

**The contribution of qualitative research to understanding people's resilience and resourcefulness for maintaining well-being in the context of ill-health**

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Qualitative research strategies, through eliciting people's own accounts, are well placed to explore complex life experiences such as serious illness and acquired disability. In the context of an empathic and respectful interview, people are enabled to reflect deeply on experiences which may previously have been difficult to put into words. Their accounts may even seem muddled and contradictory in places, suggesting the power of illness to disrupt the taken-for-granted assumptions that typically guide everyday life. Serious illness has enormous potential to disrupt people's sense of identity, and their valued roles and relationships. Clearly, there are many available theoretical constructs to understand the challenges of illness (e.g. stigma and biographical disruption). Yet the field of positive psychology asks us to consider what makes life worth living (Seligman & Csikszentmihalyi, 2000) and has revealed that adversity may elicit positive coping strategies such as benefit-finding, post-traumatic growth, creativity and resilience. Qualitative research is well placed to offer new insights into positive ways of living with ill-health. This is an approach that reflects curiosity about the *meaning* of the illness experience within a person's social context, and *processes* of coping, rather than seeking measurement and quantitative relationships among constructs.

My own research into the meanings of leisure-based art-making for people living with long-term health problems started with a serendipitous encounter with a magazine article. This presented an interview with a man who had turned to cross-stitch after being diagnosed with motor neurone disease. Whilst there has been limited research into the benefits of art therapy (e.g. as reviewed by Slayton et al., 2010), I was aware of little interest among psychologists about why people take up arts and crafts for leisure following a health crisis. In wishing to explore how and why such activities are meaningful for some people, a qualitative methodology is highly suitable, for a number of reasons.

Firstly, there is little prior research into the meanings of art-making as a self-directed leisure (as opposed to a therapy) experience. This suggests that a quantitative survey method of data collection would be premature, with little direct evidence available to guide sensitive and appropriate questions and response options. Secondly, if the research aim is to explore

the meanings of an *ongoing* leisure activity (that evolves over time under the person's own control) it makes little sense to conduct a quantitative pre-post intervention design, as used in some therapy evaluations (Slayton et al., 2010). Thirdly, the meanings of such participation may be multi-layered, and qualitative methods such as interviewing and 'photovoice' offer opportunities for participants to express complex experiences tangentially, for example through metaphor and visual imagery. Fourthly, qualitative methods enable unexpected findings to emerge. For example, it might be supposed, based on studies in the art therapy context (e.g. Borgman, 2002), that people who create art when living with cancer would express feelings about their illness, such as grief and estrangement from a familiar, reliable body. Yet in my research, only a few described symbolic self-expression, usually in the form of a single 'chemotherapy piece' (Reynolds & Lim, 2007a, 2007b). Instead, participants understood their art-making more broadly as reclaiming a positive identity and a meaningful lifestyle, with one participant with cancer describing it as a 'lifestyle coathanger' promoting well-being, purpose and resilience (Reynolds & Prior, 2003).

Qualitative research is also well placed to explore how people make sense of their past, present and hoped-for future in the context of serious illness. For example, the participant quoted above understood her art-making as reconnecting her with the person she had been before being 'battered', as she recounted, by medical treatment for cancer. She reflected: "[Art-making] really kick-started me again ... Because I'm a geographer I like spatial things, I like colour, I like pattern" (Reynolds, 2003: p122). For this participant, visual art-making did not simply fill empty time following her retirement from work on health grounds, but helped maintain her familiar interests, thereby re-connecting with her former professional self. By asking people to bring items or photographs of their artwork to interviews, and to interpret their meanings, qualitative enquiry has brought further insights into the functions of art-making in their lives. Many have documented how their artistic skills have developed further since the onset of illness, documenting their abilities, and reinforcing an identity beyond illness.

Conceptual links have been proposed between humanistic and positive psychology in their concern for human flourishing (Resnick et al, 2001). Gaining insights into people's experiential and existential issues depends upon empathy and unconditional respect. Qualitative research encourages empathic listening, requiring humility on the part of the researcher to stay open to appreciating others' experiences, especially when describing challenges and resourcefulness that are beyond the researcher's direct experience. Some accounts stay in the mind long after completing a project. Marie expressed her need for ongoing transformational growth in the context of terminal cancer: "*You used to be immortal*

and now you're not, and if you do creative things, they're entirely within your control and it gives you a sense of something that you can do something about ... you're not vulnerable. You're growing a little bit" (Reynolds & Lim, 2007a: p6). In my view, qualitative methods empower participants to share very personal experiences of health, illness and resilience in ways that cannot be emulated in quantitative surveys and this approach helps to encourage positive psychology to move beyond academically driven theory (e.g. lists of virtues) to more nuanced understandings that are grounded in everyday experience. Such understandings might also encourage the development of more relevant interventions that "amplify the strengths rather than repair the weaknesses" of people seeking support (Seligman & Csikszentmihalyi, 2000; p8).

## References

- Borgmann, E. (2002). Art therapy with three women diagnosed with cancer. *The Arts in Psychotherapy, 29*, 245–251.
- Resnick, S., Warmoth, A., & Serlin, I. A. (2001). The humanistic psychology and positive psychology connection: Implications for psychotherapy. *Journal of Humanistic Psychology, 41*(1), 73-101.
- Reynolds, F. (2003). Reclaiming a positive identity in chronic illness through artistic occupation. *OTJR: Occupation, Participation and Health, 23*, 118-127
- Reynolds, F., & Lim, K. H. (2007a). Contribution of visual art-making to the subjective well-being of women living with cancer: A qualitative study. *The Arts in Psychotherapy, 34*, 1-10.
- Reynolds, F., & Lim, K. H. (2007b). Turning to art as a positive way of living with cancer: A qualitative study of personal motives and contextual influences. *The Journal of Positive Psychology, 2*, 66-75.
- Reynolds, F., & Prior, S. (2003). 'A lifestyle coat-hanger': A phenomenological study of the meanings of artwork for women coping with chronic illness and disability. *Disability & Rehabilitation, 25*, 785-794.
- Seligman, M.E.P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5-14.
- Slayton, S. C., D'Archer, J., & Kaplan, F. (2010). Outcome studies on the efficacy of art therapy: A review of findings. *Art Therapy, 27*(3), 108-118.