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Abstract

This study explored whether and how visual art-making, as a leisure activity, provided a coping resource for older women affected by arthritis. Twelve older women (aged 62–81) were interviewed. They had lived with arthritis for many years, and engaged in arts and crafts regularly. Transcripts were explored through Interpretative Phenomenological Analysis. Three main themes were identified. Firstly, most participants experienced art-making as a powerful means of controlling arthritis pain, through deep concentration, and through use of color and imagery. Secondly, participants experienced art-making as encouraging sustained attention to the outside world, offering psychological escape from the confines of the body and home. Thirdly, art-making protected and promoted identity, for example, through integrating current and former selves, enabling participants to express and re-experience certain valued memories, and engage in personal development. Some participants felt able to celebrate positive difference from others, on the basis of their art rather than their illness.

Introduction

Arthritis, in its many forms, affects large numbers of people, with prevalence increasing among people aged over 55 years, and nearly half of all women aged over 65 years reporting symptoms, according to US data (Payne, Mowen & Montoro- Rodriguez, 2006; Theis, Helmick & Hootman, 2007). People with arthritis not only experience chronic pain, limited mobility, and problems with dexterity. Personal and social identity can be undermined by

loss of valued roles and activities, changes in appearance (of the hands, for example), and social stigma (Hamilton-West & Quine, 2009; Lempp, Scott & Kingsley, 2006).

Continuing participation in favored activities may help to protect identity in arthritis. A qualitative study found that women affected by rheumatoid arthritis (within a sample aged 30-80 years old) emphasized the importance of maintaining a sense of control, through, for example, finding ways of maintaining their valued activities (McPherson, Brander, Taylor, & McNaughton, 2001). Helplessness, a willingness to accommodate to arthritis, and passive coping strategies such as resting and inactivity, seem to be associated with increased levels of depression, more functional restrictions, loss of activities, and higher levels of pain (Axford, Heron, Ross, & Victor, 2008; Katz, 2005; Ramjeet, Smith, & Adams, 2008). People with this condition who have positive attitudes and strategies (such as optimism, a willingness to re-prioritize and reframe their situation), and social support, are more likely to maintain their activity repertoires (Katz, 2005; Sinclair & Blackburn, 2008; Treharne, Kitas, Lyons & Booth, 2005; Treharne, Lyons, Booth & Kitas, 2007).

Participation in valued activities is associated with subjective well-being among older people with arthritis, even when the detrimental effects of pain are taken into account in the statistical analysis (Parmelee, Harralson, Smith, & Schumacher, 2007). Older people with arthritis who maintain engagement in their most valued social and leisure activities are more resilient to depression (Klinger, Spaulding, Polatajko, MacKinnon & Miller, 1999; Payne et al., 2006; Zimmer, Hickey & Searle, 1995). Stevens-Ratchford & Lookingbill (2004) conducted a phenomenological inquiry and found that older people with arthritis described deriving many psychological benefits from their leisure activities. Some activities were

perceived as helpful for relieving arthritis symptoms such as stiffness, including craft activities which exercised the hands. Participation in life-long leisure activities also promoted continuity of self, a sense of normality, self-esteem, and distraction from pain. Many participants in this study described making certain adaptations to their valued activities in order to maintain ongoing involvement despite their disabilities (such as switching from making bread by hand to using a bread-making machine).

There has been very limited previous research into the meanings of creative leisure activities for older people coping with arthritis, although older people more generally attribute a range of cognitive and social benefits to these activities (Reynolds, 2010). Listening to music appears to reduce perceptions of pain among people with osteoarthritis (McCaffrey, 2008). However, it is unknown whether participation in visual art-making can also be helpful for coping with this condition. As research in this field is so limited and theorizing under-developed, qualitative methods are particularly appropriate for investigating the meanings of creative leisure. This study, guided by the principles of interpretative phenomenological analysis (IPA), sought to understand the meanings of visual art-making for older women living with arthritis, specifically with the aim of exploring whether this leisure activity functioned as a coping resource, and, if so, how.

Method

A phenomenological methodology was selected because the meanings of art-making for women living with arthritis were expected to be complex, reflecting individual differences in the creative process, the art media being used, specific illness experiences and family context. The study offers an interpretative phenomenological analysis (IPA) of participants'

accounts, valuing the ‘insider’s perspective’ whilst acknowledging that inductive processes of meaning-making inevitably involve both researcher and participant (Smith & Osborn, 2008). IPA studies usually involve small samples in order to enable a sufficiently in-depth, nuanced examination of idiographic perspectives (Smith, Flowers, & Larkin, 2009).

Recruitment and participants

Women were invited to participate in the study via a letter published in a national UK art magazine. The letter outlined the purpose of the study and sought female volunteers, who had lived with arthritis for at least one year, to participate in interviews exploring the satisfactions they gained from visual art-making, the inspirations and themes expressed in their artwork, and the contribution, if any, that art-making made to coping with arthritis. The study focused specifically on women with arthritis because there is evidence for gender differences in experiences of pain and quality of life among older people coping with rheumatoid and osteo-arthritis (Jakobsson & Hallberg, 2002). Women with any type of arthritis were eligible to join the study, since it aimed to explore the subjective experience of pain and other limitations, rather than any specifically medical or biological aspects of arthritis.

The women who replied were sent detailed information by post or by e-mail according to their preference, including a list of the main open-ended interview questions. Interviews took place after participants had returned their written consent to take part in the study. All names used in this article are pseudonyms and any highly identifying details (such as place names) have been changed to protect confidentiality.

Fourteen women requested information about the project and ten of these agreed to participate. Their ages ranged from 62 to 81 years (see Table 1 for details). At the time of

interview, six were married and living with husbands, two were divorced and two were widowed. All were White and currently lived in the UK, although two had previously lived in other European countries. The participants had been diagnosed with arthritis for 7 to 60 years. Three reported rheumatoid arthritis (RA), seven reported osteoarthritis (OA). As shown in Table 1, several also described having other chronic conditions such as osteoporosis, heart problems, asthma, and deteriorating eyesight. Their arthritis presented many challenges including constant or fluctuating pain, and limited mobility (three used a motorized scooter outside the home; one used crutches; and several used a walking stick).

-----Insert table 1 about here-----

Ethics

The School ethics committee of the host university approved the research proposal and all relevant materials (i.e. the advertisement, information sheet, consent form and main interview questions), prior to data collection.

Interviews

The semi-structured interviews followed a conversational format, and lasted between 50 and 90 minutes. Participants were asked to pre-select 3 or 4 items of artwork to supplement their more general reflections on their experiences of art-making. All interviews were carried out by the first author, digitally recorded and fully transcribed. Participants were asked to give background details about themselves, their arthritis symptoms, and their motives for taking up visual art-making as a leisure activity. They were also asked to describe any changes or adaptations in their choice of media or techniques since being affected by arthritis. Towards the end of the interview, the participants were invited to reflect on whether and how their art-making helped

them to cope with the challenges of arthritis, and their responses provide the main data for this analysis, although relevant material from elsewhere in their accounts is also included.

Data Analysis

Data analysis involved a period of immersion in the transcripts, and proceeded idiographically. The authors discussed the emerging themes, both micro and macro, keeping reflective notes to aid the process. Following the suggestions offered by Smith & Osborn (2008), microthemes, or specific meaning units, were noted in one margin. These were collated into rich, idiographic descriptions of the lifeworld. There followed a re-iterative process in which recurring themes across the entire set of interviews were identified. These themes were then clustered into larger superordinate (convergent) themes which encapsulated the main ways in which art-making was experienced as helpful for coping with arthritis.

The various professional backgrounds of the researchers (health psychology, medical anthropology and occupational therapy) enriched the analysis. It is acknowledged that researchers bring their own academic and professional perspectives to make sense of participants' accounts during IPA, so we accept that researchers with different academic backgrounds might construct somewhat different over-arching themes.

Findings

Contextualizing the sample

Participants all experienced chronic pain. In addition, their arthritis had challenged their independence, caring roles within the family (for example, as wives and grandmothers), and paid employment. All had retired from fulltime work before statutory retirement age because

of their illness. Arthritis had disrupted many valued leisure pursuits, including those requiring gross movement (such as walking or dancing) and those requiring fine dexterity (such as embroidery). Loss of certain roles and occupations had effects which rippled out through the participants' lives. For example, some perceived that early retirement from work on grounds of ill-health had increased their social isolation and altered relationships with their husbands. However, others celebrated the new directions that their lives had taken since retiring from work.

The participants did not share a common history of engagement in visual art-making. Whilst many described 'always' having had an interest in arts and crafts, almost all reflected that they had been too busy with work and family life to pursue such leisure activities more than occasionally before their health deteriorated. For most, their early retirement from work, for reasons of ill-health, had provided the impetus and opportunity to take up arts and crafts in a more sustained way. Only one (Connie) had worked in the field of visual art (as a conservation expert), and still did so occasionally.

Accounts of family support varied, with most participants describing good levels of support. However, three (Jennifer, Lorraine and Sue) regarded at least some family members as having little empathy for their health problems and functional difficulties, and they felt powerless to explain their problems to them convincingly:

'Other people [in the family] don't understand it when I say I can't, I really can't cope with the journey [to visit them]. And they think it's just because I sort of don't want to be with them... Because they can't see anything, it's not like having a broken leg or, you know, cancer or something. ...' (Jennifer).

Participants did not portray simple relationships between their art-making and their psychological well-being. Some presented themselves as having an adversarial relationship with their arthritis, referring to it as something separate from themselves; an unwelcome, thwarting character, ‘an unwelcome companion’ (Sue) which metaphorically ‘spoke’ to them (Sophia), and which always retained the power to restrict or curtail their activities, including their art-making.

None of the participants had taken up or intensified their engagement in visual art with the specific intention of managing their arthritis. Many of the pleasures that they associated with art-making are shared with visual artists who enjoy good health such as the sensuality of color and texture, and the satisfaction of achieving goals (Reynolds, 2010). However, the interviews revealed that art-making as a leisure activity provided a rich resource for coping with arthritis. From the analysis we inferred that the leisure activity of visual art-making was experienced as contributing to the women’s coping with arthritis in three interconnected ways, namely that it:

- i. provides a means of managing pain
- ii. encourages an outwards focus away from the body and its limitations
- iii. sustains and develops a positive identity and self-esteem

Further sub-themes are presented under each of these main headings to explore these subjective experiences in more depth.

i) Art-making provides a means of managing pain

All of the participants described their arthritis pain as challenging to cope with, and some regretted that they felt older than their chronological age:

‘As soon as I wake up in the morning, it’s there, and I stagger to the bathroom and I’m very stiff first thing in the morning so I walk like a 75 year old or older and *I hate that* ...the pain is just there all the time, in the background, but then it comes to the fore very easily’ (Jennifer, aged 65; participant’s emphasis).

All had discovered that a range of active coping strategies were necessary to manage pain, in addition to using medication. Examples of such self-management strategies included shifting position regularly, walking in the garden, and doing other gentle exercise. Art-making was experienced as offering two main ways of coping with pain, namely through escape and through creative expression.

‘An escape from the pain’: the deep absorption of art-making

Eight of the ten participants described their art-making as a significant means of pain-management through offering a means of distraction, deep absorption or psychological escape:

‘It’s definitely an escape from the pain. When I can paint, I don’t think about the problems with my heart, with my hips, you know. Before Christmas, I couldn’t walk for a few weeks, every time I was walking I couldn’t sit down without screaming pain, and when I was painting, I thought what are you crying about, look what you’ve done today. I was excited and it’s a real escape. Wonderful’ (Sophia).

Keeping pain in the background of their thoughts, even for short periods of time, was valued:

‘Well, if I couldn’t do it [art], I think my life would be really quite empty, I would find life very difficult because my arthritis, my pain, would be more to the fore’ (Jennifer).

Among some participants, there was a willingness to ‘trade off’ the period of respite from pain against the later stiffness that would follow a lengthy period making art:

‘I think one of the greatest things is it is such good therapy, I can get totally absorbed in doing it, I can forget about anything that I might be worried about, even pain. I can maybe sit for an hour and a half doing painting. I might suffer a bit afterwards but at the time I’m not actually thinking about it at all’ (Alison).

Pain during the night presented the greatest challenge for three participants, and they experienced art-making as helpful for managing wakefulness and discomfort:

‘Very often I paint or draw during the night when I can’t sleep. I get up because the pain is driving me mad and I can’t sleep so I get up and that’s when I do most of the experimentation with the artwork...It’s a form of escape I think. I can escape into what I’m doing and it does make the pain less’ (Lorraine)

Participants had not abandoned medical treatment for their pain, but regarded art-making as part of their armory of coping resources:

‘And sometimes there have been times where I haven’t been able to have my painkillers, going into hospital, the night before an operation, really bad, and I’ve just got my sketchbook and my pencil out and concentrated on that and managed to dull the pain down to an acceptable level’ (Carol).

'A picture ... lifts your spirits': modulating the pain experience through creative expression

Three participants identified complex transactions between their experience of pain and their artwork. For some, like Lorraine, art-making did not only offer escape from pain, but the opportunity of channeling and modulating the pain experience, increasing her sense of mastery:

'It [color] depends on how much pain I'm in. The more pain, I seem to paint brighter pictures ... I love oranges, reds and ochre colors and I think they are quite therapeutic to me. I seem to paint more in those colors if I get up in the night to paint, and I use more ink, and I use more contrast in the night' (Lorraine).

Other aesthetic qualities of the artwork could also lift mood, and participants considered this an important resource for coping with pain:

'I think a picture should be like a fizzy drink. It's better if you have a picture that lifts your spirits ... that looks good' (Carol).

However, several of the participants who regarded their art-making as an escape from pain rejected any possibility that they expressed or channeled their pain into their artwork. Some were aware that symbolic expression is valued and expected in art therapy, but denied that they communicated their illness experience visually. Paula responded to an explicit question about this:

Interviewer: '...A few people that I have interviewed think that their art helps them to express their feelings about their arthritis. What about you?'

Paula: ‘I suppose if I was a modern painter, they tend to express pain in violent colors, but no, I’ve never been tempted to do that, not my thing’.

‘Pain takes over’: the limits of art-making for controlling severe pain

IPA respects divergences in participants’ views . Thus, although most of the women stated that they valued art-making for managing pain, some acknowledged that it only provided relief when their arthritis symptoms were relatively ‘quiescent’ and not during flares in their condition:

‘There are days and weeks when I don’t do much [art], the pain takes over depending on things like the weather and other things outside of the art. But I do try to keep up with the drawings ... I try and do something every day and I do find that that helps’ (Lorraine).

Connie also recalled a conversation with a friend affected by osteoporosis, who agreed that pain was sometimes too intrusive to allow for art-making:

‘We talked about how we live with our pain, deal with it and how you really must not dwell on it, and must divert yourself as much as you can. But it’s easy to talk in summer because the warmer temperatures make life easier, you forget how badly disabled you are in winter, and that’s when the going is really, really tough’ (Connie).

ii) Art-making encourages an outwards focus away from the body and its limitations

Participants regarded art-making as both reflecting and encouraging an outwards focus, away from the discomforts and limitations of the body, and the confines of home. They thought that this redirection of attention was helpful for coping with arthritis. Sustained attention to

the external world of nature, in particular, helped to alleviate negative, inwardly-directed preoccupations with the self, a problematic body, helplessness, and depression.

'I think about the color': paying attention to details of color, form and texture

Most participants identified themselves as having a long-standing sensitivity to color, texture and form which primed them to have an outwards focus. Most regarded such aesthetic sensitivity as a lifelong personal attribute, and valued it for helping them manage many different types of stress, not only ill-health. Connie, for example, reflected that her love of color had helped her cope with earlier crises in her life such as being evacuated as a child during the Second World War:

'I was saved in all my situations by the visual propensity to see the beauty of the village where I lived [as an evacuee], in all sorts of things, even the puddles in the street which had petrol rainbows in them' (Connie).

Pamela used a walking aid and was hampered in how far she could travel. But her enthusiasm for color and form regularly motivated her to cope with the discomfort of walking so that she could take photographs of the natural environment. She used her observations and photographs as a stimulus for painting:

'Yesterday I was in the New Forest and the greens are incredible, really acidic lime. ... And if I close my eyes I can still see it, so that was inspirational, the wonderful freshness of it' (Pamela).

Several participants who were largely confined to home because of mobility limitations described putting together visually exciting materials which absorbed their attention when painting, offering psychological, and even physical, comfort and lifting their mood:

‘That’s my favorite subject, still life, because I cannot go out, you see. So when I am in the house I can find my best pots... And I get flowers from the garden. And I put them together. And I always wait for the sunshine to flow, to make a beautiful warm color. The light, the sunshine will play on things. And then when I make my still life, they are very much how I feel when I look at them, I feel warm and comfortable’ (Sophia).

Some commented that their engagement with art-making had, in turn, strengthened their attention to color and form, helping them to notice increasingly more about the environment around them, and to gain pleasure (and a positive identity) from that:

‘But the art has opened my eyes to so much, so much color, so much texture, so much pattern which I don’t suppose any other hobby would do, and keep doing’ (Lorraine).

‘And I think any type of painting, I think any type of artist would tell you, it makes you more observant. You know, if we’re driving along, I look at the sky and the trees. I see them in a different way I think. Other people just say “Oh, it’s a blue sky” but I can see lots of different things. I don’t know what I’d do without it’ (Paula).

Accentuating their ‘outwards focus’, some participants had *chosen* their local environment for its aesthetic qualities, moving to new homes that not only suited their restricted mobility, but that also maximized convenient opportunities for painting or photographing outdoor scenes:

‘We found a little house with a tiny garden, and it has got a bit of a sea-view, and I can walk down, walk the street past two houses, I can go down five steps, there’s a little bit off the road to go down, not much, and I cross the road and there is the sea. And since we have moved there I have noted that September, October, the sunsets there are breathless, you cannot believe what you see’ (Sophia).

Sophia’s arthritis and heart problems made movement difficult, and her account vividly portrays the extreme effort that she had to expend in making the short journey to the beach, an effort which seems to be communicated through knowing the number of steps involved and through her unconscious choice of the word ‘breathless’ instead of ‘breath-taking’.

Even a landscape or sky seen from a living room window could inspire the creative process, offering contact with the outside world, and boosting well-being by helping the women escape the confines of home in their thoughts. Gwen had used two crutches for 25 years, and walked with difficulty. She enjoyed making maximum use of her riverside view, using painting materials that were kept close to her usual arm-chair:

‘I’ve got huge windows here looking out over the river ... I’ve got all my painting things in front of me. There’s been a thunderstorm today and interesting sky effects and I’ve just done a little painting from that’ (Gwen).

‘I can do something useful’: Using art to make a difference to others

Confirming their outwards focus, several participants had derived well-being from using their art-making to make a contribution to others, usually for charity fund-raising. Carol’s partner

had been diagnosed with cancer when she was completing an art course. She decided to mount an exhibition of her artwork to raise funds for the hospital:

‘So I raised money by putting up paintings in the corridor of the hospital to raise money for cancer research. And we’ve got a scanner now... um but not all because of me!’ (Carol).

Focusing on the needs of others, sometimes alongside the challenge of meeting deadlines, were welcomed for reducing preoccupations with ill-health:

‘It’s all [art]work I can incorporate into an exhibition ... which will be about food and things in the home. Then I’ll have an excuse, a theme, to hang it on, and then I can do a proper exhibition, put an ad in the paper, get some publicity, and raise some money for Diabetes UK. I feel by doing things like that ... I can also do something useful, does that make sense? All of these things are self-imposed challenges which motivate me and give me deadlines that I have to meet otherwise I think I’d be simply lazy. Not dwelling on the pain, dwelling on [other] things, that helps’ (Connie).

iii) Art-making sustains and develops a positive identity and self-esteem

In the interviews, participants’ most detailed reflections related to identity. This broad theme was inferred in the accounts of all who took part, including two participants who explicitly stated that art-making did not help them in any significant way to manage their pain (theme 1). These two women had lived with osteo-arthritis for many years, although it cannot be determined whether advanced disease processes affected their experience of pain. Sue’s

sequence of negative descriptions of pain readily communicates its intrusive and uncontrollable quality:

‘I don’t think that the painting comforts me or takes my mind off it [pain]. It might take my mind off it for 10 or 20 minutes but as soon as the pain really starts to bite, it’s a nuisance, it’s restricting, and distracting and annoying. I have to make myself think, “If you carry on doing this picture for too long your neck will seize up and you’ll be back at physio”. I have to keep that in mind and that is a distraction... It is an unwelcome companion’ (Sue, had lived with OA for 35 years)).

Nevertheless, even the participants who gained little or no pain relief from their art-making still emphasized the other resources that it offered for coping with arthritis, such as sustaining their self-esteem.

‘It goes back to childhood’: experiencing personal continuity

Some participants described their art-making as eliciting powerful memories, which provided a firmer sense of personal continuity, amidst the loss of so many other roles and activities.

Alison, a wheelchair user, explained:

‘I think when I’m out, I am always looking for subject matter to paint... Recently the bluebells have been out and there’s a little wood that my husband can take me to... I feel it’s just part of me, I can just sit and look at this little bluebell wood, which I love, with the sun shining and the lovely blues and greens and yellows, interesting leaves. Again it goes back to childhood, teen years. We used to go to bluebell woods and walk through them... I would just love to be able to put my walking boots on, and walk through a bluebell wood, or walk along the beach, you know, and I just

can't do that any more. So I suppose, maybe I am expressing my feelings much more through my work, painting, than I'm realizing' (Alison).

For this participant, as with several others, art-making appeared to offer a compensatory strategy of engaging in life-long interests, communicating her feelings and interests, and staying in contact with the person she felt she had always been.

'Still a practical person': confirming an able identity

For all of these participants, art-making as a committed leisure occupation helped preserve an 'able' identity, thereby relegating arthritis to being just one facet of self, rather than an all-defining 'master status' (Charmaz, 1999). The participants made many claims about enduring aspects of their personal and social identities during the interviews, commonly signaled by the use of 'always'.

'I've always enjoyed using my hands, I used to love doing the gardening, I would do decorating in the house, and my needlework. I used to make lampshades and all different things, clothes for the children, for myself. I always liked that creative aspect, but since the RA [rheumatoid arthritis], so many of those things I just, I can't do. And I suppose, in a way, it's like feeling starved of something, there's a hunger to do something creative. And because I can sit, or stand if I want to, to hold a paintbrush or a nice piece of pastel is so much easier than most of those things that I can't do any more. So because I am a practical person, with that creative side, I need to have something. If I couldn't do the painting, I think I would feel starved' (Alison).

The metaphors of ‘hunger’ and ‘feeling starved’ readily communicate Alison’s strong need to participate in activities that occupy her time meaningfully and support her sense of self. She portrayed her arthritis as bringing to an end some of her creative pursuits, yet she had maintained her familiar self-image as a creative, practical person through her art-making.

Connie was unique in the sample as she participated in art both for work and leisure. She continued to derive positive identity from her art, whilst revealing how she necessarily had to accommodate her projects to the limitations imposed by her ill-health:

‘My conservation work, it would tell you that I’m very, very meticulous in that area because there is no other way of dealing with it...I only take on [conservation] work that my eyes and hands will allow me to do now, because my vision is much poorer than it was. My hands aren’t as dexterous either. But when I can, it’s usually for a local museum, or the local auction house, I feel flattered enough, I feel delighted to be asked, and I feel flattered enough to rise to the challenge’.

‘A gradual progression’: engaging in on-going personal development

Participants also valued art-making for creating opportunities to continue with their personal development despite their ill-health, such as exploring and refining new skills and techniques, and expressing something essential about the inner self. This occupation offered a welcome contrast within a lifeworld that was in so many other ways highly restricted by arthritis:

‘It’s just been a gradual progression ... not to be afraid to do something different, not to be afraid to do a color that you can’t actually see [in nature]...so I suppose I am

actually expressing something more of myself although perhaps I don't actually realize it ... I'm expressing something that's coming from inside' (Alison).

A few participants described celebrating a difference from others, on the basis of their art rather than their illness. Their creative products testified to the uniqueness of themselves as artists, and helped them to find and express their own 'voice'. Personal pride in their artwork as well as social acclaim (in a few cases) supported this positive sense of difference, and self-worth. It seems likely that such experiences would be valued by any person, but may have had particular meaning for these women who had been restricted in many of their everyday roles, and exposed, in some cases, to stigma in relation to their illness. Jennifer, for example, had developed an unusual style of machine embroidery after giving up hand sewing when her dexterity was seriously affected by arthritis. Her artwork had received much acclaim:

'There aren't many people in the country who do what I do. Which makes it fairly specialized. I have exhibitions here [in my studio]... And people come and say, "Oh I've never seen anything like this before". And I say, "Well, you probably won't" ' (Jennifer).

Participants experienced positive self-esteem as a helpful resource for coping with ill-health:

'I've never had very high self-confidence really, but ... my [machine] embroidery has boosted that a lot. One helps the other. That helps coping with the arthritis, because you feel comfortable with yourself. You think, "Oh, I have got something that is, well (pause) not bad!"' (Jennifer).

In particular, participants seemed to regard both the control and personal development derived from their art-making as helpful for warding off depression, and thereby coping more effectively with arthritis:

‘[Through art] I find an escape mentally. Every time I’ve got a door shut in front of me, I think, well, I’m going to open another one. It will make me survive, yeah? It’s a challenge... It’s very important that a physical disability does not impair you mentally, because if you go down mentally, you’ve got very little chance of coping with the physical problem’ (Sophia).

Some participants had even re-appraised their illness in a positive way as it had catalyzed their creative self-expression:

‘It’s the doing that is the most important, and being absorbed by it and feeling, well, *I can do this*. Maybe I wouldn’t be doing it if it wasn’t for this wretched RA, being crippled up with it, and maybe I wouldn’t know it but maybe I would be the poorer for it, in a strange sort of way’ (Alison; participant’s own emphasis).

Discussion

The participants in this study, despite their stressful experiences of chronic pain, mobility limitations, loss of employment and other roles, described deriving many satisfactions from their involvement in visual art-making as a committed leisure pursuit, and perceived that it had a potent role to play in helping them to live successfully with arthritis. Three interconnected themes were identified, namely that artistic occupations helped participants to manage pain, maintain an external focus away from the body and its discomforts/limitations,

and sustain or recover positive identities. These were powerful coping resources for living with arthritis, and maintaining subjective well-being in later life.

Participants engaged with art for its own sake, as a self-expressive and meaningful leisure activity, but many also welcomed the pain relief gained from being deeply absorbed both in the process of planning and making. Particularly at night, when pain disturbed their sleep and had the potential to dominate their conscious awareness, several participants engaged with their art-making with the specific intention of managing pain. Stevens-Ratchford & Lookingbill (2004) found participants describing pleasurable leisure experiences as masking the discomforts of arthritis. However, the term ‘distraction’ perhaps places too much emphasis on simple *diversion*. The current study found that deep *absorption* in the creative process relieved pain, and also that the aesthetic qualities of the artwork (especially its colors) helped some participants to experience increased mood, thereby, in their view, enhancing their resilience to pain. Some were even willing to trade off the diminishing of their pain during art-making against the greater stiffness or resumption of pain that was likely to follow.

There is evidence that people participate in more activities when they accept the presence of chronic pain (e.g. McCracken, Vowles, & Eccleston, 2004). However, the current findings suggest that although a willingness to accept (rather than avoid) pain may be necessary for initiating participation in a valued activity, acceptance is only the first step. The experience of deep absorption or ‘flow’ may then allow pain to become less salient. Hutchinson, Loy, Kleiber, and Dattilo (2003) and Iwasaki, Mactavish, and Mackay (2005) refer to leisure occupations as offering palliative coping, yet in this study, immersion in art-making seems to

provide more than a simple ‘cloaking’ of pain. Feeling that one retains active control is highly valued by some people who live with arthritis (McPherson et al., 2001). Deep engagement with the processes of creative planning and making of art appeared to provide a powerful means of taking control, increasing mastery over pain.

A second, interconnected resource for living with arthritis was derived from having a sustained outwards focus for considerable periods of each day. Previous research has found that some people with arthritis express frustration with the feeling of being trapped in their own bodies (McPherson et al., 2001). Art-making helped participants address this sense of entrapment, providing participants with the motivation to attend to the aesthetics of the wider environment, and to make plans for new artwork. In so doing, they described being less preoccupied with the discomforts of the body, and less frustrated by their mobility limitations. Focusing outwards and celebrating the aesthetics of the natural environment seemed to reflect a long-standing visual sensitivity, yet also encouraged the further development of such sensitivity. The psychological well-being derived from close attention to color and form has been noted in other studies of female visual artists, including some who were coping with chronic conditions, and some who were facing the challenges of later life (Reynolds, 2004; Reynolds & Vivat, 2008; Reynolds, 2010; Rodeheaver, Emmons, & Powers, 1998). Paying close attention to the detail of local scenes also helped these participants, who were otherwise limited by mobility problems, to feel less trapped within their homes and immediate surroundings, to feel stimulated by what they observed, and to feel engaged in the wider world. Although relatively few made art in a social context (not having the mobility to attend classes, for example), several used their art to raise money for charity. Some met regularly with like-minded others at local exhibitions. Visual art-making

and music-making have been welcomed as a source of social connectedness by older people regardless of their levels of health (Fisher & Specht, 1999; Hays & Minichiello, 2005; Reynolds, 2010), which is a theme that resonates with this study's findings.

As a third interconnected resource, participants perceived that their art-making strengthened their identities and self-esteem, offering both experiences of continuity and also personal development. This finding is supported by the theory of Atchley (1999) who proposed that continuity of identity and occupation preserves older people's well-being. Older people in previous studies have also described their visual art-making as promoting self-esteem and on-going personal development (Fisher & Specht, 1999; Reynolds, 2010), although most of those interviewed in previous studies were living with good health rather than with a painful incurable illness.

The findings from the current study are also compatible with the findings of Iwasaki et al. (2005) who found that leisure offered the experience of 'time out' and renewal for people with arthritis. Previous research has found that leisure activities may be important for promoting identity maintenance and development in chronic illness (e.g. Hutchinson et al., 2003; Stevens-Ratchford & Lookingbill, 2004), but this study has made a more specific contribution by examining a narrower set of leisure activities which produce tangible, creative, aesthetically pleasing products. For these women, their art-making appeared to preserve and promote a desired, and hoped-for identity in their later years, and helped them resist the power of a disabling illness to impose restrictive labels.

Previous research into coping with arthritis documents positive consequences of active self-management strategies and attitudes. However, such strategies tend to be described in general

terms (e.g. active behavioral strategies, optimistic attitudes, benefit-finding) rather than exploring the coping functions of specific leisure occupations which form part of everyday life. Given the number of older people affected by arthritis and the challenge of deriving life satisfaction when so many activities are compromised by pain and functional impairments, this study has opened up enquiry into the contribution of ‘serious’ leisure occupations to coping (Stebbins, 1992). Serious leisure involves commitment, both to giving time to the activity and to acquiring the necessary skills that underpin successful performance. For some, it entails a strong sense of social connection with others who share these interests. In this study, participants were clearly committed to the on-going development of their artistic skills despite the limitations imposed by illness, widowhood and other challenges of later life.

Critical evaluation

A strength of the study is its relatively homogeneous sample, of older women who had been living with arthritis for many years, and in-depth qualitative enquiry. Previous research into coping with arthritis has tended to focus upon relatively decontextualized attitudes and behavioral strategies, based largely on quantitative measurement. Many older women are affected by this condition and may benefit from the detailed qualitative understanding that has emerged of the psychosocial benefits of taking up or returning to valued creative leisure activities. It could be argued that participants would inevitably report satisfaction from their art-making, as this was a freely chosen leisure activity. Nonetheless, the specific themes related to coping, such as using art-making for pain management and for sustaining an outwards focus away from the body, were not predictable at the start of the study.

Almost inevitably, several limitations can be identified. Firstly, the findings cannot be generalized in any simple way. Instead, their value comes from building conceptualizations

that can be further tested or elaborated (Smith & Osborn, 2008; Smith et al., 2009). The method of recruitment through an art magazine resulted in a sample that was not only confined to its readership, but also comprised respondents with well-developed artistic skills and a strong commitment to this occupation, as ‘serious’ leisure (Stebbins, 1992). Clearly these participants were a self-selected group who found meaning and pleasure in their art-making. The findings therefore would not necessarily apply to older women with arthritis who engaged in visual art-making as an occasional hobby, or to clients in rehabilitation or residential care participating in art-making as a novel therapeutic intervention.

The enquiry focused upon the meanings of art-making for coping with arthritis but these meanings may themselves have been shaped by participants’ other coping strategies and resources, such as self-efficacy, optimism, adequate finances, and social support. Further research may be needed to tease out the influences of these personal and contextual influences. Those who volunteered for the study also happened to have lived with arthritis for several years. They were not encountering a recent ‘biographical disruption’ (Bury, 1982), but had experienced considerable time in which to adjust their expectations, learn coping strategies, and adapt to early retirement from work. Given the length of time that had elapsed, they may have been less fearful of future deterioration, unlike more recently diagnosed patients (McPherson et al, 2001). These particular aspects of the lifeworld mean that simple generalization of the findings to those more recently diagnosed would not be warranted. We acknowledge that younger, or newly diagnosed, women or men might present different perspectives. For example, they might be struggling with distress in relation to early retirement from work, and consequent identity disruption, and they might regard creative leisure activities as inadequate replacements for roles more recently lost to arthritis.

Smith, Flowers and Larkin (2009) suggest a number of criteria that define a sound IPA project. Many of these are easy for authors to assert, but are harder to demonstrate convincingly within the confines of an article. The authors, through giving details of the backgrounds of the participants, and considering the limitations of the sample, have attempted to show sensitivity to the context in which this research took place. The authors have also attempted to take a rigorous approach to the analysis, offering both experiential and interpretative insights, and presenting a considerable number of quotations to support the themes being presented. Within the limitations of space, there has been some attention paid to the divergences in the participants' accounts as well as the convergences.

Implications for supporting older people with arthritis.

Arthritis self-management programs aim to build participants' self-efficacy for managing pain, functional limitations and fatigue (Holman & Lorig, 1992). On the basis of this study, the authors are not advocating creative leisure activities for all. Rather, the findings of this study suggest that arthritis self-help programs (and other therapeutic interventions) might usefully include education about the psychological benefits associated with identifying, and participating, in leisure activities that are personally meaningful, that invite deep absorption and opportunities for personal development as well as continuity, and positive connections with the world outside the confines of the body and home. People who seek counseling or medical support for depression relating to arthritis might also benefit from exploring these issues. The participants' accounts do not minimize the challenges of living with arthritis but suggest that

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Table 1: Participants' details

Pseudo-nym	Age	Living with partner/ not	Duration of arthritis (years)	Former work occupation	Arts and crafts
Sophia	62	Married	RA 25 years. Also eye and heart problems	Secretary; homemaker after children arrived	Painting in acylics, oils.
Lorraine	63	Married	OA 10 years	Teacher	Drawing, watercolour painting, card-making
Alison	64	Married	OA 25 years	Mainly home-maker and voluntary work	Painting with acrylics, watercolour. Pastel drawing
Jenny	65	Married	OA 17 years	Cashier	Embroidery, Machine embroidery
Pam	66	Divorced	RA 30 years	Nurse	Pottery, watercolour painting
Carol	68	Married	OA 20 years	Company administrator	Embroidery. Painting.
Sue	73	Widowed	OA 35 years	Mainly homemaker	Oil painting
Connie	77	Widowed	RA 60 years. Also heart problems	Homemaker until her 50's when she trained in art conservation	Painting with mixed media, china painting

Paula	77	Married	OA 30 years	Teacher	Painting in various media
Gwen	81	Divorced	OA 25 years. Also osteoporosis	Photographer, teacher	Watercolour painting, ink drawings