

**Reynolds, F. (2004). Textile art promoting well-being in long-term illness: some general and specific influences. *Journal of Occupational Science*, 11 (2), 58-67.**

**Abstract:**

The paper reviews previous research into the meanings of textile art-making for people living with long-term illness. Qualitative accounts of the creative process suggest that textile art-making is a multi-dimensional experience. Some practitioners regard textile artwork as a means of coping with discomfort and other symptoms. For a minority, it enables expressions of anxiety and feelings about loss. Nevertheless, participants place more emphasis on the role of textile art-making in rebuilding a satisfactory identity, and restoring autonomy and quality to life. It fills occupational voids following early retirement, and enables social contacts. Textile artwork also stimulates learning and personal development. It remains possible that any creative occupation delivers such benefits. The paper analyses qualitative accounts from seven participants to identify whether textile art-making has any distinctive experiential qualities. As a creative occupation, it seems to be quite distinctive in being readily accessible even to those who do not consider themselves as artistic. Modern textile art embraces diverse techniques and forms, and practitioners' choice and autonomy are enhanced by having several different projects in process at once. It accepts the use of assistive technology, thereby enabling people with a variety of physical impairments to produce 'mainstream' art. It draws upon rich social traditions, facilitating social contact. Many forms of textile art-making are highly time-consuming, fostering a future orientation, and the creative process is often socially visible within the home, with positive consequences for self-image. This study is exploratory. Further enquiry into the distinctive influences of different creative occupations upon well-being is recommended.

**Introduction**

Theorising about the relationships between health and creative occupation is still at an early stage, and there is a continuing need to examine the subjective effects of

meaningful occupations on well-being. From the art therapy literature, we can infer that art-making may benefit patients with physical illness through enhancing the experience of control and through offering a means of self-expression, particularly about feelings that are too overwhelming to describe in words (e.g. 1-3). However, it is unclear whether art-making has similar meanings when carried out as a favoured leisure pursuit, rather than as therapy. This paper reviews some previous qualitative research into the meanings of textile art-making for practitioners living in the community with long-term illness. Pierce (4) argues that there is a need to examine the subjective and contextual experiences associated with different occupations. This paper presents findings from exploratory research that examines whether textile art-making, compared with other creative occupations, has any *distinctive* experiential qualities that may help practitioners regain well-being in chronic illness.

### **Some reasons for studying participants' engagement in textile art**

Why focus specifically on textile art and its meanings for people living in the community with chronic illness? Firstly, textile art embraces many different activities using fabric and thread, including quilting, hand embroidery, machine embroidery, cross-stitch, appliqué and so on. As a result of this diversity, there are many textile artists to be found in the community, some of whom have long-term health problems. Secondly, there is a long history of textile art, especially among women, with many guilds, quilting circles and other groups for people to join. These social factors all help to make textile art more socially visible than some other forms of art, and facilitate the recruitment of research participants. Thirdly, despite the presence of these social groupings, cultural stereotyping has led to an under-valuing of the work and experience of female artists and craftworkers (5,6). Research is needed to rectify these oversights. Finally, because of the wide range of textile art forms that are available, people with physical impairments may find at least one form of textile artwork suited to their abilities and interests. Thus the research findings may be of interest to considerable numbers of people living with chronic health problems who are seeking a meaningful leisure activity that is feasible within the context of their physical impairments.

### **Some key challenges of living with long-term illness**

If we are to appreciate how art-making may make a difference to quality of life during long-term illness, we need to acknowledge the impact of illness not only upon physical but also psychological and social well-being. Looking beyond the obvious discomfort and functional limitations that illness brings about, many studies have shown that people with chronic health problems often experience a shrinkage of social roles, withdrawal from valued occupations, loss of choice and control over lifestyle, and threats to self and identity (e.g. 7,8,9). People whose illness necessitates early retirement often feel cut off from their usual sources of pride, accomplishment and self-esteem (10). Illness can become a ‘master status’ in the person’s life, penetrating every aspect of personal experience as well as influencing the reactions of others (11). An autobiographical account by Nancy Mairs, a woman with multiple sclerosis (MS), illustrates how a chronic illness can have the power to dominate each moment of waking life:

*At the beginning, I thought about having MS almost incessantly. And because of the unpredictable course of the disease, my thoughts were always terrified. Each night I’d get into bed wondering whether I’d get out again next morning. Whether I’d be able to see, to speak, to hold a pen between my fingers... Thinking all the time about having MS grew tiresome and intrusive...’ (12: 125-126).*

### **Coping with illness through creative occupation**

How may a creative occupation such as textile art challenge the ‘master status’ of illness? From a limited body of previous work, we may infer that textile art can be restorative, through its tactile qualities and through the quiet and focused nature of the occupation (13). It can also provide a measure of comfort and security through linking practitioners to previous traditions and rituals (13). Given that people often feel cut adrift from their previous lives and relationships when diagnosed with a serious health condition (14), such reconnection with long-standing social traditions may be highly supportive. Case studies suggest that some individuals use textile art to symbolise their journey through a healing process (e.g. 15)

Reynolds (16) reported findings from a study of 35 women (all living in the community) who wrote about their experiences of managing illness through engaging in textile art. A second study followed, based on in-depth interviews with 30 women and a further 5 written accounts (17-21). The participants reflected on how creative activity helped them to manage the adversities of illness. For example, they experienced needlework as helping to distract their attention away from pain, and worry about the future. A participant described how her artwork helped her through treatment for breast cancer by focusing her attention elsewhere:

*And I was working for an exhibition and at the same time making cards and I was a bit manic about it, I thought I've got to do all these things, and it took my mind off the chemotherapy, and so it was a great help to me.*

Another participant with multiple sclerosis viewed art-making as helping to block out her symptoms:

*When you're working creatively, you're not thinking about things that hurt, or pains, or aching... incontinence... (17: 788).*

Such concentrated attention may be linked to flow states, as noted in another analysis of the needlework experience (22).

In addition to psychological benefits, participants in both research studies (16,17), referred to improvements in physical functioning. Those who lived with conditions that restricted joint movement, such as arthritis, generally regarded their sewing as improving their manual dexterity.

### **Regaining positive well-being through creative occupation**

Whilst many participants experienced art-making as helpful for maintaining their physical functioning, and for resisting pain and worry, more emphasis was given in both written narratives and interviews to the ways in which textile art promoted psychological and social well-being in a broader sense (17). Many participants vividly described feeling overwhelmed by the huge occupational void that had opened up once they had to retire from work on grounds of ill-health. More than half of each

sample had discovered the personal relevance of textile art during this unsettling period (16, 19). Although the focus of the initial study of written narratives had been primarily to explore how textile art might contribute to coping with illness, more in-depth interview data revealed that its function in the participants' lives was much wider. This observation resonated with evidence accumulating from other studies suggesting that positive well-being is not simply derived from minimising stress, or coping with adverse experiences (23). Diener, Lucas & Oishi (24) reviewed a wide range of studies and concluded that positive well-being is associated with the following subjective states:

- Positive emotions (e.g. joy, satisfaction)
- Optimism
- Self-esteem – close match between ideal self and perceived self
- Experiencing an acceptable degree of autonomy – choice over lifestyle, activities
- Feeling able to pursue valued goals and opportunities for learning and personal development
- Opportunities for flow – engaging in skilful activities to a high standard
- Positive social relationships – experiencing oneself as having a valued place in a social network

Reynolds & Prior (17) found in the interviews that many practitioners experienced their textile art-making as delivering many of the psychological and social benefits outlined by Diener et al (24). Although illness had, in most cases, ended participants' professional careers with a consequent period of emotional turmoil, it had also catalysed the discovery of a more satisfying lifestyle, enabling them to acquire new skills, interests and identities. Because they had experienced such personal growth in relation to art-making, some had re-interpreted their illness as having brought about positive changes in their lives, as well as stressful limitations. For example, an older woman with several long-term health problems suggested:

*I could make a very good case for it (quality of life) being bleak, very bleak, but I have chosen to turn it around and in fact it's not bleak at all, it's just absolutely wonderful. I haven't really got the time to do all the wonderful things that I've got planned, all the things I've started, all the projects, all the books, all the things I've listed I might do (17: 792).*

*Learning and skills development:*

Textile art had encouraged almost all participants to develop new skills and, in many cases, to study for formal qualifications (for example, taking City & Guilds courses). The strong emphasis on skills development in the interviews resonates with the findings of Dickie (25) who noted repeated references to learning in her study of quilt-makers in the US.

*Control and choice:*

Participants' experience of control and choice were enhanced as they could focus on an aspect of the creative process that suited both their psychological state and their current level of physical functioning. However, in addition to enhancing control, textile art provided some with an exhilarating experience of adventure (17,19):

*I just sit down with a piece of fabric and some thread and off I go and I don't know exactly where it's going to lead. Sometimes it leads to a disaster, but I usually know early on, so that's not too bad, but usually it's, you know, it grows and it's very enjoyable.*

*Preserving status and self-esteem:*

Loss of previous career threatened many of the participants' identities. Yet by gaining skills and social contacts through their textile art, the women found that their status and self-esteem could be restored. Illness tends to have profound effects on family relationships, particularly when family members feel obliged to take on more care-giving roles. Some of the participants referred to the satisfaction that they gained from being able to return some of this care, through hand-made cards and gifts. For example, one mother with multiple sclerosis who had a young family explained:

*I find doing the embroidery gives you a little bit of dignity because I feel I can give back because I don't want to keep taking from life. I want to give as well*  
(17: 791)

*Art-making expands the person's social and occupational context:*

Another recurrent theme in both written narratives and interviews was that well-being derived from more than the act of stitching itself. Through their engagement in textile art, the participants expanded their lives in many other ways, including gaining satisfaction, and further skills, from researching designs in books, courses and the Internet, from visiting museums and exhibitions, and from visiting the countryside for inspiration. Most had expanded their social networks as a result of their interests, for example, through joining needlework classes and community art projects. People with long-term conditions generally find their social networks shrinking (e.g. 10), and there is a wealth of evidence showing that loss of social support undermines health (e.g. 26). Hence the finding that so many practitioners gained new friends and acquaintances through their involvement in textile art has remarkable implications for health promotion. Such social contacts provide a potent source of self-esteem. The social visibility of the end-product also has a powerful effect, especially when illness has taken away many other roles.

*'...you can say 'I did that'. I'm still of use to this world...' (16: 354).*

One participant summed up the multiple influences of textile art on her positive well-being by describing it as a 'lifestyle coathanger' that supported many other enjoyable activities (17:792).

#### *Art-making as self-expressive:*

Many of the therapeutic benefits of art-making that participants have recounted are associated with filling occupational voids productively and enjoyably, relegating illness to the background of life, and making new social contacts based on shared interests rather than illness and care-giving. However, does the self-expressive aspect of textile art (as well as its 'doing' aspects) also promote well-being? Whilst not a dominant motive for art-making, some textile artists have described a selection of their artwork as expressing and symbolising their feelings about illness (18). They reflected that their artwork tended to have this function in the early stages after diagnosis, when feelings of loss and grief predominated. Through their choice of colour, texture and image, these women felt enabled to discharge the feelings of entrapment and fear that their illnesses had generated. Yet most participants

emphasised that their textile art-work primarily strengthened their connections with 'normal' life, rather than expressing their concerns about illness. For example, it encouraged observation and appreciation of the natural world outside the home:

*My biggest inspiration is nature... the sea, rocks and flowers and things. (17: 790 )*

Some enjoyed stitching countryside and floral scenes, as these provided a bridge with the wider world outside the home. Such connections with the natural world were valued especially by those who had mobility problems. Participants also described many other sources of inspiration for their artwork, including architecture, museums, fantasy, geometric patterns and previous artists' work (21). Some had found that they could express their professional interests, familiar identities, and specialist knowledge in their artwork, thus preserving their self-image. For example, a participant who had felt pressured to retire from teaching geography because of arthritis described the images that she favoured in her embroideries:

*Because I'm a geographer I like spatial things, I like colour, I like pattern, ... lovely crystals... (20:123)*

### **Summary**

In summary, studies have shown that women textile artists who lived with long-term illness regarded their art-making as promoting the self-management of many illness-related problems (such as pain, fatigue, and worry). Furthermore, they gained higher levels of well-being through a range of experiences including flow, mastery and control. Positive emotions such as joy and deep satisfaction were associated with art-making, and these to at least some extent countered the worry and frustration of illness. Over time, textile art-making helped many of the participants to restore a positive self-image, and to cope with the loss of a valued career. Stimulating new relationships, based on mutual interests and equal status rather than pity, illness or caregiving, enlivened daily life, provided support, and enhanced self-esteem. Almost all of the participants expressed a commitment to further learning and skills development, and many had seen their talents unfold to a degree that would have surprised them in earlier years. Most were firmly planning many future projects, as well as considering further art courses and possible exhibitions (17). Such plans and



unfinished projects could be a vital means of warding off depression and hopelessness, as one participant explained:

*"Since when really depressed I can usually convince myself that it would be a waste to leave some project unfinished, I am very careful always to have several on the go at once and never ever get them all finished" (16: 354).*

### **What next?**

The question arises whether *any* creative occupation (such as playing a musical instrument, writing poetry, or painting) has a similar range of meanings for committed practitioners, and a similar potential to enhance health and well-being. Previous studies have noted that people living with long-term deteriorating conditions retain a positive sense of self when they can maintain hope for the future, experience acceptable levels of personal control and social support, and retain a meaningful engagement with life (27,28). Arguably such outcomes could be associated with nearly all meaningful occupations. So the question arises whether textile art-making has any *distinctive* phenomenological qualities that set it apart from other creative activities? If so, how might these distinctive qualities promote well-being in chronic illness? These issues were explored through a further qualitative study of textile art practitioners who were all living with long-term illness. The study asked practitioners to reflect on the creative process, the contribution of textile art-making to well-being, and any distinctive benefits that they gained from textile artwork. This was an exploratory study with a small sample and therefore the findings must be regarded as provisional and open to further enquiry.

### **Method:**

*Design:* In-depth interviews were carried out with seven participants, six women and one man. To guide further reflection about the specific themes and creative processes embodied in their artwork, each participant provided some photographs of their artwork. Participants were recruited through publishing invitations for study volunteers in several national UK textile art magazines. The invitation indicated that

the study would focus on the meanings of textile art for people living with long-term health problems.

*Ethics:* Ethical approval for the study was given by the University ethics panel, which examined the proposal, as well as the information sheets, main interview questions, and consent forms that would be provided to the volunteers prior to their agreement to participate. Participants were assured of anonymity, their right to withdraw, and the secure storage of all research materials such as audiotapes, transcripts and photographs of their work.

*Participants:* Participants reported a range of chronic illnesses, as indicated in Table 1. The age range was 39-58, with most aged in their 50's. None of the volunteers were from minority ethnic groups. They lived in many areas of the UK. All were married, or living with a partner, and most had teenage or adult children. All had retired on the grounds of ill-health.

**Insert Table 1 here...**

*Procedure:* The semi-structured interviews lasted for between 60-90 minutes, and were audiotaped. The interview explored a number of topics including the factors that encouraged participants to take up textile art, the sources of inspiration in their artwork, the ways in which textile art contributed to living with long-term illness, and participants' reasons for choosing textile art in preference to/ as well as other creative leisure pursuits.

*Data analysis:* The interviews were transcribed fully, and were read and re-read to sensitise the author to major themes. Based on the guidelines for interpretative phenomenological analysis (IPA), one long, rich interview transcript was initially analysed for specific meanings and larger themes (29). For this paper, the transcript was searched for any reflection that provided insights into the specific and distinctive meanings of textile art. The analysis sought out any experiential qualities of textile art that might not – when grouped together - clearly apply to other creative activities. The emergent themes were checked and added to, during subsequent analysis of the remaining transcripts.

## **Findings:**

Six distinctive phenomenological features of textile art-making were inferred from the accounts, and these are presented in Table 2. Some further interpretation is offered regarding how these distinctive aspects of textile art may assist individuals in living positively with illness. The themes are further elaborated and illustrated with quotations.

Insert table 2.....

*Textile art is a highly accessible art-form:*

The interviews showed that most of the textile art practitioners – even those who went on to design their own art-work – started out by using kits. The first kit, for some participants, had been gifts received from friends whilst they were first ill. Others commented on the ready availability of kits in craft shops and on the Internet. As in previous studies, some participants saw their initial discovery of textile art as quite serendipitous. Other art and craft forms might not be as readily accessible to disabled people:

*David: (describing a holiday in Devon, after he had become ill) I'd been short of breath, there was very little I could do apart from walk along the beach or go to the pier and do some fishing or something. Anyway, we went out on a shopping trip and just went into a shop and there was a little (cross-stitch) bookmark there, so I got it and I thought, well, I'll give it a try and see how it goes. With it being small, if you get bored with it, it's not something that was a lot of money.... Anyway, so I did that (kit) and completed it when I was on vacation. Then I got another one when I came home, and then another couple.*

For four of the participants, such accessibility had been a significant factor in exploring this art-form even though they did not regard themselves initially as 'artistic'.

*David: I wasn't artistic at school and I wasn't musical at school. Cross-stitch was just something which is a challenge.*

Unlike ‘painting by numbers’ kits, (and most other craft kits), most embroidery kits require practitioners to work in exactly the same way as they would if working from a personal design. For example, the practitioner counts cross-stitches and works out from the centre of a blank piece of linen. Kits contain instructions for carrying out all the required stitches such as french knots. In this way, kits provide access to some of the basic skills of textile art, and as many of the participants agreed, they have an important role in building confidence:

*Nicola: I think it's seeing the picture or whatever growing, that is satisfying. You know, you start with something totally blank and then you develop upwards. With tapestry, I had painted canvasses (to work on), so really you were just covering up the painted canvass with stitching. But the cross-stitch is very much more a feeling of creation, even from a chart.*

*Caroline: I think it's a confidence thing. Even if you don't do your best. Like the first couple {of cross-stitch kits}, you could see that I was a beginner. I just think you learn, you do learn from your mistakes.*

Participants also made many references to the widespread availability of other opportunities to develop needlework skills such as classes, City and Guilds courses, internet discussion boards, books and magazines.

*Caroline: The range (of textile art magazines) is so wide and the threads are so easy to get hold of. I buy them all on the Internet.*

Such a wealth of varied learning opportunities may not be as apparent for other forms of creative art-work such as painting or creative writing. Every participant referred to their steady progress in acquiring needlework skills, and the satisfaction that this gave. They also commented that textile art requires diverse skills, not only a repertoire of stitches:

*Nicola: There's more to it than just the cross-stitch itself, there's all the ancillary things of making cards ...(they) also give a reason to keep on learning, because you do the cross-stitch, then you have to learn how to put it in the card and it's a knowledge gathering exercise as well, rather than just being a physical exercise, there's also the mental one of looking round and seeing all the other bits that go with it... it's not just the stitching, it's the whole host of other things as well going on in relationship to it.*

The accessibility of textile art-making and skills development seemed to have positive effects on the participants' self-esteem and confidence, which had generally been shaken by illness. One participant had experienced cross-stitch in particular as a helpful occupation for building confidence:

*Jenny: If I'm not feeling very confident, I do cross-stitch, whereas if I'm in a more confident mood, I'll paint. But that requires, in my opinion, more articulate-ability, because cross-stitch, all you have to do is be able to count and do a cross and let's face it, anybody could do it, but it's also very satisfying, because you have an end result.*

Because the basic skills were not difficult to acquire, participants experienced even their earliest attempts at textile art as aesthetically pleasing and sources of pride. Their artwork helped to challenge any social stereotypes associated with disability :

*Caroline: I'm not just that person who can't walk properly some days. I'm that clever girl that can do that (referring to her first piece, framed and hanging on the wall - a large and visually stunning cross-stitch picture of cats). It just puts you back into society that you're able to do something like that.*

*Textile art is a highly diverse art-form*

Textile art embraces many forms including cross-stitch, traditional and modern embroidery, quilting and so on. Projects can vary from small-scale cards to large

panels, and from traditional images such as flowers to the abstract. The array of photographs that the participants submitted vividly demonstrated this diversity. Many of the participants included both small and large projects, two-dimensional and three-dimensional pieces (such as boxes, and bags), and projects that included stitching, glueing and other processes of construction. Every interviewee spontaneously commented, without a direct question, that they had many projects ‘on the go’ currently. This pattern of ‘parallel working’ would seem to be much less prevalent in other creative occupations such as creative writing, pottery and so on.

*Cheryl: Some people, and I'm one of them, are notorious for having two or three things on the go at once, and two or three different techniques, not anything similar... If I am going through a bad spell, it is very difficult to concentrate and I make mistakes, so I usually have about 3 or 4 things on the go.*

*Sally: I've got sort of five or six projects, which I've started and haven't finished.*

Through having many current projects, some large, some small, sometimes using different forms of textile art such as cross-stitch and free-style embroidery, the participants enjoyed a high level of choice over their activities. On any particular day, they could select a textile project that was best suited to their current mood, available time, energy and dexterity:

*Caroline: I've got a big cross-stitch on the go there (on a frame), but I have to keep putting that away and doing small ones to give my hands a rest, it's quite heavy.*

Because participants could choose among their many available projects, they gained a considerable degree of control and autonomy over their daily schedule. Given that serious illness takes away control, the experience of autonomy within art-making was much valued.

*The time-consuming nature of textile art*

Many forms of textile art-making require an enormous commitment of time. To complete pieces that contain many thousands of stitches, hundreds of hours are required. Without any prompting at all, every participant referred to the length of time that some textile pieces required.

*Caroline: It's only when you get up close that you can see how many tiny stitches are in there... Hundreds have gone into that, probably thousands have gone into that. If I can still do something like that, then it's {life's} not that bad.*

*Nicola: I have a very large cross-stitch that I'm doing at the moment of a tiger in water, but I've taken six months and I've only got to the top of the tiger's ear. It's got a lot of greenery behind it.*

Admittedly a similar time commitment is required for other major creative projects such as writing a book, yet many other forms of artwork can be accomplished within much shorter periods of time. Most of the participants looked favourably upon the hugely time-consuming nature of their textile artwork. It helped to structure days that would otherwise be difficult to fill productively, now they had retired from work. Knowing the volume of work put into each project, participants experienced a great deal of pride upon completion. Close friends and family sometimes shared this recognition:

*Caroline: (My friend) wanted me to stitch a Charles Rennie Macintosh for her kitchen or dinning room... She knows that that's going to be quite hard, she knows that I'm not going to do a small one, I'm going to do a big one and she will appreciate the work that's gone into it and the time that I've taken.*

Many had planned projects that would take years to complete. This future-orientation appeared to help the participants to retain hope and to believe that they could resist the progression of their illness, even when it was life-threatening.

*David: As I say, I've got several pieces on the go at the present moment, which is certainly going to take me until after Christmas to complete them. It'll take more than that, thinking about it, because you never really know where the time goes*

*Textile art is traditional among some social groups*

All participants referred to relatives who had sewn and embroidered. They saw themselves as following in family traditions of needlecrafts, even when they had not been interested in these pursuits in their earlier years:

*David: My mother's always been interested in tapestries and my older sister ... there was one other male in the family, one of her brothers actually does tapestry as well and as I say, my older sister does them and she does quilt work as well.*

There were also strong traditions of needlework in some of the participants' communities. These traditions offered the opportunity to join in with other people on textile art projects:

*Cheryl: When I moved down here (from the North of England), there was a church group who did ecclesiastical things and I joined that. And that really spurred me... the involvement with the church group, that opened up opportunities to do goldwork, which I had never done before, and ecclesiastical embroidery.*

With such a wealth of master classes, courses, and stitching groups available, most had made a large number of social contacts through their textile artwork. These relationships had the further advantage of having nothing to do with illness or care-giving, but were grounded in mutual interests in textile art, and a willingness to share ideas and techniques. They therefore helped to counteract any label that the illness might otherwise be imposing on the person (such as 'cancer patient').



*Cheryl: I enrolled at this City & Guilds class and I absolutely loved it. It was very small groups and it was all people with the same interests and the tutor was excellent... a lady at the church group taught goldwork, she actually taught me in her own time.*

It is difficult to imagine such accessible social support for many other forms of creative activity. One participant who did painting and pottery as well as textile art confirmed this:

*Jenny: You need to be with people. Painting is a solitary occupation, I think, although some people do meet up...I run this cross-stitch group once a month thing and we meet up here (at home), we all do different things, we sit and talk and eat cake and drink coffee ... I've got two or three friends who do cross-stitch and I just started with two or three and I think there's seven women now.*

The strong cultural traditions of needlework among older women provided accessible social circles for this age group. However, the lack of young participants in this and previous studies suggests that such social traditions might tend to exclude younger women (as well as men of all ages).

*Textile art has embraced the use of assistive technology*

Four of the participants described their use of assistive technology such as computerised embroidery machines, and computer software that creates cross-stitch patterns, for example of scanned photographs:

*Nicola: I have done more with the computer, I've set up the pattern index. I have a scanner, so I've scanned in the patterns and made a library. I can actually print them out immediately, so that's more where the computer comes in. I couldn't leave my computer.*

Such technology is 'mainstream', used by many textile artists who design their own artwork, and is not limited to disabled people. The availability of such technology clearly helped to make textile art-making more accessible to some of the participants who had a progressive illness or severe problems with fatigue. Several participants described how they had modified their methods of creating textile art with changes in their health. For example, one participant (Gina) had come to rely more on an embroidery machine rather than hand sewing since her eye strain made small stitches by hand very fatiguing and hence likely to trigger a migraine. The widespread availability and acceptance of assistive technology appears to help textile artists living with illness to adapt their work to their current levels of functioning without any stigma.

*Textile artwork can be absorbed into family life*

A final distinctive experiential quality of textile art was noted from the interviews and from field memos written up after each interview. For example, after interviewing Caroline, the author wrote a memo:

“The living room was comfortably furnished. The participant sat in her easy chair where she does most of her sewing. She positions herself near the main

window for bright day light, and also has a daylight lamp positioned nearby for stitching in the darker hours. She was sitting next to her large wooden chest full of textile art materials. On the other side of the chair was a small bookshelf full of textile art books and magazines. These were readily to hand and could be read for design inspiration and for instructions on specific stitch techniques. On the walls of the living room were six of her textile art pictures (mostly cats and other animals). There was another picture in pastels drawn by her son”.

Clearly this participant’s textile art was generally carried out in the midst of family life, rather than separately in a studio. All of the participants referred to the environments in which they created their textile art pieces. Whilst some had studios, most also did much of their stitching in the company of their families and friends:

*Caroline: You get a proper chair to sit in. I mean this (foot-rest) lifts up, so I’ll put my feet up and I don’t have to move. I have my light on and I’m just well away...This is my domain, that (chest full of textile art materials) was bought for me and I have, you know, if it’s summer and I’m in the garden, I have everything outside in the garden. ...When we go to our caravan and I sit outside the caravan, the amount of people who stop and say, ‘What are you doing’, ‘Oh, I couldn’t do that.’*

Accounts such as this suggest that, unlike many other artistic activities, textile art is often created in full view of family and friends. The participants’ artistic activities had high social visibility, increasing the possibility of social approval and encouragement.

*Caroline: My husband’s mum and dad will come round and say, ‘Have you done anymore’ and I’ll say, ‘No, I haven’t, I haven’t been well enough’ and they’ll go, ‘Oh.’ So I suppose it’s other people praising you as well, because when you’re not working, you don’t feel like part of society, you know, you’re not the same as everyone else.*

*David: They (family) like to see me doing something, doing some activity. In terms of the tapestries, yes, you know, I've shown them what I've achieved and we'll get them framed up and sorted out and hang them up, you know.*

## **Discussion**

The literature review presented evidence that textile art-making assists practitioners to cope with many of the restrictions imposed by illness, such as pain. It also has an even stronger role to play in promoting well-being more generally, through for example, enabling practitioners to preserve a positive identity, develop socially valued skills, enjoy flow, and make social contacts grounded in mutual interests. It thereby enables practitioners to engage in a form of 'occupational resistance' to illness. Some may argue that the many subjective benefits attributed to textile art-making can be similarly derived from other meaningful leisure activities. Perhaps they are not specific to the creative process.

To contribute to this debate, further enquiry has been made into whether textile art-making has certain distinctive experiential qualities. A phenomenological analysis of seven interviews suggests that textile art-making does indeed have some distinct subjective properties that, taken together, are not typical of other creative occupations. The additional data collected in the form of participants' photographs of their selected artwork, and field memos written after each interview, helped to develop these themes.

Textile art-making appears to be a highly accessible creative occupation, even to those who do not, at the outset, consider themselves to be artistic. The diversity of textile artforms and techniques enables people to tackle a range of projects and to produce pleasing artwork even in the context of quite severe physical limitations. Moreover, through choosing among an array of on-going projects, they can adapt their activity on any particular occasion to their current psychological and physical needs, enhancing control and satisfaction. Dickie (25) has confirmed this particular characteristic of textile art through observing how quilters tend to have many projects in development at one time. Choice and control have appeared as central themes in the study of everyday occupations by Laliberte-Rudman (30). There is also, in the

participants' accounts, a strong emphasis on learning further skills and developing significant expertise. Some participants developed from complete beginner to exhibitor of artwork in the space of a few years. This emphasis on the continued learning of skills and techniques confirms a central characteristic of the occupation of quilting noted by Dickie (25). The very slow, time-consuming nature of most textile art also seems to set it aside from many other creative pursuits. Such slow growth of the artwork may help practitioners both to fill occupational voids productively during the day after retirement from work, and to retain a belief in a positive future. By setting goals to complete projects in the months ahead, some textile artists may cope more optimistically with conditions such as cancer. Assistive technology is widely accepted by textile artists regardless of health or disability. Computer software and sewing machines help to make the design and making process accessible to practitioners who experience declining dexterity, and other physical limitations, without any form of stigma. Whilst many textile artists have a studio, as do many other visual artists and creative writers, textile art may be unusual in that it can be carried out in full view of the family. It is not, in most cases, a 'messy' activity, and hence practitioners can keep their stash of materials nearby, and take up their activity whenever they choose. As well as enhancing autonomy, the social visibility of this form of creative activity may prompt encouragement and praise from others. The person is recognised to have a valued role to play in the family, and possibly in the wider community, and is therefore less likely to be regarded just as an 'illness'.

The analysis presented here must be regarded as provisional, relying as it does on inferences about the distinctive experiential features of textile art. All participants were White, preventing any analysis of the cultural dimensions of art-making. The sample was small, although of a typical size for studies using interpretative phenomenological analysis (IPA). The IPA study by Thompson et al (31) also had a sample size of seven. Only some participants explicitly contrasted their experiences of textile art with other creative occupations. In other cases, some of the unique characteristics of textile art were interpreted on the basis of the author's knowledge of other creative occupations, sensitised by participants' accounts of textile art-making in earlier studies.

Snow Russe (32: 8) argues that ‘occupational scientists specifically study why individuals choose one occupation or one way of accomplishing an occupation over another...’ This study has offered some preliminary exploration of this issue in the context of textile art. Further research is required in which practitioners of different forms of creative occupation (such as painting, pottery and creative writing) analyse and contrast their different experiences of art-making, and the contribution that each type of creative occupation makes to promoting health. Only then, can there be greater certainty about whether textile art-making holds particular meanings, and has any distinctive role to play in nurturing well-being. Such phenomenological enquiry can help to enrich theory development in occupational science.

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**Table 1. Summary of participants (NB Pseudonyms are used)**

Cheryl:	54 years, multiple sclerosis, former teacher
Caroline:	39 years, arthritis and spine problems, former administrative work
Sally:	56 years, ME, former music teacher
David:	51 years, cancer of stomach and lung, former manager of large company
Jenny:	47 years, cancer, former teacher and educational psychologist
Nicola:	55 years, ME, former IT network manager for a large organisation
Gina:	58 years, recurring migraines and associated eye-strain, former teacher

**Table 2: Distinctive phenomenological features of textile art, and their suggested influences on well-being in long-term illness**

<i>Distinctive occupational feature of textile art</i>	<i>Relevance to well-being in long-term illness</i>
1. Textile art is a highly accessible art-form (e.g. ready availability of kits, and instructional resources such as books, magazines, and classes all help practitioners to build relevant skills and gain competence)	Adults can take up textile art without prior knowledge, and without considering self as ‘artistic’. They can build a repertoire of skills fairly quickly – with positive consequences for confidence, self-esteem
2. Textile art is a highly diverse art-form (many types of embroidery, applique, quilting, multi-media projects) - most textile artists have many different types of project in progress at once.	Practitioners can adapt projects to current levels of health as well as interests, mood, existing skills and available time – enhancing choice, control, interest.
3. Many forms of textile art are very	Textile artwork is purposeful, consuming

<p>time-consuming, entailing long-term commitment to projects</p>	<p>of attention and time, future-oriented – these experiences may be helpful for individuals who are living with illness to structure time and to retain hope</p>
<p>4. There is a strong tradition of textile art among older women – social contacts can readily be made in person or via internet discussion boards</p>	<p>There is a readily accessible social context for textile artwork, enhancing practitioners' experiences of support, sharing and camaraderie (though such traditions <i>may</i> tend to exclude younger women and men)</p>
<p>5. Assistive technology is readily purchasable and seen as 'mainstream' among textile artists (e.g. computerised sewing machines, and software for designing cross-stitch are widely used by all, not only by disabled people)</p>	<p>Stunning art-work can be produced even by people with limited dexterity, and/or limited prior experience of design, and without stigma</p>
<p>6. Textile artwork is compatible with family living arrangements, and can enhance the home environment for all family members</p>	<p>Participants' creative activity may be carried out in full view of family, in the living room – it is socially visible, facilitating support and positive feedback, promoting inclusion within family life, helping person resist the 'master status' of illness.</p>