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**Abstract:**

This qualitative study explored the inspirations and influences that shape the creative process and artwork of a group of women with long-term illness. Most were non-professional artists. Almost all had taken courses in at least one form of textile art, and had advanced skills. Although the creative process is not fully open to verbal self-analysis, the accounts revealed a wide range of inspiration for artwork. The sensual qualities of color and texture, themes from nature, precious memories, personal and professional interests, and spiritual beliefs all found expression in the women's designs and styles. A repertoire of techniques, and a conducive physical environment were valued as enabling control over the creative process and the achievement of a meaningful personal style. Most of the women enjoyed the spontaneity, immersion and adventure inherent in their creative process, and their descriptions approximated to flow states described in other research. Some expressed experiences of illness through their artwork. Nevertheless, several participants reported that illness did not only inspire artwork through distress and loss, but through sharpening perceptions, heightening emotional sensitivity and confronting them with the deeper issues of life. The contribution of art-making to the self-management of chronic illness deserves further examination.

## **Conversations about creativity and chronic illness II: textile artists coping with long-term health problems reflect on the creative process.**

### **Introduction**

This paper is based on interviews with women textile artists who were all living with long-term health problems such as multiple sclerosis, rheumatoid arthritis, cancer and chronic fatigue syndrome. It will explore aspects of the creative process, through the participants' accounts of their inspirations, their preferred approach to designing and making textile art, and their perceptions of the influence of their illness on their art. An earlier paper has examined the beginnings of the women's interests in textile artwork (Reynolds, in press), and a published study has focused exclusively on the symbolic meanings within the women's artwork (Reynolds, 2002).

What is already known about the experiences and ideas that influence the creative process of female artists? There are three main approaches to answering this question. Firstly, themes within artists' work have been interpreted by critics and academics. Secondly, certain artists have reflected on their own experiences of the artistic process. Thirdly, art therapists have discussed how clients' problems appear to be expressed in their artwork. This review will include examples of each approach to understanding the creative process.

The themes residing in artists' work are open to much debate, and have often been analysed using psychoanalytic theory. For example, the detailed, close-up flowers painted by Georgia O'Keeffe have been interpreted as visual metaphors for the artist's

own sexuality. Indeed, one critic argued that this underlying theme was ‘unmistakeable’ (Chave, 1990). Nevertheless, artists themselves do not always agree with such analysis. Indeed, O’Keeffe denied Chave’s interpretation, and emphasized that her work more straightforwardly epitomized her love of the forms and flora of the American landscape (Slatkin, 1993). Clearly from a psychoanalytic perspective, the artist may be considered as defended, and unable to access the deeper, less conscious meanings expressed in her work. On the other hand, researchers need to guard against assuming privileged information about another’s motives and intentions.

There has been relatively little interpretation of the creative process of artists living with long-term illness. Zausner (1998) examined the biographies of a number of artists (mostly male) who had suffered from serious illness, and concluded that illness was often a catalyst to a deeper commitment to art. For some, their work was enriched by themes relating to illness. For possibly a minority, obsession with self and illness led to a deterioration in their artwork. Yet some artists have embodied both their suffering and their positive attitude to life through their art. Herrera (1998) presented a biography of the artist Frida Kahlo, and drew many conclusions about the life influences that shaped her work:

‘Painting was part of Frida Kahlo’s battle for life. It ...was a means to control her world’ (Herrera, 1998, p75).

Herrera argued that her art encapsulated not only pain but the enjoyable experience of spontaneity and mischief that her physical body could not actualize.

A limitation in studies that have interpreted the inspirations and influences underpinning artwork, is that they rely almost exclusively on the work of famous

artists. Definitions of creativity which include a requirement for public acclaim as well as technical quality and novelty, sideline the creative experiences of the 'lay' population. The work of female artists is particularly likely to be overlooked (Rodeheaver et al, 1998).

There are some first-hand accounts of the creative process from artists themselves. For example, Truitt (1982) kept a journal documenting the energy and unpredictability of the creative process. Slatkin (1993) reviewed documents written by a number of women artists, which reveal a wide range of inspirations for artwork, including the work of other admired artists, teachers, nature, relationships and personal tragedy. Some artists (such as Frida Kahlo) seemed quite aware that they were expressing psychological distress through some of their imagery, and yet others have explicitly eschewed 'deeper' meanings. For example, Louise Nevelson argued:

'I didn't make sculpture to share my experience. I was doing it for myself'  
(Slatkin, 1993, p252).

Others interpreted their work as driven primarily by sensual and aesthetic forces that are difficult to define. For example, Lee Krasner wrote:

' I am very conscious when I jar with color. It is very often my intention to use color in that way. I'm not absolutely sure why I do it, but I must have a reason' (Slatkin, 1993, p244).

These examples suggest that artists experience a range of inspirations for the creative process. Further illustrative quotations from mostly male artists are given by Bindeman (1998). Inspirations and influences have also been explored directly through research interviews with artists, in a limited number of studies. Mace (1997)

interviewed contemporary visual artists, male and female, about their ways of working, including the sources of their ideas, their decision-making strategies, and their judgements about when a piece of artwork was completed. She found that many of the artists recognized consistent themes across a series of pictures, rather than in isolated pieces of work. Interviewees generally found it difficult to identify the specific sources of their ideas, although a wide panoply of life experiences, childhood events, teaching/study and personal journals were all drawn upon. Playful experimentation was generally considered important for the creative development of artwork. The artists differed in how much planning or preliminary drawing they carried out before commencing an individual piece. There was a broad consensus that artwork proceeded through an iterative process, with the artist's conceptual vision both steering and also responding flexibly to the unfolding image.

Jones, Runco, Dorman & Freeland (1997) carried out an unusual study exploring the origins and themes within the artwork of six contemporary artists. They included both interviews and questionnaire measures with the artists themselves, and also asked a panel of judges to rate the themes within a sample of each artist's work. Both male and female artists took part. The artists mostly represented their work as expressing personal feelings and self. A complex combination of personal experiences (including childhood events, mentors and loss) were perceived as inspirations for their art.

Independent judges were fairly successful in identifying some of the themes within the artwork that the artists themselves described, providing some confirmation of the validity of the artists' self-reflections. The researchers acknowledged that some of the influences upon the artist's work were likely to be beyond conscious awareness, but the findings demonstrated that artists could provide insights into the creative process.

Kirschenbaum and Reis (1997) also explored the inspirations and influences shaping the artwork of female artists. Participants identified a wide variety of influences, including imagery from dreams, art books, journal writing, relationships with their children, and the skills learned from art teachers. As noted also in Mace's study (1997), the artists generally described the creative process as 'unfolding' or evolving rather than being fully planned and controlled in advance, and they considered the process to be self-expressive and healing.

There has been relatively little research into the art-making of people living with long-term illness. Available studies have tended to rely on the observations of art therapists, carried out during therapy sessions with their clients (e.g. Schaverian, 1991). For example, Minar (1999) and Predeger (1996) both reflect on the creative process evidenced by women with breast cancer attending art therapy groups. Both authors regard many of the women's paintings to express – sometimes symbolically – the distress provoked by illness and by disfiguring medical treatment. Their artwork appeared to help the women focus on the opportunities afforded by illness rather than the losses that it had evoked. For example, the women in Predeger's group commented on how their illness and confrontation with death had sharpened their perceptual awareness and appreciation of their lives and environment. Art also offered escape through immersion in the color and form of the image being constructed, and therefore relief from otherwise constant worry about illness (Minar, 1999). Piccarillo (1999; p 183) made a similar point when she described people with HIV/AIDS becoming immersed in their art:

‘The spontaneous play and sensuous movements of art-making focus on the ‘here and now’, and while engaged in them, the virus vanishes’.

It may not be possible to generalize from art therapy about the ways in which illness can influence artwork. This is because attendance at art therapy already signifies a willingness to explore and express distress nonverbally through art. It is less clear that artwork accomplished outside of the therapy room necessarily embodies illness-related themes.

In conclusion, a wide range of primarily qualitative studies and biographical works have provided insights into the influences and inspirations motivating women’s engagement in painting, pottery and sculpture. This research will explore whether a similar range of inspirations are identified by professional and non-professional women textile artists. Because all the participants are coping with long-term health problems, the study also examines whether participants regard their artwork as shaped in some way by their experience of illness.

### **Method:**

A qualitative method was justified, as the focus of enquiry – the inspirations and influences that women with long-term health problems identify as shaping their textile artwork – has received very little previous research. As McLeod (2001:p1) argues:

‘Qualitative inquiry offers a set of flexible and sensitive methods for opening up the meanings of areas of social life that were previously not well understood. Qualitative inquiry holds the promise of discovery, of generating

new insights into old problems, and producing nuanced accounts that do justice to the experience of all those participating in the research'.

It is recognized that the aesthetic judgements underpinning the artistic process are to some extent nonverbal and are therefore difficult to articulate in an interview. Also, some influences upon artwork may be unconscious or symbolic in nature and therefore relatively hidden to the practitioner. Nevertheless, there has been some similar previous research (e.g. Mace 1997) that has explored artists' own insights into the creative process.

**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 needlecrafts magazine, through local branches of the Embroiders' Guild and in local community venues 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. Three quarters (18/24) were married. Fifteen had adult children living away from home. Only three participants 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 multimedia. Almost all had taken at least one course in one of the textile arts, and had exhibited their work. Four could be considered as professional artists because they



lectured or taught master-classes occasionally, and one had written a book. All interviewees were assured of anonymity, and the secure keeping of tapes and transcripts. To preserve confidentiality, pseudonyms are used below in conjunction with quotes from the interviews.

**Procedure:**

In-depth, semi-structured interviews were carried out in most cases within the participants' homes. Their duration was 1-2 hours. Open questions were formulated to guide a focused conversation about many topics, including the inspirations and influences that motivated the interviewee's artwork. Question formats were flexible, but addressed the following issues:

- Whether the interviewee could detect certain themes in her artwork
- Whether she had a preferred style, and whether this had changed over time, for example in connection with changing health
- The main influences on the interviewee's artwork (including choice of design, fabric and technique)

In addition to exploring the origins and inspirations for their work, the women also included reflections on the symbolic aspects of their work and the role that textile arts played in coping with long-term illness. These issues are not further examined in this paper.

**Analysis:**

The interview tapes were transcribed verbatim. Analysis procedures were based on 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 their adequacy. ‘Open coding’ was used to compare and contrast the women’s views regarding the sources of inspiration for artwork. A second coder checked the themes identified in a sample of the transcripts. Illustrative quotations are given verbatim, with only occasional editing to improve grammar, and for brevity.

### **Findings:**

Respondents reflected both on the *content* of their textile work (e.g. their designs and preferred media), and also the *processes* which contributed to the design and making of their artwork. The main themes are summarized in Table 1.

-----*Insert Table 1 here*-----

### **Influences on content: design and style**

#### ***Sensual and aesthetic inspirations – engaging with color and texture:***

Textile artwork is a textural form of art, with the practitioner handling fabrics and threads of different weights, and in some cases other materials such as wire, beads and plastics. Many of the women talked about their enjoyment of immersing themselves in the sensuality of color and fabric texture. For example, Jane (coping with rheumatoid arthritis, and breast cancer) explained:

*I love the texture, the color, all this sort of thing, it’s great.*

Sue: (Multiple sclerosis):

{In describing the process of constructing an underwater scene in applique and embroidery, she said:} *I was just doing a textural piece, and then having*

*that fish made already, I thought I'd just pop him in there and just stitch over him, blend him, make him part of the underwater scene... it wasn't specifically {planned}, just snippets of fabric and french knots in different threads, and just creating a texture.*

Lydia (chronic fatigue syndrome):

*Certain colors I'm always drawn to, like the colors in here {dark yellow and red painted walls}. It's that warmth, that cozy feel, and I collect Indian textiles, I love the vibrancy, the embroidery, which is me. they go a bit over the top and I go a bit over the top too. I know that I'll never go there but I live India through my textiles*

For women creating mainly abstract images, art-making was primarily motivated by an emotional engagement with their aesthetic and sensual qualities. Textile art courses also encouraged the exploration of new media and techniques:

Joyce: (breast cancer):

*I like working with hand made papers, and then I dye them and then I wax them, and then I embellish them with beads or hand stitches, the pieces that I'm making are usually like containers, 3D things, they're quite interesting really. And lovely to hold... And because of the course that I'm on, it's moved me on to do big pieces which I've always been a bit scared about, it's done me good really.*

### *The natural world*

In terms of the sources of ideas for designs, the most frequently named inspirations were derived from 'nature' (including flowers, trees, leaves, rocks, lichen, fungi, and coastlines). The women who were more affected by mobility problems (from arthritis and neurological disorder) seemed somewhat more likely to refer to nature as inspiration, although sample size is too small to be certain about this. Some commented on how natural images were precious now that they could not easily venture out into the countryside. Even though travelling was difficult, they felt able to regain contact with nature and the outside environment through their artwork. Some created images of places that had personal significance.

Irene (chronic fatigue syndrome following post-operative septicaemia, and arthritis):

*I used to do lots of walking, and I love the countryside and the views, and I found that I can drive to a green lane high up. There are a couple of spots where you can go and park your car and it feels as if you are walking ... I've painted a lot of local views and things, it's compensated for the walking ...*

For others, nature had a deeper spiritual significance.

Bridget (cancer, osteoporosis) answered the question 'What kinds of things influence your designs?' by saying:

*Nature I suppose more than anything, but not pretty gardens. I mean the green quiet magical places, the green of nature, the green of life and growing things. Looking around at most of my work, there's always something green in*

*it, there's always trees and leaves and shrubs, and earth and magic and mystery.*

***Religious imagery and architecture.***

Religious imagery and obligations to a place of worship (such as church or synagogue) inspired the artwork of many of the women. Textile art and embroideries that were destined for wall-hangings, covers for Synagogue scrolls, and clerics' robes were designed not only to reflect the woman's faith, but also to fit the constraints and aesthetics of the religious environment. When designed for her own display at home, the woman had more freedom to find her own ways of expressing her personal spiritual beliefs. Whilst the sample is small, making generalization unwarranted, it appeared that the women with more life threatening disease (such as cancer) were particularly likely to speak of religious imagery in their work:

Emily (progressive neurological illness):

*What inspires me is the experiences I've had of being near to Christ.*

Sue (MS) - describing an appliquéd and embroidered abstract wall-hanging:

*Have you ever looked down a church or a huge building and seen little tiny dust motes through the columns? And I could see that, and the light as it comes through, you've got different areas of shade... I've just put the rays...very straight. That saw me through a very, very difficult time.*

However, none of the women who incorporated religious themes into some of their artwork did so exclusively.

### ***Inner voice - self***

Many of the women described how their artwork was essentially enabling them to find and express their personal voice. Through art, they had become more confident that they had something of value to express, and to leave behind as a legacy to others.

Lydia (chronic fatigue syndrome):

*So I feel that I'm achieving what I want, and I'm managing it, and I've been letting the embroidery take over because I could express myself. I tell myself I am producing some exciting work now, so keep going, don't give up, push it, don't do things because they're quick or easy, do the difficult things.*

Irene (chronic fatigue syndrome and severe arthritis):

*I've embroidered things like favorite scenes that mean something to me. And that helps my spirit sing because I'm remembering the times when I was enjoying all that but I'm doing something with it all.*

Several in the sample said that their creative process was not now inhibited by fears of failure, or rejection by others, although such fears had been present in their earliest artwork.

Joyce (breast cancer):

*I was a bit scared whether people would like it at exhibitions, but now I think it doesn't matter if they don't like it, I'm doing what I want to do, and I'm a lot more confident about the work I do, and I just do it.*

### ***Professional interests and identity***

Some of the women expressed their professional identity through their artwork. This seemed to provide an important source of continuity with their pre-illness lives, for although retired from work on health grounds, the woman continued to engage in reading and research that was familiar and pleasurable. For example, a participant who had retired from teaching geography because of her illness explained:

Jane (breast cancer, rheumatoid arthritis):

*I was so interested in photography, so there was always a latent interest in the themes that one's dealing with in stitching, the texture, the space, the color, and what have you, from the geography and my other interests*

### ***Other life experiences:***

Other inspirations for artwork, described by at least two women each, were myths and legends, significant memories, exhibitions, photographs, travel, and other people's needs and preferences (e.g. when making presents). Some of the women were aware of the complex intertwining of interests and knowledge that inspired their artwork, together with an openness to experience and learning:

Joyce (breast cancer):

*I've always been influenced by Celtic art, I've always been interested in the change from Druidism into Christianity {in the British Isles} and so a lot of my work is based upon Celtic art such as the Lindisfarne Gospels ... I like to visit sites around the country, in Ireland and places like that.... and before that it was Egypt (laughs). I did a lot of work on Egyptian art, but since the course started I've been doing art history, Cubism and that period, I'm finding that equally as interesting, so I'm quite open to any inspiration*

### ***The relevance of illness to the artwork***

The majority of the women argued that they did not consciously express their illness through their artwork on a regular basis. The artistic process was primarily described as a means of living a 'normal' productive, satisfying life. It enabled the woman to occupy her mind and daily routines in a positive way instead of dwelling on illness, or her fears about what the future might hold. Textile artwork provided the women with a means of self expression, and status in the world. As one woman said, 'it opens doors'. Paradoxically, for this group of participants, the negative experience of illness had become the catalyst of a health-promoting lifestyle change. However, a substantial minority acknowledged that their illness experience, particularly in its early stages when they were most distressed by their symptoms and prognosis, had found expression in some of their artwork. For some, certain textile pieces marked their suffering, for others it testified to their transcendence over it. At this stage, the textile artwork was rich with symbolic meaning (Reynolds, 2002).

Lydia (chronic fatigue syndrome):



*There's a black and orange piece that I've done..., it's almost like all this blackness with these colors bursting out, it looks as though it's escaping from being trapped. I think I felt like that when I first got the illness, completely trapped by this disease...*

Although one woman said that she was planning a series of pictures to represent her triumph over illness, most indicated that illness themes in their artwork were only recognizable in retrospect. Generally, the women had not been aware of working through illness-related difficulties at the time of creating the image. They could only interpret these themes later, once a safe emotional distance had been achieved. Nevertheless, the narratives emphasized that artwork was a versatile vehicle of self-expression:

Emily (progressive neurological disorder):

*But that's one of the wonderful things about embroidery. At times .. you just seem to be bringing out your bare soul and at other times it's just sheer pleasure, {like} cross stitching a lobster!*

### **Influences on the creative process**

A number of key factors inspired the creative process, namely, embracing the experience of flow, being open to experience, the availability of skilful technique, the encouragement of teachers or mentors, the physical environment, and the opportunities and restrictions created by health or illness states.

### *Willingness to engage in flow*

Participants talked variously in their own terms of becoming immersed in the experience of flow, adventure, growth, evolution, tangents, and freewheeling. The general consensus among the sample was that the key to successful creative artwork was to allow oneself to engage fully in the process, without too much pre-planning. A substantial number of women in the sample had taken publicly recognized courses and examinations in embroidery (known as 'City & Guilds' courses in the UK). They had met the course requirements for setting out detailed designs in workbooks prior to committing thread to fabric. Nevertheless, whilst they saw the value of detailed preparation in terms of learning design principles and techniques during an advanced course of study, most rejected such thorough pre-planning in their own, freely chosen work.:

Bridget (cancer, osteoporosis):

*Mostly I'm happiest when I'm faced with a blank canvass. I don't plan, I don't draw ... I almost always write up how I've done something, {but only} afterwards.*

Too much pre-planning, according to participants, removed spontaneity, enjoyment and prevented full participation in the 'journey' as the artwork took shape.

Sue (MS):

*{Too much planning} takes away the spontaneity which is what sees me through the bad times, because as it flows through me, ..there's no restrictions.*

If the woman could evaluate and make decisions about her work as it developed, she considered it likely that the finished product would be better than the one originally envisaged. Although the creative process provided women with a healthy sense of efficacy and control, and thereby acted as a valued antidote to the helplessness of illness, some women commented that it also provided a sense of adventure. As with all adventures, pleasure came from having the skill to manage the unexpected, and the confidence to achieve a positive end-product, regardless of the barriers encountered along the way.

Bridget (cancer, osteoporosis):

*But I never make plans beforehand, or detailed drawings, I'm not a technician, I'm not an architect, I'm not a draughtsman, I'm a craftsperson, I'm an artist, I just let it come, let it flow. And it does actually, if you start something, if you allow it to, it just evolves and that's how I like it. And sometimes the finished result is not at all what I had I mind, but nearly always it's better. I don't know what that phenomenon is, but I just allow it to come, and that's my perfect way, just allowing it to come , and going with the flow as they say.*

Only two women emphasized planning and design prior to commencing a piece of work, and they worked mainly worked to commission. Understandably they needed to

work closely with the person commissioning the artwork, and had to specify the design in advance. Even in those circumstances, sometimes it was only necessary to outline broadly the nature of the image, and the colors that would be used, preserving the possibility of ‘flow’.

***Openness to experience:***

Artistic training, in conjunction with their experiences of illness and heightened awareness of mortality, had fostered in some women a sharpened state of awareness. Vivid perceptions, and sensitivity to emotion, were viewed as inspiring much of the artwork accomplished, and enabled the women to plan textile designs even when engaged in other daily activities such as walking a dog or sitting on the beach.

Cheryl (cancer):

*I'm very observant, I always have been, but of course the design course makes it that when you're sitting on a beach, you notice that the pebbles aren't all the same color. And that bit of rusty chain against that gray stonework is an interesting color.*

***Technique:***

Mastery over techniques such as marbling, working in melted plastic, goldwork and so on, enabled the woman to express her vision more satisfactorily. Having sufficient skill was usually seen as necessary for creating more advanced, pleasing artwork.

Most of the women had taken a number of classes in their chosen textile art techniques for this reason, despite the constraints imposed by physical illness.

Bridget (cancer, osteoporosis):

*Even if you don't like a technique, there's always something about it that you can take away, and use in your own particular way of doing things, and over the years you just add all the things together until you've got a large repertoire of techniques*

***Teachers, and mentors:***

Almost all of the participants described teachers and fellow students on textile arts courses, as well as embroidery 'masters', as key influences, handing on techniques as well as motivating high quality work. Encouragement from teachers was experienced as highly empowering, in helping the woman to find her own style and 'voice'.

Sue (MS):

*And today, with, the top embroiderers, the books that are available, the art, fabric paints... pressed flowers, leaves, seeds, wools,... bonding powders..... It's endless, the only limitation is your imagination. So these wonderful people and these wonderful books being written, set the pace.*

***The physical environment***

All participants agreed that the creative process was affected by their physical environment. For example, choice of project could be influenced by the quality of light available at different times of the day.

Bridget (cancer, osteoporosis):

*And I tend to follow the light. That seems a weird thing to say, but light is a very vital part of any artist's life. I find that you have to have morning light if you're doing goldwork, that sort of thing. Afternoon light is better for something else. ... if you really want the difference between a dozen shades of green, or blue, you have to have direct morning sunlight.*

The availability of a personal workroom in their home also stimulated creativity.

Many of the women saw their workrooms as a refuge in which they often developed ideas for new projects through being at peace in an environment of their own choice, surrounded by their fabrics, threads, journals and other materials.

Sue (MS):

*And sometimes I just sit up there {in the workroom} and absorb thoughts and feelings and look through my books and generally not do anything... but just absorb the fabrics and threads. ... sometimes I just go up in that room with no intentions whatsoever of doing anything... and before I know it an hour or an hour and a half has gone, and I'm not really up there for that purpose.*

Although fatigue, pain and other difficulties related to illness sometimes resulted in the woman not being able to spend as much time on her textile artwork as she would have liked, the design side of her work could also fill her time productively. Many described how interesting days could be spent, even though confined within the home environment, carrying out research using books, and the internet, as well as logging ideas in journals, and drawing up designs. The availability of sufficient varied materials, books and internet access were all regarded as resources for the creative

design process. Through the processes of design and making, even women with severe mobility problems could psychologically escape the immediate physical confines of home, and draw upon her pre-illness skills and interests. These experiences also fostered creativity through helping to relieve depression, providing stimulation, and restoring a sense of coherence or identity.

***Illness and health states:***

Many of the participants perceived an interplay of many factors in the creative process. In addition to personal ideas and skills, the women acknowledged that their artistic process was influenced by their state of health. Such influences could affect both the nature of the subject matter, and the technique used in the work. For example, women with fluctuating symptoms, such as those with relapsing-remitting multiple sclerosis, described how they adapted their technique to their current level of dexterity and fatigue. During relapses when manual dexterity was reduced, some women made greater use of computerized embroidery machines, programmed to their own designs, or they occupied themselves with small, easily handled projects rather than bulky ones that would be too heavy to lift at that time. Some used thick wools and canvass with larger holes during times when visual acuity had deteriorated. Conversely, when energy and pain levels had improved, participants often described accomplishing a number of pieces within a short space of time, or pursuing their artwork for lengthy periods – even though this degree of commitment tended to worsen fatigue and other health problems. Some illness symptoms impacted on choice of project, although many women attempted to resist this influence:

Lydia (Chronic fatigue syndrome):

*I do adapt {the artwork}. I'm finding I'm very sensitive to smells now. And in embroidery, and patchwork, we're not tending to use the standard fabrics and threads, we use plastics and some quite nasty chemicals, bleaches and dyes and things. They've all got an odor to them, some of them potentially quite harming, and I'm very sensitive to them now. And if the chronic fatigue has got a hold, and I'm feeling a bit low, I find I have to avoid doing things that smell, bleaching or burning, or using chemicals, so I adapt it. And sometimes I just want to sit and do something that I don't have to think about, so I just sit and quilt or sit and hand-sew, so the illness does dictate what I do. So I do tend to have quite a few different projects on the go, and I dip in and out of them.*

The art making process inevitably reflected current levels of health, with choice of technique, pacing, fabric and so on, varying according to physical and mental states. Some women commented that when their health worsened, they focused on planning and design, which requires less physical energy, whereas they returned to making textile artwork when their health improved.

## **Discussion**

The visual art process is undoubtedly difficult to verbalize because aesthetic judgements are perceptual, rather than strictly logical and open to conscious appraisal. It is likely that many inspirations and themes spring from unconscious emotional and



cognitive processes. Nevertheless, within the limits of verbalization, the women offered many insights about the creative process. The findings suggest that illness formed one inspiration among many, and was more likely to find direct and symbolic expression in the early stages after diagnosis when grief was at its sharpest. As in art therapy, participants found that their textile artwork could provide a medium for expressing feelings about illness and loss. However, all of the women acknowledged that life-affirming experiences also informed their artwork. Like many other artists (for example, as discussed by Rodeheaver et al 1998), they drew on perceptual sensitivity, a love of color and texture, and a wide range of human experiences including nature, religious belief and personal interests.

The accounts suggested that the content and process of artwork provided important psychological connections with the pre-illness self. Previous occupational interests and expertise could both inform the textile designs, and at the same time, help to preserve the identity and emotional equilibrium of women who had mostly been obliged to retire from work through illness (with consequent loss of status, valued roles and colleagues). The women commented on factors that positively and negatively influenced the creative process, including teachers, the physical environment itself and their state of health, and their views echoed with those uncovered in previous studies. Given that illness had taken away so much from these participants' lives, it was interesting that almost all participants had deliberately created a studio or workroom, as their own space. This space seemed to foster creativity.

States akin to that described as 'flow' in the creativity literature (e.g. by Csikszentmihalyi, 1990) were identified as enabling the creative process, and responsible for its inherent satisfaction. Csikszentmihalyi argues that flow is most likely to occur when people use complex skills to master complex tasks, and that it is central to human happiness. The use of complex skills characterized most women in the sample. States of flow and 'freewheeling' have also been identified as common features of the creative process by the artists interviewed by Mace (1997) and Kirschenbaum and Reis (1997). However, possibly because the women were mostly in their mid-life and later years, they did not report the constraints upon creativity such as domestic roles and guilt that other studies of women artists have found.

From their accounts, it is striking that the creative process provided a powerful antidote to the experience of illness. Whilst engaged in the creative process, the woman was fully occupied, and could act spontaneously and fluently on her ideas and aesthetic judgements. She generally had the confidence in her ability to rectify (or make positive use of) mistakes. Illness tends to provoke the opposite experiences, of unproductive worry, limitation through pain, fatigue and mobility impairments, and helplessness. Some pieces expressed illness issues at least obliquely through symbolism. However, art-making mostly connected the artist to the 'normal' world of nature, spiritual values, ideas, and her former professional interests. Through expressing a wide range of positive human experience in her artwork, the woman seemed enabled to break free from her limited categorization as a 'person who is ill' and gained instead a fresh and valued identity as an artist.

Clearly, caution is needed in generalizing from the study. Whilst the sample was quite large for a qualitative interview study, it was self-selected. Also the inspirations for creative artwork have been inferred from participants' own reflections rather than a direct examination of the work itself. On the other hand, interpretation of the meanings of artwork by third parties has questionable validity. In its favor, the study has provided some insights into the creative processes of professional and non-professional textile artists. Women's creativity has been traditionally de-valued, and under-researched (Rodeheaver et al , 1997), and this study helps to rectify this gap in our understanding.

**Concluding remarks:** Studies which ask artists to reflect on the creative process inevitably gain access only to aspects of the experience. This is because much of the art-making process appears not to be open to strict logic or verbalization. Yet within the limits of self-analysis, the accounts have been illuminating for revealing the extent to which artists find inspiration from a wide range of positive and negative human experience. As well as exploring the sensual qualities of color and texture, themes from nature, precious memories, personal and professional interests, and spiritual beliefs all found expression in the women's designs and styles. Having sufficient technique, and a conducive environment were valued as enabling control over the creative process and achievement of a meaningful personal style. Most of the women enjoyed the spontaneity, immersion and adventure inherent in their artistic work, and their descriptions approximated to flow states described in much of the creativity literature. The study also raised issues about whether and how feelings about ill-health are expressed through artwork. Whilst not an over-arching theme, it was clear that some women, particularly in the early stages of illness, came to terms with their

conditions through artistic self-expression. Nevertheless, illness did not only inspire artwork through distress and loss, but through sharpening perceptions, heightening emotional sensitivity and confronting the person with the deeper issues of life. Such openness to experience has been identified as contributing to creativity (as reviewed by Orwoll & Kelley, 1998). The contribution of art-making to rehabilitation, the restoration of a positive identity and the self-management of chronic illness deserves further examination.

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**Table 1: Inspirations for Artwork- Summary of Key themes****Influences on content: design and style**

*Sensual and aesthetic experiences – color and texture*

*The natural world*

*Religious imagery and architecture.*

*Inner voice - Self*

*Professional interests and identity*

*Other life experiences*

*Experiences of illness*

**Influences on process**

*Willingness to engage in flow*

*Openness to experience*

*Technique*

*Teachers, and mentors*

*The physical environment*

*Illness and health states*