wrote:

"I find that sewing helps in both phases of the illness. When I am manic I find that I am more creative and spend time designing although I often can't sit still long enough to actually stitch. When I am depressed I find that sewing helps to fill the hours and makes me feel that I can do something worthwhile."

Several explained that their large number of ongoing projects enabled them to select the size of project, and type (e.g. stitching, ribbonwork, beadwork) according to their current needs and environment.

"I prefer woolly needlepoint in the winter and light embroidery in the summer. I also can't bear dark colours when feeling down. One of my projects is a dark cat needlepoint but it only comes out when I'm feeling good about things. I also choose the project to match my level of concentration. I 'll avoid fiddly things like beadwork if I'm feeling stressed and irritable".

Time management:

There were several references (9/39) to managing time through needlework (without clear additional references to relaxation or self-esteem). The activity could help to structure the day by punctuating routines, filling empty/lonely periods and providing 'quality' time.

Structuring and enriching other life activities:

Some respondents described how their needlecraft interests generated other activities which were also rewarding and helpful for combating depression - for example, visits to exhibitions, browsing through relevant magazines and books, visits to places of interest which could provide photographs and thereby designs for new needlework. Many of these activities were enjoyed in the company of spouse or friends increasing social contact and support, and helping to counteract life stress. This aspect of the experience could be likened to the cognitive behavioral therapeutic strategy of 'mastery and pleasure' - scheduling pleasurable activities to increase the experience of reward and accomplishment (Stern & Drummond 1991).

Discussion

There is limited research on people's diverse coping strategies for managing depressed mood. This study opens a new avenue of enquiry, into the subjective meanings of creative arts activities. The findings suggest that the leisure activities with most personal meaning are not necessarily lifetime interests. The majority of the sample described discovering an occupation that they perceived as vital to coping, in later life. Many had been prompted by stressful events to try a new activity in order to provide a new direction in life or to fill a psychological void.

Respondents noted therapeutic value in both the process and product of creative activity.

Depression could be challenged both via the creative process (that provided a sense of autonomy, decision-making, and creativity) and via the product (which could stimulate pride, evidence of skills and/or self-worth). The experience of relaxation was particularly valued and related to the total absorption of attention by the task. The activity had the capacity to create islands of tranquillity amidst stressful life events. This subjective view resonates with the 'flow state' (described by Csikszentmihalyi 1988) in which concentration is highly sustained, with reductions in awareness of self and time, accompanied by feelings of mastery and control.

The therapeutic value of thorough immersion or engagement in a task has also received further research support. Oatley (1998) discussed his recent work in which research participants noted their emotional state and current activity at random intervals during the day, prompted by a bleeper device. This method of surveying emotional states revealed that self-rated happiness was most commonly associated with deep immersion in a task.

Creative activities provide numerous routes to enhanced well-being and are evidently adaptable to suit personal needs. Compared with Reynolds' (1997) study of people with long-term physical health problems, depressed respondents share many views and yet reveal differences in emphasis. In contrast with the earlier sample, women managing depression focused more frequently on the relaxation benefits of needlecrafts. This does not seem surprising as most were seeking ways of managing stress reactions, commonly associated with difficult life events. In the self-reports of depressed respondents, there was slightly more emphasis on building self-esteem and slightly less emphasis on building social support. Perhaps the depressed women were somewhat less concerned to find alternative ways of reciprocating care and building a social network because they were more likely to be working, with clear economic and caring

roles in their families. Women coping with physical illness and disability often regarded needlecrafts as a means of structuring the day. In the present sample, there was somewhat less emphasis on this. As more were working, sometimes for long hours, there were fewer problems of managing time productively. Nevertheless, the depressed women revealed considerable awareness of their needs to challenge self-defeating thoughts and build a personally satisfactory self-image.

As with the previous study, numerous limitations may be acknowledged. The sample was self-selected and there was no independent diagnosis of depression. However, it is widely accepted that depression can vary from mild to severe in community samples, and that even severe depression is not always medically treated. From a phenomenological rather than biomedical perspective, respondents' stories of managing subjective states of low mood were highly reflective and offered many insights.

Written narratives enable a larger sample to be surveyed but cannot be probed or extended, unlike interviews. It was noted in particular, that 'perceived control' issues were better explored within the interviews, perhaps because this perspective and terminology is not frequently used spontaneously. However, on probing, individuals can be encouraged to explore the meanings of control and helplessness. On the positive side, the written accounts offered personal subjective analyses entirely uninfluenced by the researcher's perspective.

The analysis of dominant themes is clearly a product of the researcher's conceptual framework (cognitive behavioral), experiences of using creative activities as adjuncts to counseling, and personal engagement in needlecrafts as recreation. A researcher with alternative training may

have been sensitised to different issues within the narratives.

In conclusion, these accounts suggest that adults may be remarkably inventive about coping strategies and insightful about their experiences of managing depression. The accounts reveal that creative activities can provide havens of safety in a stressful world, relaxation, shared interests and bonds with others and a stronger sense of mastery & self - all of which serve as substantial resources to challenge depression.

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