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### **Abstract**

Why do some women turn to creative art-making after a diagnosis of cancer? Eleven women provided qualitative accounts that were analyzed following guidelines for interpretative phenomenological analysis (IPA). Some described taking up artistic leisure activities initially in order to manage emotional distress. Others emphasized their need for positive well-being, taking up art to experience achievement and satisfaction, to regain a positive identity, and to normalize family dynamics in the context of living with cancer. Participants' turn to art-making was facilitated by biographical and contextual factors, including pre-existing craft skills, long-standing personal values and coping philosophies, family role models for managing adversity, and the supportive encouragement of family and friends. Other research has acknowledged that positive lifestyle change and post-traumatic growth can occur after a cancer diagnosis, and this study reveals a multi-faceted process. The findings suggest a need for further research into the experiences that facilitate positive lifestyle change and subjective well-being among people who are living with cancer.

**Keywords:** Cancer, leisure, art, creativity, identity, well-being

# **TURNING TO ART AS A POSITIVE WAY OF LIVING WITH CANCER: A QUALITATIVE STUDY OF PERSONAL MOTIVES AND CONTEXTUAL INFLUENCES**

## **INTRODUCTION**

Positive psychology ‘should seek to understand the factors that facilitate optimal functioning as much as those that prevent it’ (Linley, Joseph, Harrington & Wood, 2006; p7). This research study addressed this issue through exploring women’s accounts of turning to visual art-making as a positive way of living with cancer, attempting to understand their personal motives as well as the contextual factors that facilitated their distinctive responses to this adversity.

Positive self development during adulthood has been linked to experiences such as ‘meaningful activity, personal fulfillment, accomplishment, agency, belongingness, leading a life of purpose’ (Brandtstädter, 2006; p.143). Such experiences seem undoubtedly desirable but much remains to be known about how people pursue positive self development in the face of adverse life events. Personal factors such as optimism and an outgoing personality may be relevant (Diener, Suh, Lucas & Smith, 1999), but a systems perspective may also be needed, including examination of the inter-relationships between personal factors, social resources and environmental context (Linley et al, 2006).

When seeking to understand people’s responses to adverse events, it is important to avoid simplistic dichotomies between positive and negative. Complex life experiences are multi-faceted, with the potential to elicit both negative emotions as well as

resilient strategies that promote personal growth and life satisfaction (Ryff & Singer, 2003; Yates & Masten, 2004). A cancer diagnosis is no exception, and some people respond to this adversity by engaging in transformational growth (Carpenter, Brockopp, & Andrykowski, 1999), or post-traumatic growth (Bellizzi & Blank, 2006).

Post-traumatic growth can occur even in the face of ongoing distress about a highly adverse life experience, following a period of intense struggle to make sense of the event that has occurred (Tedeschi & Calhoun, 2004). It is an experience that is associated with an intense appreciation of life, revised priorities and purposes, re-evaluation of social relationships, and recognition of personal strengths amidst vulnerability. Research in this field has emphasized the cognitive and emotional processing involved in achieving post-traumatic growth, but more evidence is needed about associated behavioral and the contextual factors that help to catalyze growth in the face of adversity (Stanton & Low, 2004).

Psychological resilience in the face of cancer has been linked to attitudes and strategies such as adopting the fighting spirit, cognitive reframing, benefit-finding and reprioritizing, whereas fatalism, helplessness, hopelessness and anxious preoccupation are associated with higher levels of distress and poorer quality of life (Kershaw, Northouse, Kritpracha et al, 2004; Urcuyo, Boyers, Carver et al, 2005). Cancer presents social as well as cognitive challenges. A cancer diagnosis readily elicits pity or wariness in others. Partially as a response to these stigmatizing experiences, people with cancer commonly engage in 'identity work', pursuing activities that maintain a sense of self that is familiar, and valued by others (Mathieson & Stam, 1999). Some individuals attempt to preserve (or gain) roles outside the domestic sphere that

provide satisfaction and meaning, thereby developing 'new sides to life', and making better use of what they now regard as precious time (Arman, Rehnsfeldt, Carlsson & Hamrin, 2001).

Although evidence is limited, positive leisure activities may protect subjective well-being both during cancer treatment (Bisno & Richardson, 1987) and beyond (Link, Robbins, Mancuso, & Charlson, 2004). Some people with cancer describe revaluing the place of leisure activities in their lives (Landmark and Wahl, 2002), but there is little detailed research about this process of re-evaluation, or the needs that leisure activities can fulfill. One exception is the study by Shannon & Shaw (2005), involving interviews and a focus group with eight women diagnosed with breast cancer. Participants described re-prioritizing their lifestyle choices to spend more time on the activities that they really valued, such as crafts, gardening, and socializing. These activities were not taken up or intensified simply because they were 'entertaining'. Rather, participants re-appraised their leisure occupations as they now 'wanted to be actively living and making the most of life' (Shannon & Shaw, 2005; p.207). They valued their leisure occupations for promoting their physical and mental health, for making a useful contribution to others, and enabling quality time to be spent with their families. Some thought that their leisure activities, in relieving stress, might have a physical benefit in enhancing immune function thereby reducing the risk of the cancer recurring. Their choices were guided by an awareness of finite time, and an ongoing desire to be valued for themselves, rather than pitied for their illness.

Tocher (2002) examined the meanings of physically active leisure pursuits for women living with breast cancer. She found certain similar themes, discovering that women who took up competitive rowing after their diagnosis were motivated by a need to

achieve better psychological well-being, to maximize the possibility of physical recovery, to gain social support, to manage fears about recurrence or metastasis, and to recapture a familiar, robust sense of self.

Whilst a desire to use precious time and to focus on activities of personal significance are understood to motivate new leisure choices among people living with cancer, specific motives for engaging in *creative* activities remain unclear. A previous study has explored women's motives for taking up art as a leisure activity during chronic illness (Reynolds, 2003). The study recruited participants with diverse chronic health problems including cancer. Many described taking up art *after* the onset of illness. Their reasons embraced a need to cope with negative feelings about their ill-health *and* a desire for positive fulfillment. Certain contextual factors such as social and financial support, as well childhood role models, enjoyment of art at school, the discovery that their personal and professional interests could be expressed through artwork, as well as chance events, were all described as playing a role in the decision to take up art. Once they were committed to art-making, they discovered an even larger array of psychosocial benefits (Reynolds & Prior, 2003).

The aim of this study was to explore women's motives for taking up or intensifying their involvement in visual art-making after a diagnosis of cancer, and the biographical and contextual experiences that they considered influential in guiding their choices.

## **Method**

Because the enquiry sought to understand why some women turn to art as a way of living with cancer, a phenomenological approach was appropriate for gaining access

to participants' subjective meanings and experiences (Smith & Osborn, 2003). The project proposal and all materials (advertisement, information sheet, consent form and interview questions) were vetted and approved by the host university ethics committee. For the purpose of this study, 'art' was defined as activity resulting in the creation of visual products including painting, pottery, and textile art.

Invitations for volunteers to the study were posted in national UK magazines concerned with textile arts, painting and crafts. The invitation requested participants who were living with long-term illness to reflect on their experience of art-making and the meanings it had for them. Clearly, there are many alternative methods of recruitment, and all methods influence the nature of the sample obtained. For example, Shannon and Shaw (2005) approached women who were part of a cancer support group. This strategy seems likely to obtain a sample who is comfortable with talking about their diagnosis but for whom cancer issues may remain very salient. It was hoped that recruitment via national magazines might gain access to a group with potentially more diverse strategies for living with their illness. However, it should be noted that not all eventual volunteers were regular readers of the magazines. Some described a serendipitous encounter with the invitation (for example, reading the magazine in an art class or waiting room). Some were told about the published invitation by family or friends who thought they would be interested in volunteering. Those who expressed interest in the study were sent detailed information, including the list of the main open-ended interview questions. After return of consent forms, convenient interview dates and locations were agreed.

### *Participants*

Eleven women who had received a cancer diagnosis were recruited. A small sample of this size is considered appropriate for IPA to facilitate in-depth analysis (Smith & Osborn, 2003). Participants lived in different parts of the UK. The age range was 47-74 years with the majority aged between 47-59 years. All were Caucasian. Nine disclosed that they were married or living with partners and most of these had adult children. Nine had previously been employed in professional or white collar occupations, and all of these had discontinued regular paid work since becoming ill. Six reported breast cancer; the others reported cancers of the spine, blood, lymph system and pituitary gland (2). Like Shannon and Shaw (2005), participants were all more than one-year post-diagnosis, which provided some emotional distance from the initial emotional trauma. Five considered that their illness was progressive, four were uncertain, and two were relatively optimistic about their future health. All had either taken up arts and crafts for the first time in adulthood after their cancer diagnosis (6), or had substantially intensified their involvement (5). None had engaged steadily in leisure-based art-making during their adult lives. In all cases, cancer had instigated a turning-point in their daily lifestyles.

### *Interviews*

The semi-structured interviews in most cases lasted for about 60 to 90 minutes, with two lasting for more than two hours. All were carried out by the first author, and were audiotaped and fully transcribed. The interviews initially explored the participants' experiences of cancer diagnosis and treatment, and the impact of illness on everyday life. Guided by questions asked in an earlier project (Reynolds, 2003), the participants' narratives about taking up visual art-making were explored as follows:

2. Tell me about how your interests in the visual arts began.
3. What were the most important influences (probing, if needed, influences such as family, school, friends, local opportunities)? Were there any significant events or people encouraging you to take up artistic pursuits?
4. (If needed for clarification) Did you engage in art before your illness began; has this interest developed or changed since your diagnosis? (Probing if needed, motives, meanings, contextual influences on art-making after diagnosis)
5. Why did visual art become important to you after your diagnosis?

Other questions in the interview explored the longer-term influence of art-making on subjective well-being, but this information is not further examined here. The interview guide was not followed rigidly. Rather, a focused conversation was desired, with participants free to elaborate on experiences as they wished.

#### *Data Analysis*

Data analysis was carried out jointly with the second author. The interview transcripts were read and re-read to sensitize the authors to major themes. Based on guidelines for IPA by Smith & Osborn (2003), one lengthy interview transcript was initially selected for detailed thematic coding of subjective issues. This transcript contained, for example, references to the beginnings of illness including thoughts and feelings about planning one's own funeral; the impact of cancer on everyday life and feelings about losing favored activities to illness; the beginnings of textile art-making (when 'stuck in hospital' after the cancer diagnosis) to fill empty time, a narrative that emphasized the participant's limited skills and interests in textile art-making in school, the social significance of making a piece of textile art described as a



‘chemotherapy piece’, and other issues. Some themes recurred in subsequently analyzed interviews, and some new themes were uncovered.

Additional micro-themes were added and grouped into macro-themes as the subsequent transcripts were analyzed, seeking an in-depth understanding of participants’ motives for art-making and facilitative contextual factors. With IPA, there is no requirement to do a line-by-line analysis (Smith & Osborn, 2003). Rather, there was a search for all recounted experiences (including thoughts and feelings) concerned with taking up or intensifying leisure-based art-making. The authors met to agree on the broader emerging issues, and to identify relevant illustrative quotations. Inevitably, some initial differences in interpretation and emphasis were noted, for example in whether to place expressed needs for ‘psychological escape’ or ‘re-establishing control’ as separate themes or to subsume them into larger categories relating to emotional or identity management. It is accepted that researchers draw upon ‘their own interpretative resources to make sense of what the person is saying’ (Smith & Osborn, 2003; p,72) so formal calculations of reliability coefficients are not usually made in this tradition of qualitative research. In searching for a parsimonious grouping of superordinate themes with minimal overlap, a final list was agreed, of four key motives and four facilitating factors.

A reflective notebook was useful for the authors to keep track of emerging analytic concepts, as well as recording personal responses to the interview material. For example, participants’ initial struggles to control fear, explicit decisions to use empty time positively, and strong insistence on re-establishing ‘normality’ in social relationships, were all noted early in the interview cycle.

In the quotations that follow, anonymity is preserved through use of pseudonyms as well as slight masking of former occupations where these were highly distinctive.

## **Findings**

Before describing participants' reasons for taking up creative leisure activities, a very brief resumé of their experiences of cancer will be given. Not surprisingly, all participants described the period leading up to, and following, their diagnosis as extremely stressful. Medical treatments were arduous. A complex combination of negative experiences (such as pain, fatigue, deteriorating function), and positive decisions to regain a better quality of life led those who were working full-time to take early retirement within a year or so of diagnosis. From the outset of the interviews, each woman presented herself as much more than a 'cancer patient', emphasizing her talents, relationships and social responsibilities. It was also clear that she brought positive resources acquired from her whole life history to the task of living with cancer and coping with the threats that it presented. These resources were relevant to understanding participants' recourse to art-making as a strategy for maintaining subjective well-being after their cancer diagnosis.

### **Why did participants take up or intensify creative leisure activities after their cancer diagnosis?**

Four distinct recurring motives were identified from the qualitative accounts. One motive may be understood as a stress-coping strategy, but the other three motives clearly relate to aspects of positive psychology. Firstly, nearly all participants expressed a powerful need in the early stages of their illness to manage emotional turmoil. This turmoil arose in relation to the cancer diagnosis itself, uncertainty about

the future, fear of dying, and the physically and emotionally exhausting effects of treatment. Secondly, participants described a positive need to fill occupational voids in their lives, and to regain a sense of purpose and achievement. During treatment itself, or during subsequent months, each woman had faced the prospect of considerable lifestyle change, either associated with lengthy hospitalization or when she recognized that full-time work was too arduous for her fragile health. She then sought to fill these occupational voids with meaningful activity. Thirdly, every participant had found her personal and social identity to be profoundly changed by the cancer experience. She sought to recover a recognizably familiar, socially valued identity once again through her creative activities. Lastly, some participants were motivated to engage in creative leisure to protect their families from worry and lifestyle restriction, and to create positive activities that the whole family could enjoy. By occupying themselves in creative activities, they were also giving permission to family members to continue with their own favored activities rather than focusing narrowly on caring and illness. By doing this, the women were able to retain a view of self as a wife, mother or friend who continued to reciprocate care, rather than being defined solely as a care-recipient.

### **Initial motives for art-making**

#### *A need to manage emotional turmoil: expressing or blocking out negative feelings*

Several participants described turning to art to manage emotional turmoil. Two of the participants needed to express anger and other feelings about their cancer when faced with the prospect of terminal illness. Eve was 48 years old. She was a mother and had worked in various occupations including acting and teaching. Eve had lived with breast cancer for two years, without making many lifestyle modifications. Yet it was the metastasis of her cancer that provoked her recourse to creative activity. She

described her reaction to the diagnosis that her breast cancer had spread to the lymph glands: *“At that point, things were looking a little bit, oh my goodness, now what do we do? That was when I remembered this art therapy group”*. Louise (aged 66, also with breast cancer) recounted her response to bad news about her state of health: *“When you get that diagnosis of being terminally ill, you think THE END in big capital letters and you can’t see any further than that”*. Louise explained that it was when she attended a hospice day centre that she took up painting *“because at that time I had a lot of anger about my cancer and...they used to encourage you to paint your thoughts out and I found that helpful”*.

Nevertheless, these two participants described their need to express anger or distress through art as relatively short-lived. Within a few months, they continued with art-making as a positive leisure activity, rather than for therapy. Their further motives will be returned to later.

Most of the remaining participants explicitly rejected any need to express, through art, their negative feelings or representations about their cancer experience. Jessica (aged 47 years, a mother of teenage children, and ex-teacher, with breast cancer) said *“I wouldn’t want to [paint it], it’s best kept where it is, thank you very much. I think if you actually have to paint it and you can physically see it there, I would find it quite overwhelming really”*.

Although most participants argued that they were reluctant to express their feelings about cancer through art, they were not reluctant to talk about the sometimes devastating emotional impact of diagnosis or disfiguring treatment. They showed no signs of engaging in denial about the seriousness of their conditions, or of being

unrealistically optimistic (Taylor & Armor, 1996). Referring to her own and her husband's reaction to diagnosis, Dorothy (aged 74, with a spinal tumor and resulting paraplegia) said: "*People said weren't we brave. No, we weren't brave, we were pole-axed*". Helen (aged 50, in remission from Non-Hodgkin's lymphoma) recounted the worry of declining health and the repeated unsuccessful treatments that she had experienced: "*I was just so miserable that I was spoiling whatever I had... Well, 'am I going to die or not?' sort of thing.*" Participants evidently faced emotional turmoil in relation to their cancer but they rarely decided to use art to express this turmoil.

Instead, one motive for turning to art after the cancer diagnosis was to *block out* or *escape* from anxiety and preoccupations with cancer, through attending to the challenge of creative activity. Art offered a way of controlling intrusive thoughts and feelings about cancer. In part, this was because the activity was experienced as '*engrossing*'. Jessica described deciding to create a 'chemotherapy piece', a small textile art project that she took to each treatment session: "*It really does help. I think it lowers your blood pressure and you concentrate on it*".

Most participants initially turned to art-making because it promised to offer welcome relief from their cancer-related concerns. In addition, some believed that their physical health would benefit from reductions in anxiety; others saw ruminations about cancer in more psychological terms as unproductive and damaging to their quality of life. Engaging in creative activity offered a means of keeping negative emotions about cancer and cancer treatment under control, facilitating more 'normal' experiences. "*When you are not worrying, you are **living***", (Louise, her emphasis).

*A need to fill occupational voids: recovering productivity, achievement and vitality*

Several participants had initially embarked on art-making when they confronted empty time during their stay in hospital, or whilst incapacitated by chemotherapy.

Jessica described being interested in sculpture prior to her illness but switched to textile art after her health deteriorated: “*I started doing freestyle embroidery, when I*

*was stuck in hospital for three months... and it went on from there, really, and every*

*time I’m unable to walk or bedridden, it’s a life saver, I mean it’s what I do, it keeps me occupied.*” Helen explained: “*I started doing embroidery ... [during*

*chemotherapy] because I couldn’t do any housework... and when you’re given all this chemo, you can’t write, it does peculiar things to your brain, you can’t concentrate...*

*I can remember getting my picture done and I thought, ‘Oh, I produced a picture. I can still be of some use’”.*

All of the participants who had been in full-time employment described a struggle to return to work during their first year after diagnosis. However, once they decided that their health was too poor to continue with work, or that their lifestyle priorities had changed, an urgent need to fill time productively arose. They needed not only to structure the day but to regain the sense of positive achievement and self-worth previously provided by work. At this point of the cancer journey, several participants described a process of serious reflection on their lifestyle options. As Marie (aged 55 with a terminal blood disorder, who had been a senior academic) explained, “*I mean the prognosis is not good, so when you sit there and you think, do I want to spend the rest of my life working or do I want to do something else, the decision isn’t all that difficult to make, really... I think if you were a person like me and you didn’t have that opportunity to achieve, I think life would be very unhappy*”.

Some used the period leading up to planned early retirement to choose meaningful leisure activities that could replace some of the positive experiences that they associated with work, and to provide continuity to self. Carol explained “*I’ve always been sort of proactive and always my motivation was getting things done. You know achieving something. So I’ve never really been motivated by the money I earn. But more by what I put into things... I’m glad I made that decision [to leave work after cancer treatment]. I’d actually thought myself into it for quite a few months*”. Carol described feeling ‘*battered*’ by her cancer and was quite explicit about her need to choose leisure activities that would recover a positive sense of productivity. Like several other participants, Carol had very little prior experience of the artistic pursuits that she turned to following the deterioration in her health: “*I had a big list of things that I was going to do when I left [work]. ... I decided it was going to be time **for me**. And I developed these art things that I’d never done before to any degree... it feels as if I’m productive **for me**”.*

All participants referred to their need for productive activity. Jessica pointed out: “*It would be horrible if you got up every morning and you didn’t really have an idea about what you would do to fill your day*”. Even more positively, Louise explained: “*Without cancer, I probably wouldn’t have had the time or even had the thought about doing it [art]. So it actually gave me another interest...In an odd way, the illness opens some doors really.*”

The last quotation confirms that although creative leisure activities were often taken up initially as a proactive means of filling voids in everyday lifestyle, they went to play a role in personal growth and development.

*A need to preserve a positive identity*

Cancer was experienced as a huge threat to identity or self-image, not only because of its threat to life itself, but also from its capacity to impose unwanted social labels upon the person. *“You don’t want others sort of pitying you...[thinking] this tragic kind of person or whatever”* (Louise).

Many participants alluded to problems with self-image, and some explicitly described their need to restore a familiar, worthwhile sense of self as a way of coping with illness. Louise described experiences that led to a search for a meaningful leisure activity and ultimately to her art-making: *“Along with the illness, you feel as if you have lost your identity as well, which has a knock-on effect on your health...I felt that I’d lost all confidence...I wouldn’t drive because I was on morphine for pain. But then going to the hospice and getting involved with the art, you gradually – well for me – I regained my confidence”*.

Helen (who had completed a lengthy and arduous treatment for Non-Hodgkin’s lymphoma) recounted similar concerns: *“When you can’t do anything else, you feel just about worthless really”*. Participants recognized that art-making offered a sedentary but mentally absorbing activity that could be picked up and put down according to personal need. This creative activity provided participants with one of the few controllable sources of personal accomplishment in daily life when pain, worry and nausea otherwise threatened to dominate their subjective experience. Without work, and with family roles often curtailed by ill-health or the side-effects of treatment, artistic activities offered an opportunity to be useful, able and valued. The women sensed that they could be recognizably themselves when engaged in creative leisure activities, rather than solely defined by a life-threatening illness.



*A need to offer reciprocal care and protect family relationships*

Most of the sample lived with partners and had adult children; all referred to friends and relatives in their social circle. Some participants reflected that they had taken up creative leisure activities with the express purpose of protecting family members from anxiety about the cancer, and/or to avoid imposing restrictions on others' daily activities. Participants wished to provide a positive non-cancer focus in daily life, '*something else to talk about*', as Jessica explained. Artistic leisure activities were also taken up to provide opportunities for family fun and togetherness, to release family members from feeling dominated by the sobering presence of cancer. For example, Eve recounted how she had left art therapy and had then started painting in the kitchen with her sister: "*We started just sort of splodging the paint around and we've done this thing [painting in the kitchen] several times now, either just me and my sister and sometimes we drag my mum into it and my nephew and niece ... we're not pretending to be artists, but we're making an activity that we all join in and the time passes very quickly ... But really the whole idea is not really to learn to become artists, but just have a bit of fun*".

Creative leisure activity helped to normalize relationships that might otherwise have been distorted by pity or care-giving in relation to cancer. "*I wanted my family to think I was rising above it all*" (Jean, aged 50, with breast cancer, referring to enrolling in an art class to help protect her three adult children from concern about her well-being).

### **Facilitating factors that helped participants to take up creative leisure activities**

The motives identified above might only have been acted upon because of the presence of a facilitatory biographical and social context. Previously acquired arts and crafts skills, personal values, family patterns of coping with adversity, personal adaptability and unexpected encounters with art all played a role. The women did not encounter the stress of cancer in isolation, but brought resources from the whole of their pre-cancer lives. They justified their choice of creative leisure activities in the context of their personal and family history.

#### *The role of previously learned craft skills*

It might be anticipated that this sample of committed arts and crafts hobbyists would have had life-long interests in the visual arts but this was not so. Jessica for example, made cards, cross-stitch and watercolor items. She reflected with some amusement about school lessons: *'Needlework. I hated it. It hated me!'* Yet previously acquired craft and sewing skills did seem to have relevance to participants' turn towards creative activity as a way of living with cancer. All of the women described being skilled at either dress-making or knitting during their adult lives. Eve, for example, explained how she knitted and made garments from a young age: *"I just learned to knit right-handed and so I got interested ... like kids do ... I suppose in those days people did do things like that and I've never thought very much of it"*. Marie had followed a scientific career and had not engaged in art prior to her diagnosis, yet she had gone on to create textile art of exhibition standard. Embarking on this new activity, she drew upon her repertoire of dress-making skills: *"In the past, I suppose, my creative ideas have gone into designing and making clothes, very practical. I did the odd few for boutiques and things, but other than that, nothing particularly artistic"*.

Some of the craft skills developed prior to illness (e.g. sculpture) were not used in current art-making (e.g. card-making). Yet there was a familiarity and confidence with using the hands to construct aesthetic products, supporting participants' confidence in learning new skills.

#### *Longstanding values and coping philosophies*

Participants identified themselves as having 'always' had certain personal values and philosophies for managing adverse challenges during their lives. For example, participants described themselves as having been 'always active', 'always busy', or 'always proactive' prior to illness. Eve said "*I've always thought, well, I could have a go at things you could make*". Participants considered that these personal qualities helped to account for their turn to creative leisure activities after the cancer diagnosis. In turn, successful creative endeavor reconfirmed their sense of what they 'always' had been. For example, Marie faced a difficult decision in retiring from a prestigious academic post but explained: "*I have always thought, if you give yourself space, something exciting happens*". In a similar vein, Carol (aged 57, in remission from breast cancer) argued: "*We can have all sorts of plans in place for all sorts of things but you do always get the unexpected. So don't sit and let that stop you*".

Personal traits such as openness to new opportunities, and a longstanding sense of self as active and adaptable seemed to facilitate the participants' turn towards creative leisure as a way of coping with the stress of cancer.

*Family influence: Positive family role models and values*

Most participants regarded their willingness and ability to embrace a new lifestyle that included art-making as dependent upon certain positive skills and values acquired from their family of origin. Five participants referred to learning craft skills from creative family members. Dorothy, the oldest participant, had grown up during the Second World War. During those years, her mother and siblings had all made items for charity and knitted sweaters for seamen, *“though what size fishermen they ever fitted, I never found out”*. Such longstanding skills, and a family history of charity work, encouraged Dorothy to find occupational fulfillment in art-making for charitable causes once her mobility was affected by a spinal tumor.

Many participants also thought that their family of origin was influential in providing certain values that guided their coping with adverse life events. Carol, for example, said that she was encouraged to take up art after her cancer diagnosis by memories of her disabled father. His belief that *“you have to make the best of it”* had helped him to cope with blindness. A willingness to make the most of new opportunities was a repeated theme in the participants’ accounts, and one that was attributed to longstanding family styles of managing the adversities that life inevitably presents.

*Unexpected encounters: Serendipitous events, and social encouragement*

Many participants were aware in the early stages of cancer that they needed to fill empty time and to re-establish a familiar, positive self-image if they were going to maintain their subjective well-being. Nevertheless, some also emphasized the role of unexpected encounters with art. Although some encounters seemed to be entirely serendipitous, many revealed the explicit or subtle encouragements of family and friends. For example, Marie described her experience of retiring from her job as a

senior academic after being diagnosed with a life-limiting blood disorder. She explained about her introduction to art: *“It was quite an accident. A friend of mine... sent me an e-mail saying ‘I think you really ought to go to this exhibition just down the road’. I went to this exhibition and fell completely and utterly under the sway of this textile art”*.

Like Marie’s example, some encounters, although described as accidental events, revealed the concerned support of family and friends. They offered, for example, embroidery kits, information about art classes, and other encouragements to focus on positive leisure activities during cancer treatment. Even some of the participants who had confidently planned to take up creative leisure activities after retiring from work, described friends and family providing a final ‘push’. Carol recounted her initial experiences of treatment and an event that transformed the way that she ultimately coped with her illness: *“I was in hospital within two weeks [of diagnosis] having a lumpectomy because it was cancer. So I was off work for quite a few weeks, I think for about eight weeks... And a friend came round with a load of material and said ‘Well don’t just sit there, sew these together and make me a patchwork quilt’ ...And I actually got into it...This patchwork throw was the first thing [I made].”*

## **Discussion and Conclusions**

Ryff and Singer (2003; p15) argue that ‘positive human functioning is perhaps most remarkable when evident in contexts of significant life challenge and adversity’. Most would regard living with cancer as an example of a significant life challenge. This study explored women’s reasons for positive lifestyle change after their cancer diagnosis. A complex combination of personal motives, opportunities and facilitating

factors was involved in taking up or intensifying involvement in visual art-making. No participant claimed personal virtues such as courage. Few regarded themselves as having significant artistic talents prior to their cancer diagnosis, although they all described being familiar with using their hands for creative purposes. Such manual skills may be quite common among women in their middle years, offering an under-recognized resource for lifestyle change. The presence of such craft skills in the sample as a whole may have accounted for the similar themes recounted by the participants who intensified long-standing artistic interests and the participants who took up certain types of art for the first time after diagnosis. The latter group were *not* completely redefining themselves.

Although the emotional crisis of cancer seemed to play a part in the search for a meaningful leisure activity, most participants emphasized that they were motivated by needs other than *expressing* inner turmoil. They were rarely motivated to use art as emotional therapy. Rather, they found it beneficial to take time out from their fearful thoughts and anxieties, by immersing themselves in artwork, especially in the early days following diagnosis of the initial or recurrent cancer.

The experiences that initially encouraged participants to turn to art and other creative activities were somewhat similar to those described by women living with a range of chronic illnesses (Reynolds, 2003) but there were some distinctive features. Cancer tends to be experienced as having a sudden onset, unlike progressive conditions such as arthritis or multiple sclerosis. The sudden onset perhaps created a greater a disjunction in self-image (as Frank, 1991 has noted), and hence a more insistent need to preserve a positive sense of self. Facing a life-threatening illness, participants also expressed a greater need to manage morbid, intrusive fears about the future.

Compared with the previous study by Reynolds (2003), the women with cancer made more reference to family and friends being quite directive in suggesting creative leisure activities to manage the rigors of treatment. This finding resonates with other evidence that family and friends often rally round the person affected by cancer to “maximize the sense of ‘life carrying on as normal’” (Thomas, Morris & Harman, 2002, p.529). These participants with cancer made fewer references to being initially inspired by art-making opportunities in the community than those interviewed by Reynolds (2003), perhaps reflecting their poorer levels of health.

Whilst there has been published research into people’s cognitive and emotional coping strategies for cancer, this study has been novel in seeking to understand how leisure choices and activities may meet people’s needs for positive wellbeing. The findings emphasize that creative activities can be purposive, with individuals proactively seeking to preserve identity and belongingness, rather than simply desiring entertainment. The findings complement previous research into people’s strategies of preserving or transforming self in cancer (e.g Carpenter, Brockopp & Andrykowski, 1999; Mathieson & Stam, 1995), and resilience in the face of adversity (Ryff & Singer, 2003). The findings also support the suggestion by Tedeschi & Calhoun (2004) that people rarely seek post-traumatic growth consciously or deliberately when facing adversity. Rather, it tends to be an achievement that surprises the person, following a tortuous search to recreate meaning and purpose in everyday life. The accounts revealed that the cancer experience continued to be complex, with positive experiences co-existing with negative.

The qualitative method provided rich data which revealed the multi-faceted process of making lifestyle changes to live more positively with cancer. It would be difficult to access such experiences using a more standardized quantitative design. However, it is acknowledged that participants probably did not have conscious access to all of their motives for art-making. Indeed, some commented on the new insights they had achieved when verbalizing their motives during the interview. As some were reflecting back on experiences that had occurred several years previously, they may also have forgotten certain precipitating events and needs.

With a small sample, no straightforward claims can be made for the generalizability of the findings. All participants were Caucasian in their middle and later years, most were living in stable partnerships and were relatively advantaged in economic terms. Most had retired from professional careers, and may have been left with particularly strong, unmet needs for achievement. The nature of the recruitment process identified participants who were committed to art-making. Alternative sources of recruitment (through cancer support groups, for example) might have yielded different interview themes. It is not known whether being interviewed by an apparently healthy person encouraged participants to portray their experience in more positive or heroic terms, but their disclosures about worry and pain challenge this doubt.

The sample was quite mixed in terms of health, with some being in remission and some facing terminal decline. On balance, this was considered helpful for understanding the lived experience of a wider spectrum of people facing the cancer trajectory and their motives for creative leisure activity. The inferred themes were somewhat consistent with previous qualitative research yet added different emphases. As IPA acknowledges that interpretative processes are inherent in the analysis,



researchers with different professional backgrounds might infer other aspects of positive psychology in participants' accounts.

Further research is recommended within the framework of positive psychology to understand how and why people make life-enhancing changes to their daily activities following diagnosis of cancer, the resources that underpin their strategies of resilience, and the longer-term impact of lifestyle change on subjective well-being. Further study is also needed into the complex interplay between personal attitudes, emotional needs, biography, and social context in framing the leisure choices of people with life-threatening illness.

In the clinical context, psychosocial support from counselors and peers has long been seen as helpful for maintaining the well-being of people affected by cancer. This study suggests that some people who live with cancer may not only manage distress but gain positive subjective well-being through taking up leisure activities (artistic and otherwise) that are meaningful in the context of their biographies. However, intervention studies are needed to test this proposal. Like Bellizzi & Blank (2006), we are mindful that clinicians must avoid imposing any expectation that people with cancer should be able to manifest positive growth. However, the study shows that people may manage some of the psychosocial challenges of cancer not only through cognitive reframing but through identifying personally meaningful *activities* that provided relief from negative preoccupations with illness, and that maintain identity, purpose and reciprocal roles.

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