Art as a Catalyst for Resilience: Women Artists with a Life-Threatening Illness

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ART AS A CATALYST FOR RESILIENCE: WOMEN ARTISTS WITH LIFE-THREATENING ILLNESS

A DISSERTATION

(submitted by)

SUSAN PAUL FIRESTONE

In partial fulfillment of the requirements for the degree of Doctor of Philosophy

LESLEY UNIVERSITY
May 2013
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ABSTRACT

This phenomenological inquiry focused on the experiences of 12 professional women artists diagnosed with major medical illnesses, mostly cancer. Data from three in-depth interviews with each participant indicated that their beliefs, personal strengths, learned skills, and lived experiences were fundamental to their commitment to art as a way of life. The overarching question of whether long-term involvement in creative practices acted as a catalyst for resilience during and after treatments became the seminal exploration in this study. Data analysis used methods for qualitative research devised by Moustakas (1994), Giorgi (1985), and Forinash (2012), and a conversational approach in interviews suggested by Kavale and Brinkmann (2009). Findings suggest that uniquely learned artistic skills and an evolved creative process involving uncertainty, risk-taking, experimentation, flexibility, open-mindedness, determination, and perseverance served these artists well when they faced life-threatening illnesses. Their creative endeavors gave them a sense of direction, identity, and agency based on their commitment, beliefs, and intentions. These artists were proactive in their artwork and in dealing with diagnoses and treatment options even as their priorities and energies shifted to care and healing. Visual communication let them give voice to personal expression and acts of imagination that held essential purpose and meaning. The findings suggest that these artists had art practices that were life-affirming and that art-making for them was evidence of vitality. Although art-making changed during acute illness, all participants resumed art practices, with adjustments, during and after treatments. Most participants engaged in new or changed forms of expression. Art experiences
opened possibilities for renewal in health as well as in ill health. The study demonstrated that the creative process, accessed through art-making by these artists, can have a therapeutic effect, a placebo effect, with life resumed or at the end of life. This investigation suggests that physicians, clinicians, healthcare workers, and creative art therapists could engage and encourage their patients in creative endeavors that offer possible placebo effects while accompanying them through illness and assisting in ways of psychological healing that are age-old.

*Keywords*: women artists, breast cancer, cancer, creativity, art therapy, resilience, placebo, placebo effects, posttraumatic growth
CHAPTER 1

Introduction

The study of women artists who have experienced life-threatening illness offers a window into their beliefs and art practices, which may be a catalyst for resilience after the disruption of a life-threatening medical diagnosis and treatment. Regaining or not regaining a certain quality of life, resuming or not resuming art-making, and reentering or not reentering the sociocultural environment are issues that illness presents, and they were investigated in this inquiry of professional women artists. Although creativity and healing have been linked in many cultures historically, the Western literature across disciplines in the areas of creativity, art history, medicine, and the social sciences has until the end of the last century been scant in including women, women artists, or women artists with major physical illness. The focus of this inquiry was to learn, through personal narratives of established women artists, about their lived experience and art practice that were interrupted by a life-altering illness.

In recent times, medical science has made advances in cancer research and treatment so that people are living longer, particularly, for example, with breast cancer. Within the context of advanced medical knowledge in “anatomy, physiology, and molecular biology” (Benedetti, 2009, p. vii), some medical doctors and professionals have pondered the phenomenon that patients’ beliefs appear to influence the course of their illness and the effectiveness of some treatments, although not their cures (Benedetti, 2009). The concept of a placebo associated with an inert or sham substance given since the 1700s by doctors or nonprofessionals (Benedetti, 2009) to please their patients has been modified in modern medical practice, and interest in placebos has spiked and been
broadened by questions of why some patients get better, even with ineffective substances, and for what reasons. There is ongoing confusion in terminology in medicine surrounding placebos. Today a placebo is viewed narrowly in medicine as an inert substance used in conjunction with a drug being tested for its greater benefit in controlled trials (Benedetti, 2009, pp. xi, 2). The “placebo group,” those who improve without knowing whether they received the drug being tested or the placebo, is often ignored, and this has gained notice by many who have studied these phenomena. A leader in placebo and placebo-effects research, Benedetti, a neurobiologist coming from a neuroscientific perspective, stresses that the placebo effect can be the result of many factors, which include physiological as well as psychosocial elements, not simply the drug under scrutiny (Colloca & Benedetti, 2005; Benedetti, 2009, 2011).

Elements of a patient’s belief system such as expectation, previous conditioning, and learning, as well as the relationship with the physician, are factors that influence the brain, and therefore influence the outcome of therapy (Benedetti, Mayberg, Wager, Stohler & Zubieta, 2005). Further emphasizing the psychological and psychobiological aspects, Benedetti linked the “patient’s brain” with “complex mental activities and the body,” and thus with neurobiology (2009, p. ix). Fundamental to his research was the communication between the doctor and healthcare professional with the patient, as all of their brains are affected in the interactions, which can influence the outcome in positive ways (placebo effects) as well as negative ways (nocebo effects).

Esther Sternberg also investigated and questioned ways the mind influences bodily health and whether ill health “can affect our moods and emotions through molecules and nerve pathways” (2001, p. xv). Being trained in rheumatology, she has
investigated the immune system within medical research as well as through personal experience, the psychological effects of stress, and the importance of nature and environment, diet, and exercise in regard to regaining health after the disruption of illness. Other medical doctors and healthcare professionals have also pursued the mind-body connection and its multifaceted aspects, which extend not only to medical science but also to human history across cultural, philosophical, and social realms, which reflect beliefs and values not just in words but in images and artifacts.

Considering placebos in the cultural sense of the term, which has traditionally associated belief and creative arts with healing, separate from the drugs and treatments of earlier days, the notion that belief and ritual practices could initiate not only psychological responses but also physiological changes in the body is intriguing. This inquiry aimed to understand the creative minds and processes of selected women artists who had life-threatening physical illnesses as well as possible changes in their work, perspectives, and worldviews as a result. During in-depth interviews, participants and the researcher explored this intersection of art and resilience with art as a possible placebo, and investigated its connection to psychological wellness after medical treatment.

**Purpose of the Study**

The purpose of this phenomenological inquiry was to discover from the lived experiences of 12 professional women artists personal information about their outlooks and art-making processes and practices following their confrontation with a life-threatening illness. The researcher wanted to know what factors they believed contributed to their well-being and resumed quality of life even though they lived with the possibility of recurrence. Furthermore, the goal was to find out if there were changes in their artwork
as a result of the illness experience and, beyond that inquiry, whether art-making figured into their recovery process. Additionally, could artists’ experiences be applied in therapeutic work by art therapists and other clinicians in effective, creative ways?

**Nature of the Study and Research Approach**

Following a pilot study and the approval of the Institutional Review Board at Lesley University for this study, the researcher chose a phenomenological design and conducted in-depth interviews to learn directly from artists about their creative histories and experiences and how they and their work might, or might not, have been affected by major illness. Twelve women participants were chosen for the study as they met the criteria for professional artists and/or educators who had exhibited their work over many years. Most of these artists were in addition educators who have lectured and taught art at the college or graduate level. Following Kavale and Brinkmann’s (2009) face-to-face and conversational approach to interviewing, the researcher conducted and recorded three one-hour to three-hour interviews with each participant, which were then transcribed. The researcher’s constructivist ontology opened the door for each participant’s narrative construction of reality to emerge as it unfolded during the recounting of her life experiences (Forinash & Grocke, 2005, p. 124) and “embracing” them as “complex” experiences (Forinash, 2012, p. 145). Their words composed the raw data. A descriptive phenomenological method adapted from Giorgi’s (2009) modified Husserlian approach to psychology, along with that of Moustakas (1994), was used to select “essences” from the conversations that could be grouped into “categories” for analysis (Kavale & Brinkmann, 2009). The researcher found common themes by focusing on selected passages from each artist and, after many readings, finding “meaning units” that led to a
more “wholistic” (Giorgi, 2009) understanding of the possible interplay between creativity and resilience. A nonjudgmental and noncritical approach (Moustakas, 1994) by the researcher trusted each participant’s intuitive and reflective “knowing” (pp. 58–59) and bracketed her own biases and “beliefs in an attempt to fully attend, and search for the essence of an experience (what allows us to share understanding of events, while having separate experiences)” (Forinash, 2012, p. 145).

Art is a record, and it incorporated the personal and cultural environment of each artist. It was their way of communicating in visual forms that evolved during the creative process and over time. The researcher had the opportunity to hear the convictions and reflections of these artists during interviews, which included looking at their work as well as hearing their views; these revealed elements of their social, political, and cultural contexts. Discussions in their studios offered environments that were natural, personal, and conducive to deep exchanges. Personal stories, visions, and experiences beyond the studio and in the community were explored in confidence and with the artists’ consent.

**Research Questions**

The overarching question of this inquiry was *what is the experience of creative women who have chosen a life and career in art, when faced with a life-threatening illness?* Further questions evolved during the course of the interviews:

- What role, if any, did their art play in the process of redefining their lives after diagnosis and treatment?
- Did their artistic practice and expression change with the impact of illness?
- Was their creativity a factor in recovery, and was it a means of expression during and after treatment? In other words, did creativity play a role in personal perseverance in
the face of an altered life? Did they experience art as a catalyst for resilience when facing a life-threatening situation? Furthermore, is art a placebo against the impact and in adjustment to the reality of an ongoing illness?

From the personal narratives of these women artists, what could be learned that might inform professionals in human services about strategies for resilience when working with artists, nonartist patients, and clients during and after medical treatment?

**Contribution of the Study**

Voices of women artists, especially those of older women, have rarely been the focus of medical, psychological, or academic studies. Since the women’s movement in the 1970s, feminist art historians—Brode and Garrard, Chadwick, Lippard, and Nochlin, to name a few—have begun to lay a groundwork for women in art and sociocultural history. In research journals, health issues of older women are infrequently addressed, although with women’s organizations calling attention to treatments and funding research initiatives, specifically in breast cancer, there has been more attention to women’s health, particularly cancer prevention in young women. Statistics from the American Cancer Society (ACS) reveal that cancer was the second leading cause of death in women, and breast cancer second to lung cancer in women (Brawley, 2009). Among women of all races, the most common cancer diagnosed was breast cancer, with a higher incidence among white women than in women of other races, although mortality rates differed. The ACS stated that over a lifetime, the chances of a woman contracting invasive breast cancer were one in eight, and that in the United States there are 2.9 million women who have survived it. The ACS has found that the death rates for breast cancer have been going down (02/22/13). The National Cancer Institute found the median age was 61 for a
diagnosis of breast cancer, and that the chances go up in older women (NCI Seer Cancer Statistics, 2005–2009).

In the field of psychology after World War II in the United States, creativity studies proliferated; some centered on character and personality traits, while others focused on psychometrics. Two major researchers who used interviews with creative individuals, Barron and Csikszentmihalyi, did not include creative women, as they were not perceived as meeting the criteria for changing a domain at that time (Barron, Montuori, & Barron, 1997; Csikszentmihalyi, 1996). They noted that women’s voices had not been heard in the public social sphere or included in cultural history at that time (Barron et al., 1997, p. 9). Only recently have women professionals been considered and included by those researchers and others, and specifically beyond student participants, who have limited experience. It appeared that women’s voices had not been noted in many areas of research until after the mid-1970s, with feminist scholars such as Jean Baker Miller and colleagues, as well as Carol Gilligan, who called attention to women’s psychological development as being different from that of men and offered another model (Robb, 2007). Their model was based on continuous relationships and connectivity as opposed to separation and individuation, the traditional Western cultural perspective.

Although artistic practices and health have been linked throughout Western history, modern medicine, based on scientific empiricism predicated on reductive methods and observable criteria, has not focused on cultural, spiritual, or imaginal practices, which may influence the psychological as well as the physiological state of patients during and after treatment. Curious about the placebo group of patients who improved on their own with an inert substance, the placebo, and without the benefit of the
drug being tested in standard double-blind studies, some physicians, psychologists, and clinicians—Benedetti (2009); Bosnak (2007); Kearney (2007); Kradin (2008); Shapiro and Shapiro (1997)—have researched possible placebos, placebo effects, and responses. Apparently fascinated by this phenomenon, they have researched medical histories for possible clues to the psychological dynamics in age-old practices and beliefs and how they might be of interest in modern thought and practice. Such psychological phenomena rooted in human history prompted this researcher to search literature across various disciplines for sources that may include the creative arts as tools for therapeutic coping, psychological healing, and physiological benefits. Art therapy, defined as a mental health profession that is “dedicated to the belief that the creative process involved in making art is healing and life enhancing” (American Art Therapy Association, 2013), was a natural lead for further discovery.

This study contributes to the literature in several ways. First, it includes women artists in qualitative research that draws from several disciplines: art history, art therapy, psychology, and medicine. Second, it brings the words of women artists to the forefront in considering creativity factors, specifically when there are abrupt changes in health. Third, the phenomenological experiences of older professional women serve as direct data, which adds richness to numbers. Finally, unique creative perspectives on recovery during and after treatment may offer practical information that could enhance treatment options for others and suggest beneficial programs for healthcare facilities. Art-making as well as other creative art forms such as dance, music, theater, and performance have been found in many studies to be therapeutic in the healing process. Can parallels be drawn with the earlier understanding of the placebo, which was associated with beliefs and a
process leading to resilience and well-being? Women artists may have contributions from their personal experiences that are of value and need to be included in health literature as well as sociocultural history.
CHAPTER 2

Literature Review

“Cure sometimes; heal often; comfort always”—Hippocrates

Introduction

The relationship between artistic creativity and health, and that between creativity and ill health, have been imaged and investigated throughout cultural and medical history. In modern times, Western theories and practices are found in the specialized fields of medical, psychological, philosophical, spiritual, and cultural thought, discourse, and research. A selected overview drawing on elements that related to healing from different disciplines has enlarged the discussion of health, illness, and resilience by focusing on relevant considerations, which cross over in current theories and practices. Disciplines stem from philosophical perspectives, which in turn have influenced practices at different times in human history and across fields. Knowledge has evolved and changed as thought and discovery have challenged traditions. Cultural beliefs differ across and within cultures and consequently affect social customs and behaviors accordingly. Some have suggested that modern Western medicine in the United States over the last 200 years has emphasized scientific evidence-based measures and as a result has sought to eliminate, control, or simply put aside variables considered subjective and not objectively measurable. Interest in the placebo effect, as nebulous as it is, has raised the question of what else is involved in a scientific study that is influencing or cannot be explained in the outcome. Phenomenological inquiry attempts to investigate individual experience as the locus of clues and the source of what cannot be explained, but has
power. The intention of this inquiry was to focus on little-examined or considered aspects such as the personal beliefs and practices of those who are engaged in a creative process and how that might relate to illness and resilience. A much larger discussion of the biological aspects of illness, particularly cancer and its treatment, was not the focus here and was beyond the scope of this investigation. The goal was to listen to the voices of 12 women artists in order to understand their lived experiences in terms of their creative careers, and to learn about the impact of their life-threatening medical diagnoses and their lives thereafter. The parameters of this inquiry were vast and touched briefly on medical history, particularly in light of the concept of placebos and placebo effects, post–World War II creativity studies, and studies having to do with treatment after a major illness, particularly cancer, in women.

**A Question of Healing**

What is healing? This question implies an illness or an event that disrupts life as one has known it. How does one sustain oneself after a medical diagnosis that potentially changes everything? How does one find the energy to become educated on medical options and advances while managing personal and emotional needs that are new with illness? How does one manage during treatment, while recovering from treatment, and after medical treatment has ended? What helps with getting on the road to well-being, which encompasses feeling better physically and emotionally? How does one become motivated to be an active seeker of new experiences, which will lead to insights and practices that can be life-supporting and life-enhancing, or return to those that were in place before? These were the issues and concerns this researcher had as she began this inquiry, which sought knowledge from the participants, all of whom were women who
had gotten past or were enduring the lifelong effects of illness. In order to understand the concept of healing, the researcher investigated the history of Western medicine. Because the participants in the study were artists, the researcher also reviewed modern discourse and theory on creativity and subsequently cultural history, which has been historically and traditionally scant in women’s history, their perspectives, and their contributions, particularly in the arts.

A Brief Historical View of Western Medicine: Focus on Placebo and Placebo Effects

Foundations in ancient history. Western medical practices trace their history to the ancient Greek culture from about 800 BCE to 200 CE (NIH, 2009), where artifacts and records begin to give a hint of the philosophies and practices that included belief and ritual in the healing arts of medicine. Medical historians, many of whom are doctors themselves, have researched this period as foundational and then moved through the evolution of medical practices and treatments to present theory and practices. Of particular notice for this study is the burgeoning research on the placebo, placebo effects, and the placebo response, which reaches back in history. A selected review of the literature, which gives highlights for varied definitions, theories, and points of departure over the last twenty years, has opened the door to rethinking the question of how and why some people get better, not cured in the modern medical sense, but regaining health to a greater extent than others. This phenomenon crosses disciplines, which points to the complexity of an investigation that delves into human emotional experience, which is interwoven and inseparable from the social and cultural contexts of its time. Until the last century and even today, information about women and any from their perspective, for example, on their creative experiences and works reflected in art history and their health
in medical history has been sorely absent. A review of the literature on cancer in women will follow the discussion of medical history in relation to the placebo and creativity research.

Arthur Shapiro, MD, and Elaine Shapiro, PhD (1997), tackle the entire medical history of the placebo effect from ancient to modern times and include much information on the placebo and its effects as understood in the particular historical context at different time periods, as well as current research, some of their own, with the modern sense of it in scientific research. They acknowledge the immense task and inconsistencies in the methods and disciplines they study, which have attempted to control, and more recently to identify, the placebo and the still-elusive way it has of influencing health and ill health. As only highlights from the Shapiros’ research were selected for this text, please refer to their book *The Powerful Placebo: From Ancient Priest to Modern Physician* (1997) for their extensive references.

**Ancient and prescientific medicine.** Based on their study of prescientific medicine, Shapiro and Shapiro (1997) conclude that placebos were the core treatments and that any positive outcomes would have been due to the placebo effect (p. 3). They refer to the practices in “primitive cultures” that administered placebos to those who were ill in spiritual ways as having no separation of the physical from the psychological, thereby encompassing beliefs and emotions (1997, p. 53). Illness was viewed as related to the gods, and treatments included communication by intermediaries, priests, and priestesses, who aided in reducing guilt with a promise of atonement, as well as improvement.
The Shapiros’ research notes that the earliest known treatments came from Sumer around 2100 BCE; these were recorded in cuneiform on clay tablets, with reference to a practitioner as a “sorcerer” and “physician” (Shapiro & Shapiro, 1997, p. 3). Further investigation noted vegetable, mineral, and animal products used as drugs deciphered from Babylonian and Assyrian tablets. In Egypt, the Ebers Papyrus of about 1500 BCE is cited as delineating “842 prescriptions . . . 700 drugs” (Shapiro & Shapiro, 1997, p. 4), and practices that included using animal parts, molds, urine, dung, flyspeck scrapings, and dirt, to name a few, for a variety of illnesses and conditions. Egyptian medical practices, such as systematic recording of the course of illness, observation, vocabulary, and anatomical study, provided the first written medical texts and influenced medical theories and practices in Greece, Rome, and the West (Shapiro & Shapiro, 1997, pp. 4–5). Further research by this team, as well as others (Aizenstat & Bosnak, 2009; Benedetti, 2011; Harrington, 2002; Kearney, 2007; Kradin, 2008; Sternberg, 2009) who wrote about placebo, the placebo effect, and placebo response historically and in modern times, references the Greek Asclepius, raised by the centaur Chiron, a wounded healer, believed to have inherited his pharmaceutical knowledge from Chiron and his father Apollo. It is thought that Asclepius probably was a gifted early healer whose influence spread so that he became near immortal over time; more than 300 sanctuaries for healing have been noted that followed his teachings and vision. The chosen sites were situated in spectacular settings along the sea or in pastoral areas around natural springs, because the environment was considered conducive to and a necessary part of healing. Patients were prepared by undergoing rituals until they were considered ready. These encompassed physical health, with various exercises, cleansings, fasts, and massage, as well as
attending to psychological health, with entertainment in theaters or racetracks, and spiritual beliefs symbolized through offerings and sacrifices before the incubation stage. The rite, ensuring sleep, which encouraged dreaming, was carried out in the *abaton* of the temple. Healing dreams of Asclepius accompanied by his sacred dog and serpent as well as his two daughters—Hygieia embodying health and Panacea healing (Shapiro & Shapiro, 1997, p. 5)—were inspired by white-robed priests speaking in hypnotic voices to the ill one who was in an in-between, “hypnagogic state” (Bosnak, 2007, p. 38), not fully awake or asleep. It was believed that the cure could be obtained by these priestly presences, who solicited information from the patients about their illnesses, cared for them, offered remedies and advice, and made votive offerings to the gods and goddesses on their behalf. Payments were accepted after treatments according to means and in various forms. The Shapiros’ (1997) research attributed these occasional cures and care of those who were ill to nonmedical practices and suggestions, self-suggestion, natural substances, beliefs about animals, and “the most powerful element underlying these therapeutic procedures,” “the placebo effect, possibly enhanced by the emotionally charged and elaborate ritual” (p. 6). These authors reference Phillips (1987), who called Asclepius “the forerunner of confessors or psychotherapists” (Shapiro & Shapiro, 1997, p. 6).

Contemporaneous with Asclepian sanctuaries and apparently in harmony with them was Hippocrates, who has been called “the Father of Medicine” and whose practices are viewed as more “practical” than the mystical or religious elements and rituals of the Asclepiads (Bosnak, 2007, p. 48; Shapiro & Shapiro, 1997, p. 7). His practices included a large number of drugs derived from plants, along with observations
and descriptions of illness. There was an emphasis on diet, exercise, massage, and open-air protocols, which included bloodletting, among other practices aimed at purifying the body and adjusting the humors. Again according to the Shapiros’ research, Hippocratic practices were based on observation and on Pythagorean theories of the humors, which determined health, ill health, and emotional balance. The belief that nature was the healer and the physician the noninterfering facilitator of the body’s natural ability to heal was aided by “195 to 400 drugs of vegetable origin” and more-extensive treatments involving limitations on foods, water therapy, massage, and outdoor air (Shapiro & Shapiro, 1997, p. 7).

These authors, Shapiro and Shapiro (1997), surmise that practices and theories of ancient Greek origin by the best physicians of their time can be viewed in retrospect as based on the imagination and ineffective if not harmful medications that for the most part “guided medicine for over two thousand years” (1997, p. 8). The Roman Galen, they note, compiled 30 volumes based on his medical theories (1997, p. 124), which included “540 vegetable, 180 animal, and 100 mineral substances—a total of 820 placebo substances—[which] dominated medicine for fifteen hundred years” (1997, p. 11), until the shift in practices beginning in the Renaissance changed in the seventeenth and eighteenth centuries when “Galenism” (1997, p. 230) finally ended. Furthermore, the Shapiros state, “from Asclepius through Hippocrates to Galen, and until very recently, the history of medical treatments was largely the history of the placebo effect, because all medical treatments, with rare exceptions, were at best placebos, at worst unknowingly deadly” (1997, p. 11).
The influence of Greek practices and scholarship spread throughout modern-day Greece, Italy, and Turkey as well as into the Mediterranean region and as far as India (NIH, 2009). In 146 BCE, Greece came under the protection of Rome until its fall in the fifth century. According to medical historians at the National Institutes of Health (2009), much of this knowledge was lost to the Western world until the 14th and 15th centuries, when Arabic translations of Greek texts, done after Egypt had been taken over by Islamic forces, were rediscovered by Crusaders in Spain and other areas, and when Byzantine scholars fled to Italy after the fall of Constantinople in 1453, bringing with them ancient texts and the Greek language. Texts were made known, many for the first time; they were printed and studied and were influential in medical anatomy, practice, and theory based on rationality and observation for quite some time.

Another influence on Western medical history during the Middle Ages, the Shapiros (1997) note, was that the treatment of the body lost importance and the emphasis focused on the soul in the religious beliefs of Christianity, with Christ as healer seeking to replace earlier Asclepian beliefs and practices (p. 45). Shrines and sanctuaries such as Lourdes offered believers rituals and the hope of miraculous healing. These authors acknowledge that both established and marginal religions relied on the placebo effect and state,

It is ironic, however, that faith and psychic healing may have been more effective than traditional medical treatments in the past because they allowed nature to take its course, thus possibly doing no harm, whereas traditional medication not only was largely ineffective but also often harmed patients and even hastened their demise. (1997, p. 46)
Modern Medical History: Changing Views of Placebos

Shapiro and Shapiro (1997) note that today medicine relies on a scientific basis whereas religious beliefs still rely on faith—the placebo effect (p. 46). Although observations of medical conditions by physicians were viewed as a step in the direction of scientific methods in the 18th century, prior to that medical practices relied mainly on theories and speculation, which were “untested” (1997, p. 124). Benedetti (2011) notes that “the transition from shaman to modern doctor is thus very recent and depended on the emergence of modern scientific medicine” (p. 19). He says that “today plenty of shamanistic practices still persist throughout the world” (2011, p. 19), these being culturally based spiritual practices.

The Scottish physician at the Royal Naval Hospital in 1747, James Lind, was credited with “the first controlled nonblind investigation of clinical treatment” (Shapiro & Shapiro, 1997, p. 125) when he studied scurvy and administered different substances to four comparison groups of sailors. Although he recorded that citrus fruits were the most effective treatment, he seemed to not follow his own results, as he recommended “fresh air and a changed diet” (1997, p. 126). In 1757 Benjamin Franklin reported his experimentation with electric shock aimed at curing palsies in patients as unsuccessful in meeting the goal, but as having a positive effect on the “spirits” of the patients (1997, p. 126). In the 19th century, several studies, such as those by Means in 1876 and Galton, Darwin’s cousin (Shapiro & Shapiro, 1997), were notable as they attempted to study the effects of prayer on patients prayed for and those not prayed for, which revealed the sociocultural debates of the time centering on belief—in other words, authority and scientific investigation. Significant advances were made in medical science at that time:
new knowledge about chemistry and cells; new sciences such as bacteriology, pharmacology, genetics, and the study of evolution; the use of asepsis, antisepsis, and anesthesia in surgery; improved microscopy; the discovery of viruses, x-rays, and radioactivity increased use of statistics, historical controls, and controlled trials; and the emphasis on science and experimentation personified in the work of Francis Bacon, Claude Bernard, Louis Pasteur, Robert Koch, and Rudolph Virchow, to name a few. (Shapiro & Shapiro, 1997, pp. 131–132)

These advances changed healers’ outlook and practices. Following that, the Food and Drug Act was established in 1906 and amended many times thereafter, but the federal government gained control of drugs and drug testing before they could be marketed to the public (Shapiro & Shapiro, 1997, p. 132). With its established scientific foundation in medical practice in the 20th century, the placebo effect with its various sources and intricacies was seemingly controlled by methodologies that noted its presence (Shapiro & Shapiro, 1997, p. 134). Ethical issues surrounding the medical practice of using placebos in clinical trials that were randomized and controlled as well as in double-blind studies arose in the 1980s and 1990s (Shapiro & Shapiro, 1997, p. 185) and have been debated and clarified since that time. Although they acknowledged that certain aspects may still be controversial, Shapiro and Shapiro (1997) state that currently, physicians and researchers are mandated by law and ethical standards to completely inform patients of the “design of the study” (p. 212).

**Definition of the Term Placebo: Past and Present**

The term *placebo* first appeared in modern times in a medical dictionary in 1785 (Shapiro & Shapiro, 1997, p. 28) and was defined as “a commonplace method or
medicine” (Shapiro & Shapiro, 1997, p. 108) with no mention of its being an inert substance. In Harrington’s 1997 book, Morris states that although the word *placebo* had been used to denote “sycophants or flatterers” (p. 187) since Chaucer’s time, he links the date of 1811 with its use in medicine as a significant time in Western medical practice, which he notes by Foucault’s claim of “birth of the clinic” (p. 187). Furthermore, Morris (1997) deems this a time when medicine was becoming based in clinical practices according to a Cartesian dualistic view of the body defined as “a machine” operating in accordance with “mechanical laws of matter and motion” (p. 187). The ancient traditions stemming from illness being associated with “the divine” order influencing the balance or disrupting “internal forces and fluids” (1997, p. 187), as practiced since the time of Galen, were giving way to a view that some have seen as the splitting-off of the spirit or human elements from the body in the pursuit of a more scientific, objective, observable basis in medical practice that has persisted. Morris (1997) proposes that after a period of roughly 200 years, the view that had been governed by laws of a mechanical nature in biomedical practice was shifting, and the curiosity associated with unexplainable and sometimes spontaneous reversals in illness, loosely defined as placebo effects, was becoming evident among those in science and medical practice (p. 187).

Shapiro and Shapiro (1997) cite O. H. P. Pepper as reviving consideration of the concept of the placebo in recent history, as he used the word in the title of his 1945 paper “A Note on the Placebo” (p. 29). It was then associated with medication being prescribed by a physician that was known to be ineffective for the particular illness, but that may “please” (1997, p. 31) the patient. Also, often cited by researchers is Henry Beecher’s paper “The Powerful Placebo,” which alerts colleagues to further consider the
phenomenon (Harrington, 2002, p. 41). Bootzin and Caspi (2002) critique the language and practices Beecher uses and present an updated version in which they note that the current expanded use of the term includes “therapeutic values” that highlight “patient empowerment” and further focus on “interpersonal and situational context” (p. 115).

As medical historians and collaborators, Shapiro and Shapiro (1997) researched extensively the changing definition and history of the placebo and the intriguing placebo effect. They discovered that it was thought of and envisioned quite differently in premodern Western medicine and other cultural traditions than it is today in standard medical practice. They define a placebo in current practice in an extended sense as “any treatment (including drugs, surgery, psychotherapy, and quack therapy) that is used for its ameliorative effect on a symptom or disease but that actually is ineffective or is not specifically effective for the condition being treated” (1997, p. 1). For research purposes, they further elaborate on the definition of a placebo in order that it meet the criteria for single- and double-blind studies, which are the norm today:

—A placebo is any therapy (or that component of any therapy) that is intentionally or knowingly used for its nonspecific, psychological, or psychophysiological, therapeutic effect or that is used for a presumed specific therapeutic effect on a patient, symptom, or illness but is without specific activity for the condition being treated.

—A placebo, when used as a control in experimental studies, is a substance or procedure that is without specific activity for the condition being treated. (Shapiro & Shapiro, 1997, p. 41)
Such treatment may be administered by one who believes in its effectiveness to one who also believes in it, or by one who is objective and may not acknowledge or be aware of any belief in the treatment to one who may not as well. These authors define the placebo effect in their own terms as the “nonspecific psychological or psychophysical therapeutic effect produced by the placebo, but [this] may be the effect of spontaneous improvement attributed to the placebo” (1997, p. 1). Benedetti (2011) has written extensively on the placebo and placebo effects in terms of the patient’s beliefs as factors, which influence the experience of pain and analgesia or lack of pain, as well as in reference to the patient-doctor relationship and its impact on outcomes. He views both of these factors as having as influence on treatment from the psychosocial perspective and on the neurobiological level, thereby influencing outcomes, as documented in his most recent book, The Patient’s Brain (2011).

Bootzin and Caspi (2002) note the shifts and elaboration of the concept of the placebo effect in, for example, Brody’s 1980 definition as a “change in a patient’s illness attributable to the symbolic import of a treatment rather than a specific pharmacologic or physiologic property,” which he revised again to “a change in the body (or the body-mind unit) that occurs as a result of the symbolic significance which one attributes to an event or object in the healing environment” (p. 109). They note that the use of placebos in randomized clinical trials, which aim to control them as different and opposed to variables being tested, was not the same as that intended in research outcome studies, which aim to maximize placebo effects to show the effectiveness of the treatments in the clinical setting (2002, p. 110). Confusion again followed the use of the term placebo.
effects, as it has been applied differently in different clinical situations within the scientific world, and in another sense in sociocultural contexts.

The negative image of placebos among medical professionals, and their tendency to dissociate from the notion, were discussed widely at a Harvard conference in 1994, as noted in Harrington’s 1997 book. It appeared to this researcher that the inability to control outcome fostered uncertainty; the sense that nonidentifiable variables were out of control suggested that they were thus unknown, mysterious, or even dangerous. Morris (1997) points out that because placebo effects do show up in trials as well as in accounts, the real questions are how they work (p. 188) and why they have influence (p. 197). Morris, and Benedetti (2011) in Italy, center their thoughts on the beliefs of the patient and the doctor in the therapeutic encounter and the meanings attached to those beliefs, positive or negative, that influence outcomes. It is not enough to look only at the neurological or biological systems in humans; the cognitive elements, and what one can learn from conditioning, add dimensions. Morris states, “These facts suggest that humans activate the neurobiological circuits required for placebo effects through subtle and diffuse experience of living within the inescapably meaning-rich domain of culture” (1997, p. 189). Morris’s experience with pain and analgesia, or lack of pain, which he views as learned and “common and one of the most potent placebo effects” (1997, p. 188), reinforces his conviction that culture, which is varied, is a powerful influence on the individual’s perceptions and beliefs. He gives examples of historical depictions of pain in artworks that were viewed as “implicit or explicit guides to conduct”; he further states that “the ways in which a culture represents pain have much to do with how people will experience it” (1997, p. 191), and what one believes and what meaning it embodies
influences one’s reported pain (1997, p. 192). Morris (1997) asserts that the “ironclad bond between pain and belief” (p. 195)—that is, the psychological relationship that characterized placebos’ effectiveness, which he feel was ignored in “the dominant medical model” (p. 195) of the day—preferences an explanation based on nerve action and transmission (p. 195). Also, he notes that *nocebo*, or negative belief, can be as potent as the positive effects of placebos (1997, p. 196). Morris designed a biocultural model for understanding placebo effects made up of neurobiological learning that overlaps with cultural beliefs and their impact on individuals. He states, “Human beings and complex human events are constructed at the intersection of culture and biology” (1997, p. 201). Furthermore, he designed this model to “acknowledge the ways in which the human nervous system is set into motion by the impact of mind and culture” (1997, p. 200).

Shapiro and Shapiro (1997) review the prior literature on the history of the placebo and that which had appeared since the 1959 American Psychiatric Association meeting, which covered the current understanding of the subject and its application as a control in evidence-based studies. Interwoven with this history was the gradual influence of psychoanalysis in the United States with the influx of German immigrants in the 1930s and their teachings after World War II, which were incorporated into medical schools that became prominent in the 1950s (1997, p. 98). These researchers note the gradual decline in the 1960s of psychoanalysis due to factors such as lack of evidence to confirm the validity and reliability of interpretations—methodological problems—as well as the lack of controlled studies and therapeutic results (1997, p. 101). Psychologists, unlike psychiatrists, were not given access to psychoanalytic training until much later, although
terms such as the “unconscious” (1997, p. 99) were commonly understood; their clinical training focused mainly on projective test-giving and analysis (Shapiro & Shapiro, 1997).

Shapiro and Shapiro (1997) mention as one of the exceptions Carl Rogers’s (1980) client-centered psychotherapy, which they view as nonanalytic, but therapeutic (1997, p. 99). They focus on several studies using this “nondirective psychotherapeutic approach” (1997, p. 222) and look at the link between positive attitudes of the patient toward the therapist and toward therapy and positive placebo effects (1997, p. 222). Variables already demonstrated by therapists trained in this approach were “genuineness, empathy, and unconditioned positive regard for the patient” (1997, p. 222). Patients were asked confidentially to rate their therapists, yet the researchers found it difficult to determine whether the psychiatrists were actually that way or whether the patients attributed these qualities to them. Many other studies were carried out between 1972 and 1976 at the Payne Whitney Psychiatric Clinic, New York Hospital–Cornell University Medical Center, by Shapiro and Shapiro, who established the “Placebo Studies Laboratory (renamed the Special Studies Laboratory) in 1966” (1997, p. 219). They refer to studies having to do with variables such as a patient’s preference for a drug or psychotherapy or a patient’s trusting the decision to the doctor as to what kind of therapy the patient should receive, hypothesizing that such a patient would have a positive placebo response. A patient’s expectations of the physician, the clinic, the treatment, and other unknown factors were considered, as was the physician’s attitude toward the patient and the treatment. Thus, belief, expectation, and “desire and readiness for treatment” (1997, p. 222), as well as anxiety or depression (1997, p. 223), were variables associated with placebo effects. These variables were hard to control and measure, although
numerous questionnaires and tests were given to test hypotheses. One study cited by the Special Studies Laboratory, with 352 outpatients who were anxious, 272 depressed, and 129 mixed, aimed at testing this hypothesis, was “Correlation of Independent Variables with Positive Placebo Response for the Total Sample (N = 735) at the Special Studies Laboratory” (1997, p. 224). It found that in the three groups there was significant improvement after treatment that could be linked to a positive response to the placebo drug. They were able to replicate the study and proposed further that the clinical setting and the instructions given with the expectation of a positive effect were important elements in “placebo receptivity” (1997, p. 225). In addition, the administration of patients’ desired treatment with consideration of their beliefs and positive views of their physicians were factors to be considered (1997, p. 225). The researchers found that cultural, religious, and societal beliefs influenced the patients’ perceptions of outcome, and the form the placebo took had to be relevant to their expectations and assumptions (1997, p. 226). Furthermore, the researchers note that other factors to be considered (at a minimum) should include staff effectiveness in handling appointments on a regular basis, punctuality in seeing the physician, and well-trained assistants who were interested in the study being performed; these were all variables that added to a positive therapeutic outcome (1997, p. 227). The converse was noted as a negative placebo effect or neutral effect, which was also possible (1997, p. 226). In another study of drug testing that had a placebo control group, they report an estimated range of 21% to 58% showing a placebo response (1997, p. 230). Although they comment that control groups are not applicable or ethical in surgery,
In pharmacology, placebo response rates vary from 30 to 50 percent in depression, and placebos have been found to be 59 percent as effective as tricyclic antidepressants, 65 percent as effective as lithium, 58 percent as effective as nonpharmacological treatment of insomnia, and 58 percent as effective as injected morphine and common analgesics. (Shapiro & Shapiro, 1997, p. 230)

As methodologies have improved and ethical concerns have been met, Shapiro and Shapiro (1997) assert, the once pejorative sense of the placebo has now been replaced by the recognition that there is positive power in its presence, which had been impressive in many studies while overblown in others (p. 232). They cite many studies using nonspecific therapeutic means, some of which enhanced moods, relieved stress and depression, and helped with coping mechanisms that had benefits for psychological health. However, physical health could not be assessed because controlled studies on the effects of placebos associated with physical illness had not been found at that time (1997, p. 233).

Shapiro and Shapiro (1997) note a general shift “from psychological psychiatry and towards biological psychiatry” (p. 101) with improved scientific methodology and progress, one example being research on brain functioning, another being the problem of many different schools of psychoanalytic theory that had developed and that they characterize as having varied perspectives and inconsistencies (p. 101). In spite of this, and as controversial as it is, these authors credit psychoanalysis as the 20th “century’s most infamous placebo treatment” (1997, p. 102). They speculate that the only way to determine effectiveness would be to do controlled studies, which were not deemed feasible, or to compare various approaches, which has been done in many studies cited. A
similar problem was detected for psychotherapies, as there were and are many approaches, “more than 250 different schools” (1997, p. 231). Shapiro and Shapiro (1997) surmise from their research and review of several meta-analysis studies that it seems not to matter which one of the psychoanalytic theories is followed as far as efficacy goes (pp. 111, 113), because all may have placebo effects. Their effects were nonspecific, the same being true of psychoanalysis (1997, p. 102). For further references, see Shapiro and Shapiro (1997), as they review the history of psychotherapies, which have proliferated from the 1950s, tracing their roots back to ancient times, noting the parallels over time to current ideas, methods, and insights, particularly in light of placebo effects (pp. 96–97). They point out that although evidence does not yet prove efficacy (1997, p. 231), “[m]ost, if not all, researchers have concluded that psychotherapy has beneficial therapeutic effects” (1997, p. 120). It has had such effects throughout the ages (in whatever form—medical, religious, or other—it has taken) because it was administered by trusted figures at that time, as it is today. Benedetti (2009) points out that there were over 400 different psychotherapies (p. 141). He reviews studies comparing different theories and concludes, as do the researchers he reviewed, that all were effective and not dissimilar, and perhaps this could be attributed to “the good human interaction between patient and therapist” (2009, p. 141). In viewing the use of placebo and psychotherapy, he notes that both rely on “verbal suggestion” (2009, p. 141) and “ritual” (2009, p. 142), although psychotherapy cannot be subjected to a double-blind study, as the therapist would know the procedure ahead of time (2009, p. 142). Positive outcomes have been attributed to various sources, notwithstanding the natural course of a disease, spontaneous remission, treatments, and other “nonspecific effects” that have been
“referred to as the placebo effect because their cause is yet unknown” (Shapiro & Shapiro, 1997, p. 121). As noted, some patients today are more proactive in their treatment, and, because they carry their beliefs into the healing process, these nonspecific factors could potentially influence the effectiveness of treatments and outcomes (1997, p. 237).

Shapiro and Shapiro (1997) make an important distinction between one current use of the term *placebo* that was associated with an inert drug and the practice of psychotherapy, which was a “psychological therapy” (p. 105), not a substance. Others have described therapy in terms of the relational aspects that are embedded in the placebo response (Benedetti, 2011; Bosnak, 2009; Kearney, 2009; Kradin, 2008). Although Benedetti (2009) is practicing and teaching based on his neuroscientific and biological experience, he has emphasized the psychological aspects as he has contended that there is not a single placebo or effect, but many that have to be recognized. His work on pain and analgesia has further brought in the role of patients’ beliefs about medical treatment and what patients are told about the treatment and its influence on their pain and their need for more or less medication (Benedetti, 2009). Bootzin and Caspi (2002) point to cognitive therapies, such as that of Jerome Frank, who studied “hope,” which he identified as a chief ingredient in folk healing, that should be considered as well as psychotherapy (p. 118). In addition, they cite Albert Bandura’s “efficacy expectations” (Bootzin & Caspi, 2002, p. 119), which refer to the patient’s belief that things will be accomplished and thus show positive outcomes, as well as research in “social cognition” (2002, p. 122). For example, Pennebaker’s studies, which cite the benefit of self-expression in writing about emotionally charged experiences, bear notice (2002, p. 123).
In their conceptual biomedical model, Bootzin and Caspi (2002) aim at connecting the placebo effect to the therapeutic process in two ways. First, they propose that the placebo effect is dynamic and constantly changes and evolves as it responds not only to biological, but also to psychological, elements during the process. Second, they propose that the placebo effect is interactive “(in a synergistic rather than in an additive way) to an unpredictable degree with other elements of the therapeutic intervention, such as biological and psychological treatments” (2002, p. 126). They emphasize that their model recognizes the role of the “clinician-patient interaction” as not simply a treatment plan, but call attention to a careful explanation, and recognition of the meaning ascribed by the patient to the personal interaction and ritual with the clinician. This is complex and must be acknowledged, because both factors influence the outcome (2002, p. 126). These authors further see their model accounting for the placebo effect, which they view as influencing the outcome by directly activating the “homeostatic healing processes, often referred to as spontaneous healing regardless of what the biological treatment might be” (2002, p. 127). They note that indirect effects could be seen in the variable behaviors of the patient, which, along with the direct effects, could determine the effectiveness of treatments (2002, p. 128).

The multidimensional concept of meaning is the focus of Moerman’s book, *Meaning, Medicine, and the “Placebo Effect”* (2002), which presents his anthropological perspective, adding a further dimension to the understanding and use of the terms *placebo* and *placebo effect*. His extensive review of placebo studies is impressive—and in lay language, which illuminates the concept’s acceptance beyond medical use; it now enjoys a broader cultural awareness. Moerman stresses that different cultures and those
individuals within it view and respond to medical treatments and interventions very differently. In his view, meaning is culturally and individually ascribed to life, illness, and death issues, and biology is affected by those beliefs. Benedetti’s (2011) review of medical history acknowledges the psychosocial context, which includes the environmental context of the patient as a factor in healing. He describes the doctor today as an “over-specialized physician” (2011, p. 23) who may not be knowledgeable outside his or her specialty. His view is, “therefore, medical care has evolved from the shaman who takes care of the whole body and soul to the modern doctor who takes care of single organs and apparatuses” (2011, p. 23).

Expansion of the Concept of the Placebo Effect and Overlap in Medical Practices

The physician Michael Kearney (2009) has also reviewed ancient healing practices and relates aspects of the two noncompeting traditions of Asclepius and Hippocrates, mentioned earlier by the Shapiros and others such as Aizenstat, Bosnak, and Sternberg, to current practice. He has focused his medical attention and knowledge on palliative care and what care and healing mean to the patient at the end of life. He advocates for a more “integrated clinical approach, one which combines the best of both Hippocratic medicine and Asclepian healing,” in his book A Place of Healing (2009, p. 261). He applauds Western medicine, which he feels evolved from the early Hippocratic rational-scientific approach that dealt with diseases thought to be curable, for its advances toward curing disease. What he feels is lacking in healthcare today is the Asclepian care for the whole person: the spirit, as in psychological needs, as well as attention to bodily comfort. His focus is on healing in the sense that he defines it as “the process of becoming psychologically and spiritually more integrated and whole, a phenomenon
which enables persons to become more completely themselves and more fully alive” (2009, p. xxi). The Asclepian temples of 500 BCE to 500 CE (2009, p. 41), numbering in the hundreds in Greece and the surrounding islands, cared for those suffering from illnesses that were thought incurable. Kearney (2007, 2009) sees the two models complementing each other and working in harmony, as each offered aspects of care.

Kearney (2009) proposes that more needs to be done and could be incorporated into patient care at a time when nothing more medically can be done. Aiming to restore a person to his or her physical functioning at the level that existed before the impact of illness, which is the Western medical model of today, may need to be reconsidered for terminal illness and care particular to the time of life at which it is ending.

**Psychoneuroimmunology**

Medical doctor and researcher Esther Sternberg (2009, 2011), specializing in rheumatology, also found value in ancient ways of care as she investigated the effects of stress, belief, environment, diet, and exercise after developing an autoimmune condition herself, which was ironically in her area of specialization. In studying brain-immune interactions, she found that the brain responded positively or negatively to sensory experience in the physical environment, highlighting the importance of environments, “healing spaces” as she terms them, that are conducive to healing and well-being. She advocates recognizing and changing habits and environments, as those factors adversely affect the body’s ability to maintain balance and its natural ability to heal itself through the immune system. By choosing to assist the body and consciously placing oneself in healthy, safe, less stressful, health-inducing situations, one can change unhealthy patterns, handle stress positively and productively, and purposefully work against illness,
thus maintaining the body’s natural state of homeostasis. She states in her 2001 book, *The Balance Within: The Science Connecting Health and Emotions*, that

a wealth of evidence exists to prove in the most stringent scientific terms that the functions of the mind do influence the health of the body and that sickness in the body can affect our moods and emotions through molecules and nerve pathways.

(p. xv)

Sternberg’s study of stress and other emotional components in the patient’s personal and physical environment confirmed their impact on physiological functioning and possible illness. A growing number of those in the medical sciences have focused on the interrelationships of mind/brain, body, and spirit and how they interact with ill health, along with well-being, health, and longevity.

Margaret Kemeney (2011) conducted research in the interconnected fields of the social sciences and neuroscience in which she considered specifically the social context of an individual and its effect on that person’s emotional/mental, physical, and biological state. At a recent conference at Pacifica Graduate Institute she reviewed her findings. One’s positive or negative evaluation of a social situation was shown to affect one’s physiological response and immune pathways, as indicated by brain studies. People’s perception of how others viewed them, and their appraisal of threats that were perceived as dangerous to the self, were the focus of her research, which aimed at finding ways to lessen the negative psychological and actual physiological changes that resulted. A person’s social environment, laden with experiences, actual and perceived, provided the ongoing context for his or her internal responses.
Numerous medical researchers, medical doctors, clinical practitioners, and scholars are currently holding conferences to explore the mind as a mechanism (e.g., neuroscientists in brain plasticity) and as emotion (e.g., psychologists in attachment theory and trauma treatments; cultural anthropologists), with the body (somatosensory and kinesthetic clinicians) as a physical site not only influenced by the mind but affected by it as far as health and illness are concerned. For instance, Pacifica Graduate Institute has had conferences bringing together physicians, artists, psychologists, historians, scientists, Native American healers, and laypeople in an effort to attempt to integrate wisdom on a deeper psychological level. Inner exploration using the imagination to foster healing was documented in the book *Imagination and Medicine: The Future of Healing in an Age of Neuroscience*, edited by Aizenstat and Bosnak (2009). Others have recognized similar possibilities by bringing together specialized fields of knowledge to share research, theories, and ideas for cross-fertilization. Harrington’s edited book (1997), *The Placebo Effect: An Interdisciplinary Exploration*, documents an interdisciplinary conference of Harvard faculty members, “The Placebo Effect: An Interdisciplinary Exploration,” sponsored by the Harvard Mind, Brain, Behavior Initiative in 1994.

In 2000 the National Institutes of Health hosted a gathering of 500 scholars, researchers, doctors, and clinicians from various fields to investigate the “science of the placebo” (Guess, Kleinman, Kusek, & Engel, 2002, p.1). An edited book, *The Science of the Placebo: Toward an Interdisciplinary Research Agenda*, includes papers that address the far-reaching and expanded sense of placebo effects, acknowledging their use in evidence-based medicine and including recommendations for further research and
application to patients’ issues. In the foreword to that book, Briggs and Strauss note the challenge of scientific medicine to translate their data into real benefits to the patient and maintain the human element of the doctor who communicates a sense of hope and trust (2002, p. xi). They point to the thinking of some clinicians who view placebos as not neutral—for example, Moerman (2002, p. 77), who reframes “placebos” as meaning responses that carry cultural influences, or Bootzin and Caspi, who point to social learning that influences personality (2002, p. 108). Eskandari and Sternberg (2002) address the potential influence of beliefs, sociocultural context, the environment, and expectations with their possible “influence on neuroendocrine and neural responses” that may then influence the immune system and possibly lead to the onset of disease (p. 169). They gave a detailed medical description and graphic depiction of the interaction of the brain and the immune system, which they describe as complex and interactive (2002, p. 172). They acknowledge research from various approaches, which points to the communication between the central nervous system and the immune system (2002, p. 169) and appears to attempt to identify the mechanisms by which factors such as the social world, beliefs, and expectations might influence neuroendocrine and neural responses, which in turn affect immune responses and therefore disease expression. The placebo effect represents one phenomenon linking belief to well-being that can be analyzed systematically to provide insights into how beliefs might affect immune responses and disease expression and severity. Placebo effects have been explained by Pavlovian conditioning, cognition (for example, expectancy), personality, and social learning, alone or in combination, and these factors transduce meaning from the
individual’s cultural context. These psychosocial mechanisms evoke intervening psychophysiological events that involve multiple systems, including the autonomic nervous, endocrine, and immune systems, endorphin and motor pathways, and cardiovascular and gastrointestinal processes. The traducing mechanisms by which placebo interventions convert meaning into the modifications of physiologic responses are not known. Indeed, no studies fully trace the pathways of cognition/expectancy, personality, social learning, and social-psychological interactions to regulation of psychophysiological responses. (Eskandari & Sternberg, 2002, p. 169)

Although they note that some things are known about specific areas of the brain that are activated by a specific “environmental stimulus” (2002, p. 169), these researchers conclude that “the mechanism by which conditioning, expectancy or placebo lead to modifications of physiologic responses, including immune responses, is not known” (2002, p. 179). Thus, they imply that further studies to address these factors are needed.

**Neuroscientific and Neurobiological Interconnection to Placebo Effects**

Benedetti’s (2011) neuroscientific studies and writings have emphasized “the critical role of psychosocial factors” (p. 42), which vary with the individuals concerned, and affect the patient’s brain as well as the doctor’s brain in the therapeutic setting. He restates his earlier findings that “the positive context may lead to positive outcomes, the placebo effects, whereas a negative context may lead to negative outcomes, the nocebo effect” (2011, p. 42). He says that even though medical practices and theories vary with cultures, “[e]xpectations about positive outcomes may activate specific brain regions, and such expectations may sometimes be the real cause of the clinical improvement” (2011,
pp. 42–43). Benedetti states that placebo effects, which are psychosocially based, are now being validated by looking through a neurological lens and “described within a biological context that explains clinical practice in relation to many brain functions, thus putting psychosocial investigation into the neurobiological domain” (2011, p. 42). Furthermore, “the placebo effect is a psychobiological phenomenon, i.e., something active happening in the patient’s brain” (2011, p. 185). Also, Benedetti has found that associated with placebo effects, or conversely nocebo effects, are the rituals of the therapeutic act, because those factors present in the encounter of the patient with the physician and setting have bearing on the outcome (2011, p. 49). Psychological aspects as well as the biological aspects of the disease are key components to be considered. Benedetti’s neuroimaging studies, particularly on pain, and placebo effects can be further investigated in his books Placebo Effects: Understanding the Mechanisms in Health and Disease (2009) and The Patient’s Brain: The Neuroscience Behind the Doctor-Patient Relationship (2011).

Addressing the “confluence of science with the contemplative traditions,” Kabat-Zin and Davidson (2011, p. 3) brought together His Holiness the Dalai Lama with prominent scientists who had been studying the effects of meditation on stress, pain, and illness in their conference, “The Science and Clinical Applications of Meditation.” Research studies by professionals as well as knowledgeable individuals in varied disciplines continue to investigate the mind, body, spirit interconnection in terms that span psychological, interpersonal, and physiological realms in the name of science, medicine, religion, faith, well-being, and health, to name a few, in an effort to understand and assist human nature in health and in ill health.
Summary

1. In revisiting the roots of modern Western medicine in the ancient healing practices in the Asclepian tradition today, some physicians and clinicians cited earlier (Benedetti, 2009; Bosnak, 2009; Kearney, 2007; Shapiro & Shapiro, 1997) and others have noted that care of patients should include being in beautiful, natural surroundings where the power of imagination can be accessed after the patient has experienced rituals, relaxation, body cleansing, diet, exercise, and entertainment and is deemed ready to receive the treatments. As medical historians have stated, healing relies on the powers of suggestion, anticipation, and expectancy, which come in the form of an embodied dream where the trusted Asclepius, with his staff with a serpent entwined around it, his dog, and his daughters, appears. Environment (Sternberg, 2009), bodily health, emotional balance (Sternberg, 2001), a trusted physician (Benedetti, 2009), and imagination (Bosnak, 2007) were ingredients for a prognosis and for redirecting ill health to health.

2. The patient’s attitude and beliefs in spiritual guides, acceptance of care by specialized caretakers, and participation in rituals as offering an evocation, as appreciation, and as a form of payment according to means, were part of the healing process (Benedetti, 2009; Bosnak, 2007; Shapiro & Shapiro, 1997).

3. The Hippocratic traditions worked in tandem with Asclepian sanctuaries, although from a more rational, analytical, and observable perspective, which administered treatments and drugs. The oath taken by medical students in ancient times began with, “I swear by Apollo the physician, by Aesculapius, Hygeia and Panacea, and take to witness all the gods, all the goddesses to keep according to my ability and my judgment the following Oath….” (Robin & McCauley, 1995, p. 1422). This oath has
been adapted over time and is still used in part in some medical schools today, with the elimination of references to the gods. It upheld the practices of the physicians, their bond, and their financial obligations to their teachers, without much said about the patient, except “and never do any harm” (1995, p. 1422) to the patient. Robin and McCauley’s (1995) assessment of the period and culture of the time of the Hippocratic oath is that treatment was not extended to a third of the population of the city-states in fourth and fifth century BCE Athens as they were slaves, a valued commodity, but treated by a different group of “doctors.” They note that it seems that slaves, the poor, and women were not treated in the male medical world of that day. They point to references concerning women, who did not have a vote, as those taking the oath swore “nor to give a woman an instrument to procure abortion,” and

In every house where I come, I will enter only for the good of my patients, keeping myself from all intentional ill-doing and all seduction, and especially from the pleasures of love with women or with men, be they free or slaves. (Robin & McCauley, 1995, p. 1423)

Further research could be done to learn about women’s health historically. This researcher presumes that primarily, women physicians took care of women and children.

4. By adding back into scientific medicine the element of a patient’s belief system, learning, and life experiences, it became possible to consider the health of the whole person (Kearney, 2007) once again, and not focus solely on the disease. The question of hope came into the discussion and was defined by Price as having two implicit factors within its understanding (Harrington, 1997, p. 222). He noted one factor as desire—wanting something to happen—and a second as expectancy. Hope then could
embody aspects of faith and what is now referred to as the therapeutic effect. Benedetti’s studies (2009) found that some patients who received the placebo or inert substance, but were told and believed they were receiving the active drug, needed far less medication than others and experienced less pain. Therapeutic treatments, such as the doctor-patient interaction and psychotherapies, have been seen as placebos in current thinking.

5. The expansion of the sense of the terms *placebo* and *placebo effect* beyond medical terminology and into the sociocultural realm has been considered by many scholars and physicians, who have contributed their ideas of symbolic influences, personal meaning, feelings of hope, expectancy, desire, and trusted relationships in the service of well-being and health.

In conclusion, Scarry (Harrington, 1997) and others have noted that the positive accounts of placebo effects in outcomes, as studies confirm, beg the question of how personal resources, given their sociocultural context, come to bear on health and how they can be fostered for well-being. Although studies in the creative arts suggest a strong relationship to placebo and placebo effects, in the sense of a positive therapeutic intervention, it is difficult to account specifically for measurable positive results except by self-reports. Future studies could identify placebo variables such as those found here and beyond: personal beliefs, psychological experiences, and learned behaviors that could be considered in treatment plans for increased quality of life and healing of the whole person, particularly after major illness.

**Creativity**

Throughout cultural and medical history, there has been a connection between artistic creativity and health. The literature on the relationship of creativity and health
suggests that creative individuals and their works have since ancient times been investigated with awe and curiosity as to the source and sustainability of “special talent.” In modern times, such theories and practices have been found in the specialized fields of medical, psychological, philosophical, religious, and cultural practice, thought, discourse, research, and belief. Psychologists have studied the power of the imagination in the United States in the past 60 years; some of these have focused their theories on personality traits. More-recent medical literature on the traditional concept of placebos and placebo effects having to do with the personal beliefs of the patient and physician, for one example, has engendered interdisciplinary discussions among scholars and clinicians.

**Historical Roots of Creative Imagination in Western Culture**

Engagement with the imagination has criss-crossed many fields of endeavor and belief systems throughout the ages. In Western culture, the Greeks of Plato’s and, later, Aristotle’s time traced creative inspiration to divine sources personified in the gods and goddesses. The nine daughters of Zeus, the Muses, were the avenues to various beyond-ordinary domains of creative ideas and practices that could be directed and “breathed into” (Weisberg, 2006, p. 90) mortals who would be transformed by inspiration, not from their own thoughts, but from those of the gods. Richard Kearney (1998) accounts for a historically negative Western perception of the imagination, rooted in two sources based on fear of self-knowledge and emotion, that could be traced to sources of philosophical thought that stem back to the Greeks and later Christian beliefs. The Greeks felt that the elusive power of self-awareness and agency was symbolized in the gift of fire given to humanity by the god Prometheus, who was forever tortured for so doing. The second source, the biblical story, cast the gift of knowledge in the light of evil: Eve’s offering of
her new power of insight, symbolized by the apple, to Adam, causes them to be expelled from paradise. Both of these “founding narratives of Western culture” (1998, p. 2) tapped into the mystery of divine knowing, which is seen as beyond human or mortal abilities. Gaining access to something that was seen as much more than human was transmitted with a heavy price. Kearney (1998) sees the biblical reference as setting up the identification of the imagination with dualistic, oppositional thinking: good and evil, right and wrong. He concludes that this temporal context for good and evil opened an opportunity to creatively imagine a past and a future full of multiple meanings and projections. He interprets Plato as one who warned against the fabrication of images, which were only replicas of what was real, and therefore imitations of what was in the realm of the gods, into which man attempted to elevate himself by his vanity. Aristotle continued to suspect imagination, although, according to Kearney, he did recognize the value of imagery in assisting thoughts, which could go to the past and the future (1998, pp. 1–3). To carry this further, Kearney’s account of Western philosophers notes a turning from a suspicion of creative imagination to a revisionist theory of presence versus absence in which one could imagine the other or lack thereof. He explores the ideas of an ideal and the infinite as emerging from reality in modern philosophical thought in the 20th century. Kearney (1998) traces this shift from Husserl’s (1859–1938) method of phenomenological inquiry, which changed from a viewpoint in which suspicious limitations separated subject and object to one in which experienced phenomena connected the subject to the world though imagination (p. 19). Kearney notes that some thinkers had embraced this freed creativity by way of the imagination, which opened it to varied possibilities and not perception (1998, p. 22), while others critiqued it and negated
hope and possibility. Husserl’s reassessment of imagination as a conscious, intentional force, which did not simply copy reality, but was original, dynamic, varied (1998, p. 27), and intuitive (1998, p. 35), presented a picture that was not simply factual and static, but alive with meaningful intention. Merleau-Ponty (1908–1961), a student of Husserl, emphasizes “the body as the vehicle of being in the world, and having a body is, for a living creature, to be interwoven in a definite environment, to identify oneself with certain projects and be continually committed to them” (Merleau-Ponty, 1945, p. 94). He says, “I am conscious of the world through the medium of my body” (1945, p. 95), and elaborates on the sensory aspects of knowing as well as the visual perceptions. Thus, Merleau-Ponty notes the interrelatedness of seeing with what is seen in the context of the moment in his book *Phenomenology of Perception*, first published in French in 1945 and translated into English in 1962.

**Modern Creativity Theory: A Psychological Perspective**

The scientist and mathematician Henri Poincaré (1854–1912), through phenomenological research on his own creative process, proposed that “illuminations” or “Aha! Experiences” (Weisberg, 2006, p. 93), the sudden eruptions into conscious thinking when one is not engaged in the actual process of attempting to find a solution or solve a problem, must come during a stage of “unconscious incubation” (2006, p. 93). According to Weisberg (2006), Poincaré’s view of unconscious processing was in contrast to the Freudian view based on a kind of pathology that placed creativity in the realm of conflicts that were unresolved and early traumatic needs that were denied and would unconsciously dictate the artist’s subject matter, preoccupation, and presentation of it (2006, pp. 92–93). Poincaré saw the possibility of multiple thought processes going
on simultaneously, some conscious and some unconscious. Weisberg identifies this in contemporary terminology as “parallel processing” (2006, p. 95), as opposed to, but not without consideration of, Freud’s view of “primary process thinking,” which he associates with creativity and the “associative unconscious” (2006, p. 95).

Influenced by Poincaré (1913), Wallas (1926) proposes in The Art of Thought four stages of a “continuous process” (Vernon, 1970, p. 91) of bringing a new thought, invention, or literary expression to fruition. He relates his theory to Helmholtz’s 1891 talk in which he described his creative thought process. Wallas (1926) envisions the first stage as one of “Preparation” and quotes Helmholtz as saying that the situation was “investigated . . . in all directions” (Vernon, 1970, p. 91). Wallas (1926) sees this as bringing one’s extended history of “intellectual education,” “observation,” and “memory” (Vernon, 1970, p. 92) to bear on the problem. This period was followed by the second, which he named “Incubation,” in which one does not consciously study or think of the problem at hand and thinks of another, perhaps, or simply relaxes. A third stage, “Illumination,” was proposed, and Wallas (1926) again quotes Helmholtz’s phrase “happy ideas come unexpectedly without effort like an inspiration” (Vernon, 1970, p. 91) to source his theory. Wallas emphasizes that the moment of knowing or “flash” is based on “the culmination of a successful train of association, which may have lasted for an appreciable time, and which has probably been preceded by a series of tentative and unsuccessful trains” (Vernon, 1970, p. 96). He acknowledges William James’s concept of “fringe” (Vernon, 1970, p. 96) or peripheral consciousness in what he terms “fringe consciousness” (Vernon, 1970, p. 96), referring to thoughts that are around and may continue after successful or unsuccessful culminations. Wallas (1926) introduces the term
“intimation” (Vernon, 1970, p. 97) to give notice to a sense of anticipation as the “fringe” associations grow or possibly come into awareness. He adds a fourth stage called “Verification,” which he likens to Poincaré’s work in mathematics as a conscious stage, which refers back to the first, which was conscious as well (Vernon, 1970, p. 94). The stages were viewed as shifting and overlapping, and assumed an educated man.

Weisberg (2006) refers to the challenge Guilford proposed in 1950 to his field when he was president of the American Psychological Association, in which he noted that “creative thinking” (2006, p. 95) had not been sufficiently investigated beyond that of measuring IQ with tests (p. 95). Weisberg describes Guilford’s theory, which he delivered in his talk; it pointed out that certain creative individuals, who needed to be identified, had a particular “sensitivity” (p. 95) and could recognize a problem and proceed to think of solutions to it, whereas others would not see a problem to begin with. Guilford spoke of this as “divergent thinking,” which, Weisberg states, connoted “a type of thinking that diverges from the old and produces novel ideas,” many ideas, from which the best suited for the problem can be selected as in “convergent thinking” (2006, p. 96).

Not only did Guilford develop his own tests to measure the process involved in this type of thinking; he also focused on the personalities of creative individuals. Weisberg (2006) notes that numerous other psychologists were stimulated to devise psychometric research projects as well as develop their own theoretical perspectives, taking into account “confluence—a coming together of factors which are needed for creative production to occur: Creativity requires a person with a particular thinking style, knowledge base, and personality, who is in a particular environment” (p. 97). Notably mentioned and detailed beyond the scope of this investigation are Amabile (1983, 1996), Simonton (1999), and

Research by some psychologists after World War II and since the 1950s in the United States has focused on empirically based scientific investigations using tests and questionnaires, measuring variables and engaging creative individuals as participants for the purpose of prediction and generalization of results to the larger public. Several perspectives have been added to the literature suggesting a search for approaches that might inform psychotherapy practice. Weisberg (2006) points to the notion of creative thinking that was outside the ordinary individual as the root of today’s continued interest in creativity investigations in four areas of study: divergent as opposed to convergent thinking, unconscious as opposed to conscious thinking, intuitive as opposed to logical thinking, and pathological as opposed to normal thinking (pp. 91–96). Research records seemed to reflect an emphasis on empirically based scientific investigation, which created a demand for objective measures of inquiry seeking to predict certain conditions and apply information in a variety of practical, occupational, and educational arenas. Many questions about the nature of creativity and the creative process stimulated the devising of questionnaires and tests, which attempted to tease out and correlate variables in individuals that might be relevant for the public as well as have professional application. A strain, a separation, a competition, or perhaps differences in perspective also seemed to be present as different fields of inquiry developed theories (and some practices).

An overview of psychotherapy by R. K. Sawyer points to research on the nature of creativity that was conducted mostly by psychologists in the 1950s through the 1970s and centered primarily on personality and psychometric measurements, although this trend shifted in the 1970s and 1980s to one more concerned with “process” and a
“process approach” (2003, p. 5). Sawyer’s perspective takes into account earlier developmental theories of Piaget and views these as relevant, yet is adapted to more-current theory on process approaches that consider the sociocultural context and domain of knowledge. To follow Sawyer’s evolution, several centers in the United States, including some in California, Illinois, and Boston, did research and considerable studies on the nature of creativity, starting with individuals and considering variables and social context. At the University of California at Berkeley, Frank Barron and colleagues came up with a novel method they called “holistic assessment,” which involved interviews, group exchanges, tests, and “experiments” with creative individuals of note (Barron et al., 1997, p. 2). Barron notes that, surprisingly, the self-consciousness of being creative was not really written about by creative individuals, with few exceptions, until the end of the 19th century, when there was a “general movement of mind that we now refer to as the discovery of the unconscious” (1997, p. 7). Accordingly, he sees the 20th century as an elaboration of the interest in the creative process as a defined endeavor. He states, “It is no exaggeration at all to say that creativity is the key to a more advanced humanity, a key to the realization of human potential and the control of human destructiveness” (1997, p. 1). He observes that 20th-century Europe began with “a vast movement of mind, a revolution of manners and means as well as consciousness” (1997, p. 8). Freud and Jung investigated the concept of the unconscious in psychoanalysis and depth psychology. Simply put, Barron states that Freud (1856–1939) fixated his thoughts on the personal sexual repression of early conflicts, while Jung (1875–1961) extended his thoughts from drive theory to an unconscious that was personal as well as collective and included archetypal images. Barron notes their acknowledgment of the “threat of the shadow in
science and technology (which was) only dimly aware of its negative potentials”; this, he feels, was a “radical critique of Western culture” (1997, p. 8). He illustrates that period of rapid change with the simultaneous inventions that embodied speed and altered a sense of place and time: the fast train, Einstein’s theory of relativity, the Wright Brothers’ flight, and Henry Ford’s cars. The fascination with human consciousness as well as unconsciousness brought creativity into focus, with a new emphasis on the unknown (1997, p. 1). Barron asserts that creativity has throughout human history been the “key that opens many doors . . . [which] . . . can produce a change for the better in a wide variety of human activities, ranging from the spiritual to the material, the altruistic to the personal, the practical to the idealistic” (1997, p. 1).

Barron’s work in the 1950s gave him a perspective on creativity as his group of psychologists studied and assessed creative people. The juxtaposition of those doing the questioning and the assessments of this specific group of individuals raised a question for Barron: which side was he on? He decided to perform the assessment on himself, to the amazement of his colleagues. This experience led to Barron’s writing for the first time a story, which gave him an experience of the creative process that took him “to the depths of the self” (1997, p. 3) and perhaps on the creative “quest for meaning” (1997, p. 2). He alludes to superficiality and excessive control, which were seen as on the other side of letting go in the creative realm. In looking back on the unique research that he and fellow researchers did at Berkeley in the 1960s (1963, 1972), which entailed interviewing creative people, Barron recognizes that this early study was novel, and perhaps an attempt to enter the realm some consider “sacred matter” with measurement, analysis, and maybe even “philistine and vulgar scientific-psychological curiosity”
(1997, p. 5). He notes that this had not been done, nor had it been attempted since. In retrospect he feels that coming into contact with living or creative people in history, and across fields, enhances one’s own creativity (1997, p. 6).

In his co-edited book *Creators on Creating* (Barron et al., 1997), Barron reviews his psychological inquiry by addressing the questions and findings that encompass the relationship of creativity to intelligence, motivation and personality traits of creative people, genetic links, connections with mental stability, gender differences, age differences, uses of creativity, and environmental factors that influence creativity. The one theme he finds to be overriding in these personal accounts is that of freedom. He interprets this first as “a balance of inner constraint and abandon, an openness to movement and action of mind, spirit, and emotion” (1997, p. 20). Next comes the importance of a personal physical space to create that is unrestricted, silent or not. Third is a free society, one that does not dictate or control creative endeavors or process and allows for collaborative, nonjudgmental expression. Finally, Barron finds that free will and the freedom to create are essential; he elaborates, “We are created free; we must create to be free. We should be free to create” (1997, p. 21).

Sinnott (1959) emphasizes “the great gift of imagination” as “the most distinctive trait” in human history (Vernon, 1970, p. 108), whether it is conscious, as in living a creative life in the environment based on “subjective experience” (Vernon, 1970, p. 107), which is not random but selected (Vernon, 1970, p. 111), or influenced by the unconscious and involved in the “inner world” (Vernon, 1970, p. 107). He sees that beyond reason, there must have evolved in humans the capacity of the mind to imagine something that was “not yet experienced” or “seen” (Vernon, 1970, p. 108). He states that
“life itself is the creative process by virtue of its organizing, pattern-forming, questing 
quality, its most distinctive character. . . . Imagination . . . is simply the basic formative 

Another psychologist concerned with fostering creativity as an essential element 
to “survival” in the culture (Vernon, 1970, pp. 138, 151) was Carl Rogers, as evidenced 
in his article “Toward a Theory of Creativity” (1954). He saw the “dearth of creativity” 
(Vernon, 1970, p. 137) and a tendency toward “conformity” (Vernon, 1970, p. 138) in 
educational, industrial, scientific, and personal areas of society. Rogers wrote:

In a time when knowledge, constructive and destructive, is advancing by the most 
incredible leaps and bounds into a fantastic atomic age, genuinely creative 
adaptation seems to represent the only possibility that man can keep abreast of the 
kaleidoscopic change in his world. . . . Unless individuals, groups and nations can 
imagine, construct, and creatively revise new ways of relating to these complex 
changes, the lights will go out. Unless man can make new and original 
adaptations to his environment as rapidly as his science can change the 
environment our culture will perish. Not only individual maladjustment and group 
tensions but also international annihilation will be the price we pay for a lack of 
creativity. (Vernon, 1970, p. 138)

Rogers (1954) considered himself not only a psychologist but also a scientist, and 
devised a theoretical position that investigated aspects of the creative process that he saw 
as necessarily producing observable products or works, “novel constructions” (Vernon, 
1970, p. 139), which were reflections of the creative person in interaction with the 
materials. Rogers looked further into the environmental conditions needed for creativity
to be possible and to foster growth. Rogers’s humanistic concerns led him to reassess the “power over” medical and psychoanalytical model of that time and develop his own therapeutic model, which was first called client-centered therapy in 1951 (Messer & Wachtel, 1997, pp. 100–101) and later changed to person-centered psychotherapy (Rogers, 1977). His relational approach, in which the therapist helped the client grow with positive support that engendered empowerment in the client, shifted the view of the therapeutic alliance. Years later, Rogers’s daughter, Natalie Rogers, who worked with her father until his death, was to extend his philosophical perspective into expressive therapy in clinical work. In her book The Creative Connection (1993), Rogers puts forth an active therapy that encompasses person-centered psychotherapy along with engaging the creative process that aims at self-discovery and transformation that is healing.

Eugene Gendlin worked with Rogers, first as a student and later as a colleague (Messer & Wachtel, 1997, p. 101), trying to test if and how various psychotherapy approaches worked, and, if they did, what was it that made for success with some patients and failure with others (Gendlin, 1978, pp. 3–9). They found that if change occurred, it came from within the patients themselves and not from various techniques of the therapist or what was actually said in sessions. From their research, they found that they were able to predict success in therapy, a positive change in the first or second sessions due to the clients’ ability to “sense themselves inwardly” (Gendlin, 1978, p. 5), which was significantly different from what they had hypothesized. They had thought they would find that by helping a client get in touch with feelings and become therapeutically knowledgeable, this would lead to change. The surprising findings initiated more research and the development of a skill that they could teach the client. Clients would be
able to use this new skill for themselves. Gendlin calls this “focusing” and defines it as an act that brings an inner-body knowing or “shift” (1978, p. 7), which came to be called the “felt sense” (1978, p. 7). Because clients had the resources within themselves, although these were not being used, the therapist was no longer seen as the authoritative teacher, but more as the listener who could help guide feelings into deeper places felt within the body. The awareness of emotion in the body shifted movement forward, which in turn encouraged the client to become unstuck. Gendlin and colleagues were attempting to change traditional therapy to one that focused on the strengths of the client, and could not only lead the way to positive resolution for individuals, but be applied to student groups as well as other groups in the community (1978, p. 9).

In addition to the client-centered approach, Messer and Wachtel (1997) make mention of significant contributions in the humanistic tradition by Fritz Perls with the development of Gestalt therapy, which brought in “body awareness, direct experience, the importance of encounter, [and] the use of active experimentation” (p. 102), and Rollo May, who was credited with bringing existential philosophical thought to the United States. They note May’s emphasis on the individual, whom he felt was absent in psychoanalytic thinking based on Freudian and even neo-Freudian perspectives (1997, p. 104). These authors point to a fifty-year period of expanded humanistic thinking, which had split off or fallen out of mainstream psychological theory, possibly because of the lack of academic positions available for teaching, training, or conducting research to support theories. The 1960s “counterculture” movement was seen as adopting some of the positive elements of humanistic thought—yet carrying them into uncharted or unmonitored avenues may have undermined solid theory (1997, pp. 113–115). The hope
of these writers was that the core elements of humanistic thought and new developments with a focus on emotions (1997, p. 117), as well as the contributions of Rogers and others, would not be lost. Rogers’s views of bringing empathy and positive regard for the client into the therapeutic session would be areas to be explored by new researchers with these inclinations, in the view of Messer and Wachtel (1997). Indeed, from what this researcher can determine, new courses in “positive psychology” founded by Martin Seligman (2002, 2011) at the University of Pennsylvania seemed to be building on humanistic foundations.

Sawyer (2003) characterizes the 1970s by a theoretical shift with an emphasis on childhood experiences and how they might affect adult professional options and choices. The 1970s and 1980s saw a renewal of interest in the direction of a more cognitively oriented psychology thought of as a process approach, and away from the focus on personality. Creativity was linked with Piaget’s dynamic developmental stages, which were seen as emerging from prior experiences, which are, in Sawyer’s view, both “processes” and part of “complex systems” (2003, p. 5). He considers these in Csikszentmihalyi’s model and others theories (2003, pp. 3–10). Mihaly Csikszentmihalyi has had a history of teaching, researching, and writing as a psychologist in Chicago and California for over forty years. He recounted his early childhood in Europe and his experience with war from ages seven to 10, and his trying to understand why the adults around him did not seem to be able to come to terms with the tragic elements of war even after it was over. He said that he wondered what would make for a “contented, happy life,” and asked the question, “What was it that contributed to a life worth living?” (Csikszentmihalyi, 2004). He went on to say that he explored several avenues such as art
and religion before coming to psychology “by chance”; he was introduced to it by a lecture he happened to hear given by Carl Jung in Zurich. Immigrating to the United States in his twenties, he began a career in psychology and stated that he and his research teams had conducted more than 8,000 interviews, first with artists and scientists and later branching out to other domains. His curiosity about the nature of creativity and its possible transformative effect on traumatic experiences as well as those of daily life took the form of different questionnaires, tests, and interviews, which were administered to “creative people.” Other researchers were interested in questions about creative people and sought answers in intelligence tests, personality tests, genetic history profiles, literature, and the environment; in these ways researchers attempted to decipher and correlate variables about creative individuals for a variety of hypothesized outcomes.

Mihaly Csikszentmihalyi’s impetus for a particular five-year research project started with a suggestion made to him by the president of the Spencer Foundation that “creativity as a process unfolds over a lifetime,” and that this phenomenon needed study (1996, p. vii). His book *Creativity: Flow and the Psychology of Discovery and Invention* (1996) explores firsthand stories of the lives and experiences of 91 creative people, 70% men and 30% women. He notes that women were not equally represented in all domains (1996, p. 14), so he was not able to provide gender equality. His belief that “creativity is a central source of meaning in our lives” (1996, p. 1) is predicated on his view that human history, in its uniqueness, has evolved because of “individual ingenuity that was recognized, rewarded, and transmitted through learning” (1996, p. 2). The author found through his research that if one were captivated by creativity, there was the feeling of being more alive that went beyond, and was greater than, oneself. In historical terms,
Csikszentmihalyi notes that this was for some a shift: instead of attributing creativity to one or many superior beings, as in religions or belief systems, it posited the more-recent concept of men and women being the creators themselves. He views culture as transformed by invention and the demand for new ideas and products.

The real motivation for his long-term investigation of creative individuals, Csikszentmihalyi (1996) says, was to understand the mystery of the process of creativity as it has evolved and try to discover how people come up with novel ideas and products, which are then seized upon, validated by experts in that field, and in turn added to what he terms a “symbolic domain” (p. 6). He devised a systems approach, which was based on the necessary interaction of three elements. An individual alone could not bring about creative change, for recognition by others was a condition necessary for effectual change. Conditions that would foster creativity have historically been found in places where there was a mix of cultural influences and places where it took less effort to survive. A “surplus of attention”—wealth in patronage, visibility, and encouragement (1996, p. 8)—gave opportunity and validation to those creative individuals who seemed able to synthesize areas of knowledge. According to Csikszentmihalyi, cultures over time have become less generalized and more specialized, which, in his systems-theory perspective, has led to the accumulation of knowledge within domains, which determine the rules and ways of operating, and in fields that have “gatekeepers” (1996, p. 29) or experts who can recognize and encourage novel ideas or discoveries within their domains. The creative individual must use the language of, and be immersed in the knowledge of, the domain, in addition to being defined as “someone whose thoughts and actions change a domain, or establish a new domain” (1996, p. 28). This unique creative individual was seen as
different from a person who might be personally creative and experience life in novel or original ways, or someone who has original or different thoughts that might be considered brilliant (1996, pp. 25–27).

Csikszentmihalyi’s theory is concerned with the creative individual who “leaves a trace on the cultural matrix” (1996, p. 27) by being in the context of his or her domain, which, most importantly, must be receptive to new ideas at the time that they are presented. He speculates that, “if creativity is more than personal insight and is cocreated by domains, fields, and persons, then creativity can be constructed, deconstructed, and reconstructed several times over the course of history” (1996, p. 30). This author sees the existence of domains as proof of human creativity, and the knowledge within them, which he describes as symbols that are “extrasomatic” information, as the very essence of culture (1996, p. 37). He does not view these as “chemical codes inscribed in our chromosomes” (1996, p. 37) or genes, but as symbols that have to be learned and passed on with intentionality. These “memes” (1996, p. 41) or units of cultural information he describes as competitive, as were genes, yet they are able to be assimilated as new ideas into the culture. He sees this as a slow process due to its inherently conservative nature. Csikszentmihalyi does write that the arts are somewhat different, as those domains operate without firm rules dictated by past history (1996, p. 44). He notes that artists said that in order to make creative contributions one has to have been looking at the art of the past and knowing what was considered bad or good by critics and other artists (1996, p. 46). Furthermore, he notes that human creativity could be used in the service of humanity or conversely in the destruction of it. He sees the emphasis in science as being on
“immediate practical applications” (1996, p. 11) and on measurable quantifiable results, to the detriment and at the expense perhaps of creativity (1996, p. 40).

A suggestive finding of Csikszentmihalyi’s five-year study (1990–1995), done at the University of Chicago with his students, in which creative people were interviewed about how they find “purpose and enjoyment in the chaos of existence” (1996, p. 19), was that creative people were generally “upbeat and positive” (1996, p. 16), and felt that their work was chosen because of a “calling” (1996, p. 37), and not just a way of making a living. The researchers found that such people often pursued creative endeavors for their own sake, in spite of the lack of monetary reward. Luck was the most frequently mentioned explanation of success by those interviewed who just liked what they did (1996, p. 46). The participants found their creative work full of possibilities for discovery (1996, p. 108), and they wanted to continue it endlessly (1996, p. 106). In contrast, Csikszentmihalyi found that most people seemed to be less motivated and gave into entropy, which seemed to be stronger than a creative challenge (1996, p. 108).

In his study, one area focused on the creative personality, which was determined to be genetically predisposed and was described by at least 10 traits or combinations of opposing tendencies, which could be employed with flexibility in a variety of social situations. Other findings described creative individuals as adaptable, open, curious, and endowed with lots of physical energy, yet with the discretion to seek periods of tranquility and inactivity (1996, pp. 50–73). Being “smart and naïve at the same time” (1996, p. 56) and being able to use convergent as well as divergent thinking with flexibility were some characteristics of creative people. It was also suggested that combinations of qualities such as the ability to be playful, yet determined or irresponsible
as well as responsible, characterized creative people. Furthermore, it was pointed out that creative people were often thought of as original and rebellious, yet Csikszentmihalyi’s definition of a creative person was someone who was well trained in his or her domain, had incorporated the knowledge and rules of it, had access to its gatekeepers, and was somewhat “conservative” (1996, p. 70) and respectful of the history and traditions of its culture. Conservative and passionate were noted as emblematic characteristics of a person who was capable of attachment, yet who could detach in order to take risks. Finally, creative people were found to be able to endure exposure to suffering and pain with sensitivity greater than most people (1996, p. 73). This author references Galvin’s work on creativity as being made up first of anticipation of something others have not thought of and finally of the commitment to follow through on it until it is completed (1996, p. 77).

Csikszentmihalyi’s view of the creative process, which he refers to as a traditional one, is that there are five steps, which seem to refer to earlier thinkers such as Poincaré (1913) and Wallas (1926). Csikszentmihalyi (1996) begins with the preparation period, which is followed by incubation, which opens into insight or the “Aha!” moment (pp. 79–80), and leads to a period of evaluation before the final one of elaboration, which is time consuming. This process is viewed not as linear, but as one with many variations, interruptions, repetitions, overlappings, recurrences, and a range of complexities (1996, p. 83). Also noted is the opportunity, or not, of having access to a domain, and even so, finding problems within the domain. One problem this researcher sees with this theory is that women and women artists, for example, did not have access to these domains until perhaps recently, in times marked by protests in the 1960s and 1970s. Even so, the
concept of gatekeepers was characterized by traditional practices, which were culturally conditioned and not inclusive of or open to women. Csikszentmihalyi (1996) acknowledges this problem with finding participants for his studies who were women and domain significant, and as a result had much higher percentages of men: 70%, as opposed to 30% of women represented in his study on creativity. Barron (Barron et al., 1997) admits to his biases in his book on creators, which includes 14 women out of the 39 participants in his study. From a feminist perspective, one is left to wonder if the information in such studies reflected women’s experiences of creativity. Since domains have not been open to women, how would it be possible for them to move beyond individual or smaller-group influence? If one is not part of the system that is proposed, how can one then make a cultural difference, which is a requirement in several theories that have adopted Csikszentmihalyi’s model? Perhaps the idea of cultural richness, which could include and reflect a broader population, would give a truer voice to the subject of creativity. Other voices have found their own way and influenced their own followings, which appear not to have been measured in a significant manner.

In an earlier book, Flow (1990), as well as in Creativity (1996), Csikszentmihalyi elaborates on his theory of flow in creativity, the enjoyable “optimal experience,” and the nine elements that describe it regardless of the activity that brought it forward (1996, pp. 110–113).

1. There are clear goals every step of the way.
2. There is immediate feedback to one’s actions.
3. There is a balance between challenges and skills.
4. Action and awareness are merged—i.e., concentration is focused.
5. Distractions are excluded from consciousness in the present.

6. There is no worry of failure.

7. Self-consciousness disappears.

8. The sense of time becomes distorted.

9. The activity becomes autotelic instead of the usual goal-oriented, exoteric things in life that we do.

Csikszentmihalyi observes that it was only after the completion of a work, and over time, and when one was “out of the flow state” (1996, p. 123), that the creative person might feel “a rush of well-being” and sense “satisfaction” and happiness (1996, p. 123). He distinguishes this flow state from feelings associated with addictions, which did not lead to creative work (1996, pp. 123–124). Csikszentmihalyi’s systems model defines and applies concepts that speak of culture in the larger sense, although he started his investigation with curiosity about the personalities, the habits, and the messages of creative individuals. He is empathic in his writings toward the artist and others who might get discouraged and “give up” because they found it too “excruciating to wait until critics or galleries take notice and pass judgment on their canvases” (1996, p. 116).

Some of Csikszentmihalyi’s (1990, 1996) ideas concerning artists point to the influence and importance of the surroundings on a creative person. He notes that some artists who drew inspiration from “real life-emotions like love and anxiety, events like birth and death, the horrors of war, and a peaceful afternoon in the country” (1996, p. 85) had different needs than those of a scientist. He views science as a field in which one has to have access to the named experts in order to add to knowledge and become influential. This includes the need for stimulation and knowledge of that culture. He finds it
“fruitless” (1996, p. 147) to try to make a creative difference in a culture without these components, and simply a matter of personal creativity without this. Also, he sees the difficulty if conditions within a domain are not open, receptive, and sensitive to the novelty being presented, as the ideas presented could be lost or shelved, the moment missed. Yet Csikszentmihalyi recognizes that some people who had a background of positive emotional support and experience from family, opportunities, curiosity, and high expectations for themselves did take risks and break traditions. He feels that these are the ones who make our culture human, which is necessary for our very survival (1996, p. 317). In addition, he finds that creative people had also experienced a certain amount of family dysfunction, loneliness, and “marginality,” which he sees as fostering endurance. He finds that creative people have often been exposed to both situations, whereas other people have had only one or the other of these experiences (1996, pp. 326–327). Culture has evolved, and as he states, “the culture is in our hands; the culture we create will determine our fate” (1996, p. 318). He feels that we as people were a threat to each other, and paradoxically “the power to create has always been linked with the power to destroy” (1996, p. 320).

Csikszentmihalyi posits the notion that if we could understand the elements that make for creativity then we could encourage it in our culture by providing training, making opportunities, funding and rewarding projects, and creating the expectation of success. He sees that mentors are needed to encourage, validate, and reward those coming along, and to help find situations in which talent could be used and not discouraged or stifled by reality, lack of opportunity, or financial support. His work has been an exploration of creativity through the reported experiences of those whom he feels have
contributed information on what it takes to be creative, so that information could
stimulate others to become more that way themselves. Although Csikszentmihalyi has
elicited interesting data, written eloquently, and developed a broad systems model of
culture, this researcher sees the need for further study that includes experienced,
professional women and perspectives from other cultures that are now, more than ever,
intermingled with our own changing culture. Research by this and other psychologists
has focused on creativity as an essential element to be identified and fostered for the good
of our society and for the very maintenance of a competitive edge in world politics. Some
have used measurement tools in order to predict and generalize. In addition to these
efforts, sociological approaches have often begun with selecting creative individuals and
attempting to test and question them about themselves and their process. All wanted to
understand the creators, the creative process, and the products that were generated, which
reflected our culture and ourselves.

Summary of Creativity

1. Many historians have noted that there has been a relationship among creativity,
health, and ill health since ancient times (Kearney, 1998; Weisberg, 2006).

2. The Western tradition stemming from the ancient Greeks viewed inspiration and
imagination as divinely inspired by the gods and goddesses and outside the human
realm. Administration in spiritual, psychological ways was included with physical
treatments in which beliefs and emotions were considered relevant to illness and
improving health in ancient times (Shapiro & Shapiro, 1997). A second, later source in
the Western tradition stemmed from Christian beliefs and association with the negative
and suspicious perception and fear of self-knowledge and emotion (Kearney, 1998),
which separated soul from body.

3. A philosophical shift from a negative view of imagination is traced by Kearney (1998) to Husserl’s phenomenological inquiry, which emphasizes human experience in
the real world as being conscious, intentional, dynamic, original, and intuitive. He
recognized experience as commitment; it was seen as meaningful, and related to a
definite environment. Merleau-Ponty (1945), translated from French into English in 1962
by Smith, carried phenomenology further and stated that the individual was “conscious of
the world through the medium of my body” (p. 95), which was a way of knowing in the
world.

4. Poincaré (Weisberg, 2006) and Wallis (1926) (Vernon, 1970) proposed the four
stages of creative expression, which were interrelated, fluid, and continual, as
preparation, incubation, illumination, and verification.

5. Psychologists became interested in studying creativity in the 1950s, after World
War II, moving beyond simple IQ scores and investigating personality traits, divergent
thinking, unconscious thinking, and intuition through various psychometric
measurements (Weisberg, 2006). Sinnott (1959) emphasized imagination as formative,
and selective subjective experience influenced by the unconscious, as the elements in
living life that indicated a creative process.

6. In the 1970s, Sawyer (2003) noted a shift to Piaget’s developmental theories
and focus on process. Rogers (1954) emphasized the need for creativity in society in all
areas, from education to industry to science, as well as in personal life. His client-
centered approach to psychotherapy encouraged patients to participate in their therapy,
thus building on strengths as opposed to dwelling on deficiencies and past history.

Csikszentmihalyi (1996) investigated creative individuals in an attempt to find out how they came up with novel ideas and products that would change a field or domain. His systems approach was based not on an individual alone, but on the interaction of one in a field of knowledge over time, with conditions conducive to creativity, as well as the mix of cultural influences that were ready to accept ideas.

7. All of these investigators seemed to recognize the need in our culture for there to be creative individuals who could come up with novel ideas and a receptive environment in which those might be fostered and survive.

8. For this project, that women and women artists were not included in early research and not in significant numbers in later research—which often was done in universities with students—was an impetus to investigate professional women artists for their views on creativity.

The question that this researcher asked in reviewing and searching in the literature in the areas of medical and creativity histories and studies was, how does creativity relate to health or ill health? The historical context has played a role in defining medical treatments, based on beliefs and politics concerning women. In recent times some studies have found that women have taken a role in understanding and determining the options and opportunities they have in illness. Does their creativity play a role in illness?

**Political and Sociocultural Context for Contemporary Women Artists**

In turning to artistic creativity in a contemporary context, the insistent inclusion of women in social, political, and cultural history was voiced by women themselves in the late 1960s and 1970s in the women’s movement. Although the focus of this inquiry is
women artists and health issues, the sociocultural context necessarily references art in relation to social and political activism as a factor over the past four decades as it shaped and was influential in the opportunities and choices made by participants in this study. Many female art historians took up the challenge put forth by Linda Nochlin in the January 1971 article published in *Art News*, “Why Have There Been No Great Women Artists?” (Nochlin, 1988, p. xiii), in which she turns the question back to examine academic institutions over the past few centuries, noting that they denied access to women, thereby making it impossible for them to learn skills or depict, for example, the human body, which was considered of top value in art at the time. She notes that in spite of this, several women whose fathers had studios were able to learn there and courageously took risks to pursue their art. A great deal has been written from the feminist art historical perspective, which is beyond the scope of this inquiry, but the researcher suggests a few texts that partially cover the period in an art context: Lucy Lippard’s books *From the Center* (1976), *Overlay* (1983), and *The Pink Glass Swan* (1995); Whitney Chadwick’s *Women, Art, and Society* (1990); editors Norma Brode and Mary Garrard’s books *Feminism and Art History: Questioning the Litany* (1982) and *The Power of Feminist Art: The American Movement of the 1970s, History and Impact* (1994), and more recently, their edited book *Reclaiming Female Agency: Feminist Art History After Postmodernism* (2005); and Eleanor Heartney, Helaine Posner, Nancy Princenthal, and Sue Scott, *After the Revolution: Women Who Transformed Contemporary Art* (2013).

The documentary film *!Women Art Revolution* (2010) by one of the feminist artists of the 1970s, Lynn Hershman-Leeson, chronicles the sociopolitical times of unrest
of the period characterized by war protests, civil rights protests, and the women’s rights movement. Her interviews with women artists four decades later provide archival and insightful histories as well as views of gains, changes, and attitudes that were reviewed in reflection. In addition, the Museum of Contemporary Art in Los Angeles published *WACK! Art and the Feminist Revolution* (2007), which documents the art in the exhibition organized by Cornelia Butler, which traveled to Washington, New York, and Canada. At the suggestion and support of artist/philanthropist Sarah Peter, in 2005 the Museum of Modern Art established the Modern Women’s Fund (Butler and Schwartz, 2010, p. 10), which resulted in the publication of *Modern Women: Women Artists at the Museum of Modern Art* as well as several lectures and exhibitions devoted to women artists in the collection. West Coast women artists Judy Chicago and Miriam Shapiro became politically active, and in the 1970s the first classes on women artists, followed by collaborative art projects, gained momentum. In Washington, DC, a conference at the Corcoran Gallery of Art in 1972 for women in the visual arts acted as a gathering for women from around the country and raised awareness of women’s issues in the art world and beyond. By 1984 the Guerrilla Girls had formed in New York; this was an anonymous group of women artists who began researching and documenting facts about the lack of women artists represented in museums and galleries, which they mysteriously and humorously presented in posters and publications such as: *Confessions of the Guerrilla Girls* (The Guerrilla Girls (whoever they are), 1995) and *The Guerilla Girls’ Bedside Companion of the History of Western Art* (The Guerrilla Girls, 1998). From their website the researcher gained information about their history and the books they have published, with links to interviews and a video presentation from a conference, *The
Feminist Future: Theory and Practice in the Visual Arts, put on at the Museum of Modern Art in 2007. Two Guerrilla Girls, “Frieda Kahlo” and “Kathe Kollwitz,” gave a presentation in which one cited that they “used facts, humor, and outrageous visuals to expose sexism, racism, and corruption in the art world and then, also in the world of politics, film, and popular culture” (Museum of Modern Art, 2007, video). The Guerrilla Girls stated that they chose names for themselves that represented mostly forgotten and unmentioned women artists in history and also acted to empower them. They and women writers addressed the political issues as the personal became political, and also recognized that women artists were not well represented in museum shows, exhibitions, and art texts.

Although health, except abortion rights, was not an early political issue in the women’s movement, possibly because ill health was kept private and the artists were young and the issues were different, the model of speaking out for community support and public awareness had been tried and somewhat established for those involved. Certainly the work and life of artists Frieda Kahlo, who depicted her medical history in her self-portraits, and Eva Hesse, who died early of a brain tumor, were well known in the art world and are often cited in relation to tragic health issues. Other women such as Nancy Graves, who also died quickly from a brain tumor, Nancy Spero, who bravely lived for years with a debilitating illness and adapted her work so as to continue with assistants, and those not known to the researcher whose illnesses many not have been publicized, did not specifically depict their illness in their work. Since that time many have spoken out, and several artists have used their art as a way of making known their condition. In taking their breast cancer public in their artwork, two artists in particular
stand out. Hollis Sigler’s activist paintings, and her book *Breast Cancer Journal* (1999), brought forth a taboo subject, breast cancer, in her personal commentary on her illness with autobiographical paintings that included her words in the images, in the spacers between the frames and the images, and on the frames. In her writing she notes that the 1970s pointed to a need of hers as echoed by other women artists “to express emotions as the content of their art”; “What happens on a personal level was considered valid as a source for making art . . . [that] was counter to the intellectually driven, male-dominated art world” (1999, p. 19). Although she says that she wanted to depict her emotions in her art, she wanted her reasons to be silent so as not to seem self-indulgent and to allow the viewer to have his or her own dialogue with the work. When she was diagnosed a second time with recurrent breast cancer, Sigler states, her thoughts and her silence shifted, and she directly began to put her research on cancer and its statistics in and on the frames or spacers that surrounded her images of personal memories and experiences. She refers to her spontaneous drawings done in one sitting in order to retain the emotional intensity of the moment, and paintings that started as drawings and took longer to realize, as “visual poems” (1999, p. 21). She recounts the experience of showing three of the earliest drawings to her dealer, who invited women collectors to a private showing, and being aware to her surprise of their discomfort with the content, even though some of the women had had breast cancer themselves (1999, p. 20). She states:

> Cancer was still a taboo subject. I began to appreciate the politics of breast cancer medicine, dominated by male culture, effected a closeting of women’s illnesses by not including women in trial studies, nor focusing much attention on women’s illness in general. This closeting of women’s experience had the effect of
increasing women’s sense of humiliation about their bodies; the loss of one’s breast(s) jeopardizes a women’s sense of femininity and excluded her from feeling normal. (1999, pp. 20–21)

Sigler writes about the metaphorical images in her paintings, the “vanity” table, “the Lady,” and “the dead and broken tree” (1999, p. 21), as being some of the same ones she had used before her cancer diagnosis, yet she notes they had different meanings as they spontaneously appeared. The implied Lady, occasionally seen as a shadow, she says may have symbolized her mother, who died of breast cancer and was depicted as trying to repair the tree by reattaching the branches. It is a fruitless gesture on her part, for it will never again be a living tree, The dead tree is the self before cancer, The Lady is struggling with irreversible life changes. (1999, p. 21)

Sigler’s research, study, and readings in The Tibetan Book of the Living and Dying by Sogyal Rinpoche and Audre Lorde’s The Cancer Journals revealed to her the illusion of permanence, as she then understood

the temporality of everything, even death. This viewpoint was refreshing. I was comforted to see myself as passing through this life on a visit—perhaps not making all the stops I wanted, but trying hard to take in as much as possible along the way. . . . Just being alive was amazing. . . . Today, I can say that I am really quite happy, even living with a diagnosis of cancer. . . . I feel a satisfaction with my life. I take advantage of opportunities in the present. . . . Now I choose enjoyment, especially of the simple things, without guilt. This is the good news, or one of the blessings of my situation. I have no choice but to live as fully as I can in the present. (1999, p. 22)
Sigler continued to teach, noting that she needed her health insurance, but gradually became more of an activist as her cancer reoccurred and as she recognized that breast cancer was a silent epidemic. Her research told her that in the United States, from 1981 to 1994, there were more than twice as many women who died of breast cancer (620,000) than people who died from AIDS (270,000). . . . National Institutes of Health (NIH) statistics tell us that during that time period approximately ten times more money was spent on AIDS research than on research for breast cancer. An epidemic was raging, but nobody talked about it. (1999, pp. 25–26)

Sigler avidly researched breast cancer and resolved to make facts known through her work, which she says had become explicitly about her disease. She says, “I was determined to make something good come out of a situation that was not good. On the wall of deadly silence about disease, I aimed to hang my Breast Cancer Journal. This work was an outcry” (1999, p. 26). She writes of starting to show this work in California in 1992 even though her dealer was initially “shocked by the work” (1999, p. 26); the dealer organized panel discussions and got in contact with the cancer center at the local hospital. Publicity in a major magazine gradually raised awareness of the work, which became a visual symbol of advocacy for breast cancer. An exhibition by Susan Sterling, the curator of the National Museum of Women in the Arts in Washington, DC, provided a platform for national coverage, funding from major sources, and a large audience of supporters at the exhibition. Sigler writes that she no longer felt “isolated. . . . My work, in a way that seemed miraculous, had connected me with a large group of humanity” (1999, p. 28). Following this event, she went with members of the National Breast Cancer
Coalition to the White House who presented 2.6 million names on a petition urging more national support for breast cancer. Sigler writes about this in her journal and notes that these efforts resulted in an increase for breast cancer research “from 95 million dollars to 400 million” (1999, p. 26). Clearly energized by this involvement with others and those with a cancer diagnosis and new promising research, Hollis Sigler writes:

> Hope is out there waiting for us to find her. . . . My thoughts are about hope. I think about how to heal myself. I would like a cure, but healing and curing are two different objectives, for to heal is to reconcile myself to my situation. A cure is to be free from the disease. I want both, of course. But I can actively effect a healing more than I can a cure. I can feel whole again, complete. In healing, I restore my mind, body, and spirit to each other. That is where I find faith. (1999, p. 32)

Clearly, this artist found a way to communicate the story of her life and illness through personal images and words as well as by her presence at her exhibitions. Her initiative and courage in making public her visual diaries about her disease and that of her mother and grandmother were moving and meaningful to this researcher, who spoke with her and witnessed her remarkable images and learned of her recurrent cancer at that opening years ago.

Quite different from Sigler’s colorful, symbolic paintings are the photographic images of Hannah Wilke, a prominent New York artist who poignantly documented herself with her mother, who had breast cancer, both bare-chested, years before she herself was diagnosed with the same cancer. Known for her striking beauty and early provocative works, which challenged the audience in their references to the female body,
Wilke chronicled her illness and declining health in her hospital room in direct frontal photographs. Unveiled, she posed showing the harsh effects of treatment and the course of her deadly disease. The audience witnessed her struggle and observed the details of the devastating destruction of her body.

The researcher found references to Hollis Sigler and Hannah Wilke as well as many other male and female artists throughout history who had had major illnesses or accidents, which Toby Zausner (2006) describes as “transforming” their illness and often their art in her book *When Walls Become Doorways*. Noting many artists who may have been affected by choices of materials or the environment, she relates Elizabeth Murray’s lung cancer and possible connection with smoking and toxic matter residue from 9/11 with her difficulty, for example, recognizing colors when cancer had metastasized to the brain (2006, p. 201). Zausner, herself an artist and a cancer survivor, states that in her view “artists will fight illness with creativity” (2006, p. 202), and in writing about others like herself who went on when possible and in spite of a life-altering illness she feels less alone (2006, p. vii). She calls cancer the “most dreaded diagnosis. Yet, 10 million people are alive today after having had cancer, and the number is growing” (2006, p. 189). She writes of artist Nancy Fried, who survived four primary cancers and changed her medium and worked in clay to depict her physical and emotional realities in sculptural torso forms. Fried’s gallery showing of 1987 was supported by her dealer and reached out in positive ways to others who were ill (2006, pp. 192–193). Also mentioned is the Swedish artist Anne Thulin, working in New York, who after cancer began making inflatable sculptures that simulated breathing and being alive (2006, p. 194), and Martha Jane Bradford, who began for the first time using the computer and electronic palette and
stylus because she could no longer for a time do large paintings (2006, p. 196). Zausner’s research led to the broad inclusion of other illnesses that were brought to the forefront in childhood and spurred creativity, and learning problems but also physical problems related to deafness, vision impairment, paralysis, or war injury that stimulated resourcefulness and finding avenues of communication in creative arts.

The *New York Times Magazine* heralded breast-cancer activism in 1993 when the cover featured a bold self-portrait photograph by the artist/model Matuschka, in which she revealed her mastectomy scar. This was reported in one of the few journal articles (if not the only one) found by the researcher about a living woman artist and physical illness (Peterson, 2004).

**Women’s Health and Ill Health: Focus on Cancer**

Women’s health has focused on cancer as the second leading cause of death in women and breast cancer in particular as it has been in evidence throughout medical history and affected millions of women worldwide (Ekmektzoglou, Xanthos, Germans & Zografos, 2009; Zausner, 2006; Olson, 2002). The origin of the word *cancer* has been suggested to date to the time of Hippocrates, who noted the physical attributes of the disease as resembling the multiple legs of the crab (Dreifuss-Kattan, 1990, p. 1), further indicating its existence in ancient times. At the beginning of the 21st century, the acknowledged treatment advances in medical science, especially in cancer, have added to longevity (Centers for Disease Control and Prevention, 2009), thus fostering the implementation and use of adjunctive and integrative therapies with and after medical treatment. Therapies that assist patients with psychological adjustments to the impact of medical treatments, including a philosophical reevaluation of life in addition to the
medical diagnosis, have been used by patients and increasingly included with treatment in medical and community settings. In the United States, the lifetime probability of developing cancer for women in all physical sites is one in three, according to the American Cancer Society (ACS). Of new cancers anticipated in 2009, breast cancer was estimated to be the most frequent diagnosis in women at 27% (Brawley, 2009). Although there had been little change from 1930 to 1990 in the number of deaths from breast cancer, the numbers decreased between 1990 and 2009, which was attributed to increased use of mammograms and less use of postmenopausal hormones, even though there was an increase in 2006, which was attributed to growth in the U.S. population and the aging factor (ACS, 2009). Statistics have indicated that the incidence of breast cancer, diagnosed at the mean age of 61, and cancer of the ovary, diagnosed at the mean age of 63, are higher in white women than in other races, although the death rate varies with ethnicity (National Cancer Institute, 2006). The survival rate for all cancers combined since 1970 is greater, which is attributed to earlier detection and advances in treatments. The five-year relative survival rate for localized breast cancer is 98% and for all stages combined is 89% (ACS, 2009).

While medical minds, practices, and studies grapple with the biological and physical aspects of this multidimensional disease and focus on its origins, characteristics, prevention, and factual realities, studies on the psychological impact of a cancer diagnosis and its sequelae have over the last several decades become more numerous due to longevity, patients’ initiatives, and interest within the social sciences. This range of concerns and issues, particularly the need for continued care, is addressed in the following studies. Many researchers have looked for causality and described risk factors
such as hereditary predisposition, biology, or recently the use of hormone replacement therapy. However, Aydin (2008) refers to a study in the United States by Madigan, Zeigler, Benichou, Byne, and Hoover (1995), which stated that only 49% of the cases of breast cancer can be linked to known causes. Known and unknown factors alike foster psychological uncertainty with the reevaluation of life in the face of a life-threatening or chronic illness. Cancers that specifically affect women bring to the forefront women’s development and their particular ways of experiencing and being in the world. Literature from writers, researchers, and teachers associated with the Wellesley Centers for Women grew out of the work of Jean Baker Miller, MD (1986), and colleagues, who identified women’s psychological development as that of connection to others and growth occurring through relationships, as opposed to the cultural norm of individual growth through solitary endeavors (Hartling, 2008; Jordan, 2003; Reid-Cunningham, Snyder-Grant, Stein, Tyson & Halen, 1999). The relational model, now referred to as the Relational Cultural Model (RCM), that these thinkers named, identified, and brought into sociocultural awareness became relevant, as it still is today, when considering treatment needs of women with major illness.

Increasingly documented are more patient-centered approaches and the use of psychotherapy (MacCormack et al., 2001), mindfulness-based therapy (Antoni et al., 2006; Tacón, Caldera, & Ronaghan, 2004), and the creative arts therapies (Malchiodi, 2004, 2003; Reynolds, 2003; Waller & Sibbett, 2005), among others, as options during and after medical treatment. While some researchers have used qualitative methods of interviewing patients directly and at different stages of treatment (Collie, Bottorff, & Long, 2006; Landmark, Strandmark, & Wahl, 2002; Oster et al., 2006; Oster, Astrom,
Lindh, & Magnusson, 2009; Peterson, 2004; Rager, 2004; Reynolds, Lim, & Prior, 2008), others have used surveys and quantified data from self-reported questionnaires (Janz et al., 2007), and some others have employed mixed methods to obtain information and test their treatments as options. Other clinicians have implemented therapeutic interventions to assist recovery and discern information about the physical and mental conditions of women enduring treatments, which can be ongoing. Women’s experience with cancer has also been viewed and measured by some in terms of quality of life (QOL). Holland (1996) notes that the Food and Drug Administration, which tracks survival rates, recommended QOL or “quality-adjusted life years, or QALYS” assessments with new treatments or chemotherapy, for example, as a secondary criterion (p. 158). Holland further points out that a study from three cancer centers found depression and anxiety to be at a level of stress, in 47% of patients diagnosed with cancer, “equivalent to that seen in true psychiatric disorder” (1996, p. 159). She found many studies that supported group or individual therapy, which helped with symptoms and a sense of “well-being,” “though not with survival” (1996, p. 160). Complementary therapies and approaches can assist with symptoms and offer support, with others or individually, to strengthen one’s own resources. Art therapists’ fundamental belief in the healing possibilities of the art-making process in the presence of an experienced art therapist has been implemented in therapeutic environments over the last few decades as the field has developed professionally and become better known in America, and in particular to cancer patients (Borgmann, 2002; Collie et al., 2006; Elkis-Abuhoff, Gaydos, Goldblatt, Chen, & Rose, 2009; Fenton, 2008; Klagsbrun et al., 2005; Luzzatto, 1998; Luzzatto & Gabriel, 2000; Malchiodi, 2003; Nainis, 2008), abroad (Oster et al., 2006; Reynolds & Prior, 2003), and
particularly in Australia (Zammit, 2001). Investigating the connection between creativity and art as experienced in art-making and the psychological health of women with a cancer diagnosis is the parameter set for this literature review.

**Risk Factors and Special Needs of Women with a Cancer Diagnosis**

There is no question that a serious medical illness, particularly cancer, leaves most women vulnerable and “disconnected” (Reid-Cunningham et al., 1999), so identifying risk factors in an effort to predict and address complex psychological manifestations associated with this disease has been of concern to many different professionals in the healthcare field (Burwell, Templeton, Kennedy, & Zak-Hunter, 2008; Holland, 1996). Family history (Thewes, Meiser, Tucker, & Schnieden, 2003), attachment history (Tacón, 2003), mood disturbance (Von Ah & Kang, 2008), trait anxiety, as in depression and fatigue (De Vries, Van der Steeg, & Roukema, 2009), and traumatic stressors such as divorce or natural disasters are some of the variables that have been associated with emotional vulnerability for some women, which can add to the impact of a medical diagnosis, immediately and ever after (Speechley & Rosenfield, 2001). Studies have found that depression, anxiety, fatigue, stress, and coping with pain often result from treatments in the short term and when chronic conditions persist (De Vries et al., 2009; Lindberg & Wellisch, 2001; Reddick, Nanda, Campbell, Ryman, & Gaston-Johansson, 2005; Wong-Kim & Bloom, 2005). Some studies looked at distress over body image and body changes after treatment (Crooks, 2001; Helms, O’Hea, & Corso, 2008). A few studies have noted the effects of chemotherapy and reported cognitive impairment after treatment for cancer, indicating an area of concern for follow-up care (Mulrooney, 2008).
A widespread incidence of cancer in women can be seen, for example, in over 16 studies in Australia alone that have highlighted the vulnerability of women with family histories of breast cancer as being at risk for psychological distress. Chronic grief at losing a mother or relative, acting as a caretaker, or overestimating the likelihood of contracting the disease were some of the variables taken into account by Thewes et al. (2003). A study from the Netherlands (De Vries et al., 2009) stated that the most common type of cancer in women in Europe was breast cancer, and also investigated trait anxiety in relation to and as a possible predictor of depressive symptoms, along with fatigue, one year after diagnosis. It was suggested that screening patients for their coping skills in stressful situations and offering psychological treatment early could reduce long-term adverse side effects (2009, p. 155). A study in Greece also found engagement with emotionally focused coping skills and encouragement of flexibility to be helpful in reducing stress after surgery and three months later for breast cancer patients (Roussi, Krikeli, Hatzidimitrion, & Koutri, 2007). A quality-care study with this population in Korea found that patients’ involvement in decision making about choice of surgery and care increased their health-related quality of life (Noh et al., 2007). Researchers in New Zealand suggested that psychosocial support in regulation of emotions in the first year could lead to positive adjustment and changes in patients diagnosed with breast cancer (Cameron, Booth, Schlatter, Ziginskas, & Harman, 2006). Similar findings using statistical analysis of questionnaires of women with metastatic breast cancer found improvements in mood and in disease progression that were attributed to supportive-expressive group therapy in France (Lemieux et al., 2007).
Spiegel and Diamond (2001) review many studies that specifically assessed psychological aspects. They reference one showing that 80% of women with breast cancer reported extreme emotional distress in the initial phase of treatment and 20% to 30% still had severe suffering two or more years after medical intervention (2001, p. 216). They note another study that found 46% of women with breast cancer reporting significant psychological distress, and other studies reporting depression, clinical depression, anxiety, psychiatric disorders, and major affective disorders and a 90% increase in observable psychiatric syndromes, particularly when, or if, the threat of continuing or recurrent cancer increased (2001, p. 216). Furthermore, in another study, it was noted that cancer patients had depressive disorders at a rate four times higher than that of the general public. Spiegel and Diamond conclude that, given research findings on the level of need for relief of emotional distress, there is support for using therapeutic interventions, such as psychosocial support for emotional expression, which were found to be beneficial, and the converse: that suppression of them was harmful (Classen, Koopman, Angell, & Spiegel, 1996; Koopman, Hermanson, Diamond, Angell, & Spiegel, 1998, p. 217). After research, their view was that cancer had become more of a chronic illness instead of a terminal disease, and that it necessitated emotional treatment for long-lasting positive effects. It was strongly suggested that included in treatment there should be integrated, structured, supportive psychotherapy with “confidants” (1998, p. 227) available to help patients improve their coping skills in a supportive environment. The setting needed to be socially, psychologically, and medically receptive and sensitive to patients’ needs, as these factors have been shown to be vital, not only to adjustment, but also to the outcome of disease.
A study in Sweden (Smith, Lilja, & Salford, 2002), as well as earlier studies mentioned, investigated the relationship between creativity and prognosis in premenopausal women with breast cancer as it related to aggression or inhibition of aggression. It was found that scoring high in creativity on the Creative Functioning Test correlated with a favorable prognosis in the 59 women, as seen in the rate of tumor growth, lymph node metastasis, and tumor size (2002, p. 157). The positive prognosis correlated with creative openness, flexibility, and acceptance (2002, p. 160) of the patient’s own “aggressive impulses” (2002, p. 157) and led the researchers to assume that suppression of aggressive tendencies might be a negative factor, although it varied with different kinds of breast cancer (2002, p. 157). Contrary to these surprising findings was mention of an earlier study where low to medium scores on creativity tests predicted a better outcome in 70 women with comedo carcinoma, an aggressive form of breast cancer, suggesting that personality profile, higher or lower in creativity, was a covariant with the type of breast cancer. This study was unique in that it tested older women for creativity using different tests and understandings of it than used in much of the literature on creativity in the United States. The study attempted to correlate findings on creativity scores with illness and particular types of breast cancer.

A large study in Italy and the U.K. (Bernardi et al., 2008) reviewed the literature from 1996 to 2006 from several sources on the treatment of breast cancer in older women, as there was controversy about differences in treatment for young women and older women. Older women, 65 and over, who are the vast majority of newly diagnosed breast cancer patients, had not been included in studies in the past and had not been given the same “definitive” care as younger patients (2008, p. 187). Crooks (2001), from a
nursing school in Canada, used grounded theory research to investigate 30 years of quantitative and qualitative research with this same population. Even though the occurrence of breast cancer increased as women got older, she found little published information on the psychological effect of breast cancer on older women and only a few studies that focused on physical disability or social functioning (2001, pp. 99–100). Her qualitative method of interviewing older women offered the participants a way to express their concerns and be heard without fear of being discounted, and gave the researcher a vehicle for gaining new insights that were “contrary to findings in the quantitative literature” (2001, p. 99). The dialogue revealed issues of ageism, lack of full communication with healthcare professionals, and improvements there, as well as an eagerness to be part of their treatment plans. Crooks notes that women had adjusted over time and have again found meaning in life with illness as a factor, but is unclear about how they had come to this. She did not find that any of the quantitative studies had addressed the meaning of the disease with women with a breast cancer diagnosis, possibly because, as she notes, that meaning is dynamic and changes over time (2001, p. 101). In a later study in the U.K., Husain, Collins, Reed, and Wyld (2008) interviewed older women, 40% of them over 70, in order to address women’s attitudes concerning two treatment options for an operable breast cancer that was primary. One involved drugs—for example, tamoxifen—only, a form of primary endocrine therapy (PET), which is the most common treatment for elderly women, and the other option was surgery. The 21 women stated their general satisfaction with both treatments and were more concerned with forfeiting their independence or having their QOL disrupted than with the effectiveness of the treatment. The researchers described the participants as
relying solely and passively on the advice of their doctors, the experts, and noted that doctors needed to be aware of this during consultations with patients that some older women tend to comply (2008, p. 410).

A large study undertaken at the University of Michigan (Janz et al., 2007), funded in part by a grant from federal institutions—the National Cancer Institute, the National Institutes of Health, and the Department of Health and Human Services—surveyed 1,374 women with stage 0–II breast cancer in the United States to determine breast cancer–related symptoms that persist after treatment and their relationship to the women’s quality of life. Cancer incidence data used in the study were drawn from the California Department of Health Services’ statewide program (2007, p. 1348). Researchers found that few studies in the United States had addressed care and persistent emotional stresses in those treated for breast cancer, even though they make up approximately 22% of the almost 10 million of those who have survived cancer (2007, p. 1349). This research found that although attention had been focused on symptoms during treatment, there had been little study of the resumption of family life, work, and social life after the initial phase of treatment (2007, p. 1349). Their survey found that more than half of the women continued to have symptoms ranging from general pain to fatigue, breast discomfort, sleep disturbances, and hot flashes, and that younger women had the worst symptoms (2007, p. 1357). They concluded that there is a need for further therapeutic assistance to address continuing disturbing symptoms with counseling and instruction in self-management skills that could reduce the negative impact of these symptoms and the additional difficulties after cancer treatment that interfere with resumption of life activities, reduce productivity, and increase the costs of healthcare.
Reducing symptoms early on could help with QOL even though continued support is needed as patients use the services offered. Two limitations of this large population-based study were that it included only white and African American women, not other ethnicities, at all sites, and that it did not have baseline statistics on symptoms or QOL assessments before breast cancer diagnosis (2007, pp. 1358–1359).

Many studies mentioned here have identified the variable physical symptoms that persist and result from medical treatment. These conditions add to the psychological adjustments to life that are required by cancer. Emphasis on psychologically oriented treatment to improve QOL generally supports group therapy for women with cancer as a means of gaining information and support, and for addressing body-image issues (Helms et al., 2008), self-identity (Luzzatto & Gabriel, 2000), and larger issues that are common to these women during and after treatment. Collie and Long (2005) used an earlier study by Park and Folkman (1997) as a framework for their work, in which they found that women with breast cancer had particular ways of defining the meaning of their illness and making meaning through an inner process that could be expressed in art or by helping others with breast cancer. In so doing, they regained power and purpose for themselves that could be at odds with societal assumptions about illness and breast cancer, which are specific to each culture (Collie & Long, 2005, p. 847) and have changed over time. For example, Western discourse was reported to have viewed, and may still view, women with breast cancer in terms of male sexual desire, which is disempowering to them (2005, pp. 848–852). These researchers reviewed seven studies in which four significant themes emerged, which eroded the common belief that women with breast cancer focused on their illness, sexuality, or lost or disfigured breasts. They
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did identify, as their new concerns, themes such as confronting difficult emotions and situations, open self-expression, prioritizing concerns, finding strengths and passions, and helping other women in the same situation. Most of these small studies used interviews to gather information directly from women and made a case for recognizing the women’s need to make meaning of their illness, which might engage their personal psychological strengths in the face of authoritative medical procedures and protocols in which they have little control or say (2005, p. 848).

The Trauma of Illness and Possible Posttraumatic Stress Disorder or Posttraumatic Growth

Along with enhanced psychiatric implications following a cancer diagnosis, studies of acute stress disorder and posttraumatic stress disorder (PTSD) have been associated with life-threatening illness (Kangas, Henry, & Bryant, 2004). One study reported that over 94% of patients communicated that the experience of cancer was “the most traumatic event they had ever experienced,” and 13% went on to develop PTSD (Petersen, Bull, Propst, Dettinger, & Detwiler, 2005, p. 41). Narrative-expressive therapy, which offered a choice of art, music, speaking, or writing, was used as a preventive treatment for PTSD and stress by some clinicians with interventions that were verbal as well as nonverbal, because verbal abilities can be impaired after trauma. Sessions were aimed at making meaning with patients, but it was suggested that family members and caregivers could benefit from participation as well because they had been witnesses to trauma, and thus were vulnerable to traumatic stress (2005, p. 45). Considering stress from an intergenerational family perspective, questions of attachment within the family and possibilities of vicarious traumatization were raised by Boyer and Cantor (2005).
They investigated the relationship between women with breast cancer who exhibited symptoms of posttraumatic stress and their daughters’ perception of their own risk of having cancer and their posttraumatic stress symptoms, which resulted from knowing their mothers’ predicament. The daughters’ posttraumatic stress did correlate significantly with their perceived risk score, but not with their getting mammograms (2005, p. 449) or undertaking self-screening behaviors (2005, p. 452).

A few recent studies using qualitative-method interviews have noted that, rather than developing PTSD, some cancer patients have been able to ascribe positive meaning to their cancer experience (Taylor, 2000; Wilkinson & Kitzinger, 2000). Sears, Stanton, and Danoff-Burg (2003) noted several terms, such as benefit finding, positive reappraisal, and posttraumatic growth, that were being used by researchers who assessed patients’ reports of positive change after difficult life situations. However, they found limitations in the lack of consistent methodology and the lack of uniformity in the variety of variables studied. Their study involved interviews and questionnaires with 92 women with early-stage breast cancer, 83% of whom did report at least one benefit from their cancer experience (2003, p. 487). Two studies were found that mentioned spirituality as a component in adjustment to a cancer diagnosis (Romero et al., 2006; Yanez et al., 2009). Quantitative measures were used in two studies by Yanez et al. where questionnaires were mailed to women with breast cancer (N=418) with a mean age of 58.5 shortly after completion of treatment in the first study, and to men and women (N=165) with a mean age of 45.7 with cancers who had completed treatments within four years in the second longitudinal study. Most of the participants were white, married, well educated, and Christian, with Catholics being the largest group (2009, pp. 731–736). In their
investigation of spirituality, researchers identified two factors: meaning in life/having a sense of peace, and faith, as in religion, and measured these with several assessments in relation to and predictive of psychological well-being and adjustment to cancer. Their findings on both studies suggested that having peace and a sense of purpose and meaning in life generally predicted enhanced adjustment after cancer. To their surprise, faith had a mixed relationship to outcomes, if any at all. In one instance in particular, faith was definitively related to “an increase in cancer-related perceived growth” (2009, p. 739). In the first study, an escalation of depressive symptoms and less vitality were predicted when there was a high baseline faith and a low baseline in meaning and peace, yet the researchers found that high scores in faith alone did counterbalance conflicted feelings of punishment or abandonment, even though they predicted an increase in posttraumatic growth (2009, p. 735). The second study included males as well as females and other cancers and found similar results; it offered the suggestion to clinicians that it may be more advantageous to address spirituality in terms of personal meaning rather than in terms of religion with patients to foster peace and adjustment after ill health (2009, p. 740).

Shakespeare-Finch and Copping (2006) also noted that while most of the posttrauma literature focused on the negative aspects of the experience, some survivors did report positive changes after their experiences (Calhoun & Tedeschi, 2006). Worthy of note is that they found that cultural values such as compassion and spirituality significant to their Australian perspective were not included in the Posttraumatic Growth Inventory measurement tool developed by Tedeschi and Calhoun (1996) for posttrauma assessment. Tedeschi and Calhoun’s term, posttraumatic growth (PTG), may therefore
not account for cultural diversity, but it acknowledges what positive psychology has been proposing: that change could be growth-enhancing, even in the face of adversity. In another study, college students were used to test the Posttraumatic Growth Inventory (PTGI) for nontrauma-related growth for comparison (Anderson & Lopez-Baez, 2008). Weiss’s study of 41 women who survived breast cancer used self-reports that indicated posttraumatic growth in moderate positive correlations, which husbands corroborated (2004). Stanton, Bower, and Low (2006) reviewed the literature on posttraumatic growth after cancer. Not included in their review were qualitative studies that did not include quantitative analysis, studies in which cancer participants do not indicate positive changes on self-reports, or studies that dealt with coping skills as active intentional strategies to reappraise the situation (2006, p. 139). These researchers cited and were in accordance with Tedeschi and Calhoun’s definition of PTG as “positive psychological change experienced as a result of the struggle with highly challenging life circumstances” (1996, p. 1). Of the 29 cross-sectional studies compared in methods, for example, 14 included only women, two only men; the rest were mixed (Stanton et al., 2006, p. 141). Comparisons and findings indicated interest in the concept of PTG and the studies were specific, according multiple variables such as stage or severity of illness, but they are beyond the scope of this study. Although many studies involved breast cancer patients, the authors warned against attempting to persuade cancer patients to think “positively . . . or look on the bright side . . . or find benefit in their experience” (2006, p. 170), because individuals and their circumstances vary widely. Yet they noted a shift away from a strictly “negative consequences of coping with cancer towards conceptualizing cancer as a life transition with potential to elicit growth in addition to hardship” (2006, p. 171).
In an academic setting, psychologist Martin Seligman has developed his theory and curriculum for what he terms *positive psychology*. His popular books *Authentic Happiness* (2002) and, more recently, *Flourish* (2011) focus on the health of a patient as opposed to the ill-health approach, which he sees as that of the field of psychology. He cautions against applying his theories with cancer patients; his concerns are similar to those of Stanton et al. (2006) and Holland (1996).

While the reality of posttraumatic growth may be reported by some patients, Holland and Lewis (2000) of Memorial Sloan-Kettering Cancer Center, in their book *The Human Side of Cancer: Living With Hope, Coping With Uncertainty*, warned against the broad concept for all, because the prognosis for some cancers and individual cases may be too advanced or as yet untreatable by medicine; patients may feel even more defeated if they feel responsible in those circumstances. An earlier book, *Cancer Stories: Creativity and Self-Repair*, by Esther Dreifuss-Kattan (1990), also documents psycho-oncology, but from a psychoanalytic perspective, and finds that creativity in writing as well as art-making offered to many in the case studies presented a way to engage a formally unrecognized creative source of expression that could bring out hidden cancer concerns that could then be addressed.

**The Placebo Effect/Response**

The literature on placebos, placebo effects, and placebo responses points to various factors, personal and environmental, that influence health as well as illness. Human history comes to us through visual as well as written means and is a testament to cultural creativity throughout different regimes. Reviewing medical literature presents a lens for understanding the challenges people have faced throughout history in dealing
with health and disease and making advances when new ideas, inventions, and theories challenged dominant models. The role of belief, sometimes associated with the notion of placebo, which was fostered in ancient practices, is again entering the discussion of health and well-being. Its presence, in the form of placebo effects or responses, in modern studies begs the question of what constitutes it by its unexplained appearance.

Once again, the patients’ as well as the doctors’ and medical staff’s beliefs, attitudes, and participation are found to be factors and need to be looked at not only as affecting the outcome of many medical conditions (Benedetti, 2009) but as adding, or not, to the quality of life of those with ongoing disease. Attachment history, expectancy, desire, motivation, and hope are part of the personal experiences and context, which interact with the physical and cultural environment for any individual who is facing what we call a medical diagnosis. By presenting the voices of a few, mostly older, women artists who in general have not been represented in medical or cultural histories, and who have been creative contributors in our culture, the researcher offers a window into their illness experience as well as their stories of resilience in Chapters 4 and 5 of this study.

**Turning to Treatment With Art Therapy: An Integrative Approach**

The widespread recognition of psychological stressors on women who have experienced chronic illness (Reynolds & Prior, 2003) and cancer (Reynolds & Lim, 2007) was researched in the United Kingdom in qualitative studies investigating the role that visual art-making, as a leisure activity, can have in increasing a sense of self-worth, giving an identity beyond that of cancer, and finding meaning for women who have had the opportunity to participate in an art activity. Reynolds interviewed 24 women between the ages of 29 and 72 who were living with long-term illness and found that illness had
been a motivating factor in their engaging again in textile art. Some of the women were professional artists and others viewed themselves as hobbyists, but factors such as having major support systems, as well as resilient personality traits and earlier enjoyable experiences with textile arts, were viewed as fostering renewed involvement with textile art as a means of reflection and self-fulfillment as well as a way of gaining “cultural capital” (2003, p. 393). Reynolds pointed out the small amount of research linking artistic endeavors with an increased quality-of-life perspective. Bromberg (2003) recognized that there was a “scarcity of empirical research about art therapy programs in medical settings” (p. 219), even though art therapists have increasingly documented interventions and case studies of women with cancer who have found self-expression within the group setting to be helpful.

Additional studies abroad and in the United States using art therapy as a complementary therapy for women with cancer have focused on the psychological needs, states, stresses, psychosocial changes in life, and quality-of-life issues after diagnosis that can be approached using expressive nonverbal means in supportive groups (Borgmann, 2002; Collie et al., 2006, Klagsbrun et al., 2005; Lumadue, Munk, & Wooten, 2005; Malchiodi, 2004, 1997; Monti et al., 2005; Svensk et al., 2009). In the Netherlands, Visser and Mayke (2008) found that the course they offered in self-expression and creative possibilities to cancer patients did meet patients’ needs for contact with others like themselves, personal growth, and expression. Although their study did not indicate mood change, patients reported the added dimension of feeling meaning in life and requested more meeting time for continued discussion. Additionally, other studies that include art and expressive therapy have found that art has served to empower women
with breast cancer as well as aid in reframing life with new meaning (Collie & Long, 2005; Malchiodi, 1997; Reynolds & Lim, 2007; Reynolds & Prior, 2003) and finding meaning through the artwork itself (Reynolds et al., 2008). Some women who had not been artists, but engaged with art after diagnosis and were faced with long-term chronic disability, found art at that point in life to be essential to their well-being (Reynolds & Prior, 2003).

Other studies abroad such as a randomized controlled study of women who underwent radiotherapy for breast cancer in Sweden (Svensk et al., 2009) did observe a significant overall increase in quality of life or total health, as well as psychological outlook and physical health, in 20 women who received art therapy before and two and six months after treatment. They also found a difference in this group as opposed to the control group on issues of body image, systemic therapy, and future outlook. An earlier study (Oster et al., 2006) had opened the question of culturally gendered overlays determined by traditions in society, which influenced a woman’s self-concept, identity, and ability to set boundaries for herself in the recuperation process after breast-cancer treatments. The qualitative data gathered in art therapy sessions, narratives in diaries kept during that time, and conversations during interviews revealed insights that the researchers stated could not be gathered from quantitative data alone, although they combined this discursive approach with quantifiable data. The Coping Resource Inventory (CRI) instrument attributed by the researchers to Hammer (1988) was used to assess coping skills ranging across physical, emotional, social, philosophical, and cognitive areas (2006, p. 280). The researchers felt the results of their study to be unique
in that women with art therapy intervention showed considerable gains in boundary-setting, which was self-protective and improved coping scores on the CRI.

The treatment for women with certain attachment histories raised questions of their ability to benefit from a group experience. This was the consideration of Tacón (2003) in her pilot study, which used attachment theory as the basis for a study of women who had breast cancer and those who did not. Although attachment was not deemed the cause of breast cancer, there was a suggested association of poor attachment histories that were seen in women with breast cancer, because “they scored significantly lower on closeness to parents than the noncancer group” (2003, p. 147). Tacón’s preliminary findings were that women with breast cancer recalled significantly higher losses and insecure attachment relationships early in life and “scored significantly higher on avoidant attachment” (2003, p. 147) than the control group, whose members did not have cancer.

A Canadian study (Slakov & Leslie, 2003) pointed to an often untracked and underrecognized idea: women who have completed cancer treatments, even many years later, need additional supportive care. A creative model, the Women’s Post-Treatment Group Program (1998), consisted of four two-hour sessions two times a week in which art therapy, meditation, writing in journals, and self-expression were used within the therapeutic group setting. In addition, follow-up groups were offered for three-hour single sessions four times a year to allow for networking, reunions, and follow-up concerns. The researchers noted the immediate, deep changes in participants’ emotional state at the end of the sessions, but had not done follow-up research on long-range benefits.
Additional Therapy Options

Art therapy, which often employs reflection along with the art-making experience, can be used relationally with individuals and can impart the relational benefits of group therapy for the supportive therapeutic effect. Other supportive-expressive group therapies with a cognitive behavioral model have also been used with women with a cancer diagnosis during and after treatment. Boutin’s (2007) review of the literature focused on 20 studies of supportive-expressive group therapy (SEGT), cognitive behavioral therapy (CBT), and a combination in connection with treatment of women with breast cancer, although the combination did not produce the same positive results. He stated that there had not previously been a summary in a literature review on the published effects of group treatment using CBT or SEGT with women with breast cancer. The acquisition of coping skills, social support, and communication with healthcare professionals in the group were common to both strategies, although CBT was typically a shorter intervention focusing on behavioral change as a result of changing maladaptive thought patterns (2007, pp. 268–269). Although limitations were noted when comparing studies, Boutin (2007) concluded that group therapy was beneficial in “reducing total mood disturbances, depression, tension, pain, and confusion for women diagnosed with breast cancer” (p. 278). Contrary to these findings, a five-site research team from Canada and the United States (Classen et al., 2008) found no evidence that their brief 12-week manualized supportive-expressive group therapy model used in multiple community settings had reduced distress in women with primary breast cancer. Even though they used therapists known to the populations, had control groups, and had 353 women who had been diagnosed and treated within one year of the study, researchers were surprised not to see
a reduction in distress in highly distressed women. Cognitive-behavioral stress
management was studied by researchers in five sites in Miami and found to be beneficial
as a confidence-building strategy and in helping with relaxation in women with breast
cancer (Antoni et al., 2006).

A study was undertaken by Memorial Sloan-Kettering Cancer Center (Kissane,
2007) on supportive-expressive group therapy with 485 women with advanced breast
cancer (1996–2002), who were randomly assigned to weekly SEGT sessions and three
classes of relaxation therapy, and a control group who received only three classes of
relaxation therapy. Results did not show that SEGT prolonged survival, although it did
protect against depression and increase the quality of life of the patients. Earlier, a model
for a short-term, 10-week group art therapy program called “The Creative Journey”
(Luzzatto & Gabriel, 2000) at Memorial Sloan-Kettering was designed to attend to cancer
patients who had completed treatment, yet had issues with psychological adjustment.
Positive responses from 70 patients on questionnaires were noted in several areas:
feelings and improved moods characterized as “joy” associated with creativity;
“freedom” related to self-expression; more awareness of self as in “self-discovery”; and
increased comfort, trust, and compassion for others about their situation (2000, p. 268).

Recent studies have included complementary therapies (Canales & Geller, 2003)
such as mind-body stress-reduction programs (Tacón et al., 2004; Antoni et al., 2006) and
exercise programs (McNeely et al., 2006). Mindfulness-based stress-reduction
intervention with a cancer population that focused on the mind-body connection
somewhat differently also found significant benefits for emotional adjustment defined in
terms of locus-of-control scores (Tacón et al., 2004).
Additional studies other than art therapy used supportive groups with women who were cancer survivors and found there was a social benefit to being and interacting in the group (Giese-Davis et al., 2002; Landmark et al., 2002; May et al., 2008; Stanton et al., 2000). A joint study from Norway and Sweden focused on relational patterns with family and at work, as they were sources of emotional support for the patients. Their study also used group therapy as a positive experience of social support for women with breast cancer (Landmark et al., 2002). A unique study in the Netherlands (May et al., 2008) sought to determine the relationship of group cohesion in rehabilitative interventions and outcomes defined as improved quality of life. Women who did cooperate within the group showed the predicted better quality-of-life measure and also improved physical functioning (2008, p. 917). The researchers found that women cancer survivors who bonded strongly with other members of the group did not show improved quality of life after intervention. The researchers attributed this to possible altruistic benefits or avoidance of the patients’ own situations or bonding as proof of resilience. The research cited a Stanford University study that carried further the benefit of supportive-expressive group therapy as a way to work with emotion regulation, particularly with “suppression of negative affect, restraint, and repression” (2008, p. 916) in patients with breast cancer that had metastasized (Giese-Davis et al., 2002). Their findings supported this “emotion-focused therapy” (May et al., 2008, p. 916) as a way to reduce primary negative affect patterns, along with “significant improvement in greater restraint of aggressive, inconsiderate, irresponsible, and impulsive behavior” (2008, p. 922). This team approach used their SET model, which provided a safe environment in which expression of difficult negative emotions was encouraged, along with finding meaning in the present...
moment with group support. Supervision of the team for the yearlong therapy with 125 women was provided by David Spiegel and Irvin Yalom (2008, p. 918).

Kansas researchers (Stanton et al., 2000) used additional testing methods and measured variables such as hope, social receptivity, mood, health status, psychological adjustment, and coping processes in evaluating their hypothesis that coping through active emotional processing and expression would improve psychological and physical health with newly treated breast-cancer patients. Their study of 92 women within three months after diagnosis suggested that there was better adjustment in physical and emotional health with more energy and improvement in quality of life in women who used emotional processing through expression, were hopeful, and found social receptivity in their environments, as opposed to those who did not. Contrary to the researchers’ hypothesis that the emotional processing approach would reduce distress, which it did in first three months, findings on those who scored high on the profile of mood states on entry in the study indicated more distress over time with this approach. Those who coped by avoidance showed more distress, while those who used spiritual coping showed less distress (2000, p. 878). The previous study used self-reports from women newly diagnosed and treated for breast cancer in oncology centers, whereas a Canadian study (Classen et al., 2008) evaluated 353 women within one year of diagnosis in community settings in short-term supportive-expressive groups with a 12-week manualized program. Trained therapists conducted weekly, unstructured group discussions with attention to emotional concerns or the avoidance of them. Participants were given educational materials and asked to fill out six questionnaires for data analysis. The model used was found to have no effect on distress reduction in this randomized study. Possible
explanations for why this study failed to show benefits were that the interventions were existentially oriented, instead of addressing more-pressing concerns; interventions were not sustained long enough; and the sample size may have been too small for the statistical analysis. Statistical problems were also revealed that may have produced misleading results, the timing of the study may have influenced the level of distress in the participants, and problems in the settings could have influenced the study, which took place in multiple centers. Incidentally, it was noted that the participants wanted the groups to continue.

A relatively unusual study focused on the symptoms that persisted after treatment that women with breast cancer reported in relation to their quality of life. Researchers concluded that there needed to be much more attention paid to management and reduction of symptoms such as fatigue, sleeplessness, pain, nausea, appetite loss, and financial difficulties, which could improve recovery in a large number of cancer survivors (Janz et al., 2007).

Two groups of university researchers, one from the University of Texas at Austin and another from the University of California, Los Angeles (Davison, Pennebaker, & Dickerson, 2000), investigated self-help support groups in four urban environments: Chicago, Dallas, Los Angeles, and New York. Recognizing that many Americans find and use mutually supporting groups, which are generally outside medical institutions and are low in cost, they aimed to look at 20 different disease groups. They reported “12,596 support groups in the four cities” (2000, p. 208), with Chicago showing the highest mean and Dallas the lowest. As they looked at actual support groups in person and those online, they found the highest support levels in alcoholism, AIDS, breast cancer, and anorexia
(2000, p. 214), with breast-cancer patients having more than 40 times more support
groups than heart disease (2000, p. 209). Since this study was done in 2000, it is probable
that there are more online groups now, and some hospitals have begun advertising their
own groups on websites as competition among treatment centers has grown (and perhaps
in recognition of patients’ needs).

Art Therapy and Neuroscience

Lusebrink (2004) has researched the link between art therapy and the brain, stating that
art therapy can engage motor, visual, and somatosensory areas of the brain, along with
emotional and cognitive processing of experience and information. Relatively recent
functional neuroimaging methods, Positron Emission Tomography (fPET) and Magnetic
Resonance Imaging (fMRI), have allowed professionals to investigate the circuitry of the
brain and attempt to unravel its multitude of mysteries. These devices open up whole
areas of study, and pose questions of the brain—the encoding, for example, of emotional
states, particularly as they relate to stress, and traumatic situations and how they affect
functioning and memory. Physicians (Andreasen, 2005; Doidge, 2007; Joseph, 1992;
Siegel, 1999), scientists (Damasio, 1999; Davidson, 2000; Fields, 2009; LeDoux, 1996),
writers (Stein, 2007), and others have investigated and are still investigating or
conducting research with animals and some with humans who have emotional problems
or physical damage to areas of the brain. Although his work was not peer-reviewed,
Davidson (2000) addressed colleagues at the American Psychological Association on his
and others’ research on brain function, mainly in the prefrontal cortex, which he noted
had individual differences in biological and behavioral factors related to the ability to
regulate emotion and influence “affective style” development (p. 1196) and the
amygdala. After his review of research, he noted that research in the area of affective neuroscience had advanced to a place where it could consider methods that were “specifically designed to increase positive affect, such as meditation” (2000, p. 1208), which is lacking in data that investigates brain plasticity. His idea that emotions could be transformed in ways that encouraged and developed positive affect with a goal of resilience (Davidson, 2000) could be applied to the creative arts therapies. Exploring the mind-body connection in art therapy in relation to new information from neuroscience is an area ripe for further investigation. Some of Andreasen’s (2005) research on the brain has specifically delved into its capacity for creativity as she has studied writers and their psychological histories, as has Jamison (2004). One study from Austria (Bhattacharya & Petsche, 2005) investigated brain activity through electroencephalograph signals of professional female artists who drew by choice as opposed to nonartists who had no training. In the artists the researchers found a significant difference in synchronization, with a strong dominance in the right hemisphere, which they attributed to “top-down processing” and a probably long-term visual memory for art (2005, p. 2). These researchers noted the “significantly stronger short and long-range dealt band synchronization” with “alpha band desynchronization” (2005, p. 2) in artists as opposed to laypeople. Looking further, there appears to be little research, other than in the creative arts and art therapy reviewed here, that connects creativity and the art-making process with health, ill health, and making meaning in life through art.

**Conclusion**

The complexity of issues and the chaos surrounding a major medical diagnosis are both physiological and psychological. Response to a diagnosis is individual and
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encompasses all of one’s lived experiences, including the history of particular emotional responses. Medical treatment presents options; one necessarily has to assess them, to determine a course, and then to endure. Many studies have focused on the physical symptoms associated with cancer treatments, such as fatigue, sleeplessness, and pain, that indicate a need for attention beyond cancer treatment that may bring on depression and emotional responses. Women with a cancer diagnosis have participated in studies aimed at assessing various theoretical approaches through questionnaires, surveys, and group therapies of various lengths. The relational benefits from being in individual therapy with a client-centered therapist or in a supportive group with a leader who fosters strength building, shared experience, and coping strategies have been cited as positive factors that help women adjust after cancer treatment. Most of the studies reviewed support the use of expressive group therapy and art therapy as an integrative therapy that can help women with emotional issues during and after medical treatments. A few studies have noted that the needs of older women, who have not sufficiently been separated from the larger population, or even properly studied, need attention, because cancer is diagnosed more often in older women than in young ones. Also, women are living longer with cancer and with its consequences, and their psychological needs appear to persist as well. Given the emotionally based issues, which are on a continuum that may reflect the type of cancer and treatment, but include a developmental history of attachment, trauma, and loss histories that women with a cancer diagnosis confront, more-extensive therapeutic care in the short run and the long term seems to be needed.

Expressive therapies, which have also been called complementary therapies but are now referred to more often as integrative therapies (Shanti Norris, personal
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communication, 2013), seek to improve the QOL and sense of well-being, and facilitate meaning in life for, cancer patients, as reflected in the number of studies that increasingly use them. Engaging someone with creativity for the first time, or accessing the creative spirit when it has been lost or blocked, can help patients express themselves and tell their story in images, as in art therapy, which may be more readily accessible to the patient than words at that time. Expressive therapies use art, movement, music, writing, and reflection to aid patients with illness. Getting through medical treatments, coming out the other side, and continuing life with the added experience of illness are challenges; the life story is amended, but continues. The ever-present reality of vulnerability, volatility, and vigilance as elements in emotional memory may be added to the concepts of survival and life. This study was designed to gain in-depth, firsthand information from women who were identified as professional creative artists before being diagnosed with a major medical illness, about how they viewed art as a catalyst, or not, in their recovery process. The voices, experiences, and images of women artists, in particular, could inform therapists, particularly art therapists, and those in medicine and the healthcare fields. Artists’ insights and experiences could possibly add to their practices and interventions from an artist-patient informed perspective. Artists’ words may inform therapeutic practice with a new dynamic with knowledge of their experienced needs and ways of coping. Most art therapists are artists themselves, as is the researcher, and have combined the arts with clinical practice, putting patients’ needs at the forefront in clinical work. Only a few recent studies of women diagnosed with cancer have directly engaged women artists, although some studies report on the art experience in women who revisited art-making after diagnosis or came to art-making as a result of being exposed to art therapy.
as part of their medical treatment (Lumadue et al., 2005; Malchiodi, 2004, 1999, 1997; Radley & Bell, 2007; Reynolds, 2003; Reynolds & Lim, 2007; Reynolds et al., 2008).

How can one transcend adverse and life-threatening circumstances? This predicament has apparently fueled the imagination since the earliest visual representations that have been found in cave paintings from 40,000 years ago. These images suggest symbolic representations of humans and animals, mysteriously and ritualistically engaging in ways we can still see, that make us wonder about their meaning. Meaning is implicit and embodied, yet it eludes language and time. Perhaps these markings were solicitations that were made for divine intervention for believers, or attempts to gather energy from a spirit world to inspire courage within oneself from perceived others or forces that could aid, heal, or save, as one or many faced the odds. Cultures worldwide have used the arts to inspire and to stimulate the imagination for physical and emotional healing; it is no wonder that people come to art spontaneously in times of crisis or are introduced to it as a way of coping with life’s disruptive events. With medical advances that are working to fight disease and extend life, is it possible to engage the imagination and the emotions in helping the process of healing, even if a cure is not possible? Is art a placebo in the sense that it can be transformative, as in ancient healing rituals? Does imagination play a role in health and healing? Can it be used to promote well-being? The belief that the arts and the creative process can be healing and can promote change and resilience is enduring in its mystery and its holding of meaning. Why not embrace this along with medical science’s biological basis, which attempts to cure disease, since emotions and beliefs are coming to be seen as interactive and interconnected to outcomes when the whole individual is taken into account?
CHAPTER 3

Method

Purpose of the Study

The focus of this phenomenological study was on how professional women artists experienced the disruption of a life-threatening illness in their lives and work. The researcher wanted to know about the lived experiences of these creative women and was curious about how they specifically managed their diagnosis, recovery, and life with or after the fact of illness. Because they had lived their lives as creative individuals, the researcher wondered if that experience had contributed in some way, or not, to their resilience after a major medical diagnosis and treatment. Could their vision, artistic practice, or particular skills offer meaning to and improve the quality of life after or with concerns about ongoing illness?

Research Design

The researcher’s intention was to discover, through interviews as conversations (Forinash, 2012; Forinash & Grocke, 2005; Giorgi, 1985, 2009; Kavale & Brinkmann, 2009; Moustakas, 1994) with the participants, their personal experiences and ways of coping with illness, mostly cancer, which might inform creative art therapists and others in the healthcare field who encounter those with life-changing illnesses. A phenomenological approach determined the qualitative method, which drew directly from personal accounts of the participants and interactions with the researcher.

Philosophical Basis

Phenomenology seeks to explicate lived human experience. This study used a phenomenological approach based primarily on Giorgi’s (1985, 2009) and Moustakas’s
(1994) views, adapted from the philosophy of Husserl (1859–1938). Husserl used a
descriptive approach in his phenomenology. Both Giorgi’s (2009) adaptations, which
aimed at a systematic methodology for psychology and other social sciences, and
Moustakas’s (1994) model, based on conceptual adaptations of Husserl’s transcendental
phenomenology, guided the methodology for this qualitative investigation. Giorgi’s
(2009) and Moustakas’s (1994) application of a phenomenological approach to research
in the human sciences places an emphasis on “wholeness” (Moustakas, 1994, p. 58) and
the descriptions drawn directly from participants’ recalled experiences. Data were
perceived from different vantage points, allowing the researcher to arrive at the
“essence” of participants’ experiences by way of “intuition and reflection” (1994, p. 58).
Epoché, the setting aside of one’s personal biases, needed to be practiced by the
researcher in order to clear a space that was open to what might arise in the exchange
and when reviewing data (1994, pp. 60–61). In the study of “human experience,” a
nonjudgmental attitude that bracketed biases was required in order to view the data in an
open manner (Bruscia, 2005, p. 134). Bracketing was emphasized by Husserl as a means
of being in the “present experience,” with suspension of “past knowledge” (Giorgi,
1985, p. 91), as well as hearing about experiences “anew . . . as if for the first time”
(Moustakas, 1994, p. 85).

**Researcher’s Assumptions**

The researcher’s experience as an artist, art therapist, and psychotherapist with
psychoanalytic and relational training attests to her long-term interest and involvement
in the arts, human psychology, the social sciences, and medicine. Valuing the creative
process as an artist and art therapist, the researcher was interested in the
artist/participants’ experiences and was honored to hear of their creative experiences firsthand. The researcher made every effort to bracket her own experiences of art-making and listen to participants with an open mind; however, she is biased in believing that the creative process can afford visual communication that is meaningful and often therapeutic. Her experience with clients has led her to know that personal exchange with a trusted other is conducive to healing. Being a client-centered therapist who is committed to personal communication as a method of empathic understanding and working through difficult situations, the researcher has experienced dealing with people in crisis and everyday problems. For example, her experience in trauma work after 9/11 added to the researcher’s sensitivity and knowledge of working with people who had experienced personal and external trauma. Nine of the 12 participants in this study, as well as the researcher, experienced 9/11 directly, and all had experienced additional personal losses during life, such as divorce, loss of parents or sibling, or significant accidents, which not only changed their options but made them potentially vulnerable to real or perceived traumatic situations. Unlike the participants, the researcher had not experienced cancer. Furthermore, the researcher’s training and experience as an artist and art psychotherapist brought several intertwined perspectives and particular phenomenological resonance during the interview exchange. Creswell’s (2009) discussion of ontological theoretical perspectives in qualitative research (pp. 62–63) brought to mind a feminist perspective, which was in addition fundamental to the researcher’s lived experience, and also to that of the participants as evidenced in the emergent data.
However, the researcher’s role in this inquiry was not that of a therapist, art therapist, art critic, or art historian. She served as a witness colleague with the intention of gathering information and insights according to each participant’s story. The researcher’s empathic attunement fostered an “intersubjective reality” (Moustakas, 1994, p. 59) that was needed during the interviews and later in the process of being with the data. The participants’ narratives unfolded during the “interpersonal process” (Bruscia, 2005, p. 129) that became a mutually “rewarding” interaction (Kavale & Brinkmann, 2009, p. 15).

**Appropriateness of the Design**

The researcher’s systematic method offered expanded understanding of the phenomenon from several perspectives. A sense of “knowing” (Moustakas, 1994, p. 59) emerged from being immersed in the participants’ words as live communication and in transcript form, furthering the sense of depth and meaning (1994, pp. 58–59) for the researcher. The research questions guided the selection of elements gleaned from the data through a reductive process using horizontalization (1994, p. 97) as a way of grouping relevant content into meaningful units. Horizontalization is a process in which the researcher reflected on the many possibilities of exploring the data and clustered some of these into units of meaning. Themes (1994, p. 60) emerged based on the researcher’s structuring of the data. Finally, the researcher reflected on the thematic material in what Moustakas called “imaginative variation” (1994, pp. 98–99), in which many possibilities were recognized, yet the essence of the experience, not the fact of it, was sought. Moustakas (1994) emphasized the richness, vitality, and layered meaning of the phenomenon that was traced back to the research questions (p. 59). With a synthesis
of meanings and essences, the experiences being investigated led to a sense of the whole that was ever so open to further knowledge, but was specific to the moment of the inquiry. Ultimately, Moustakas (1994) stated that through this process “we know for ourselves, in ourselves, from the experiences of others, and reflections on these experiences, the meanings and essences of entities and experiences in the everyday world” (p. 60).

**Nature of the Study**

The phenomenological inquiry and approach to methodology were appropriate given the nonlinear and unpredictable nature of the inquiry predicated on the interpersonal process of conducting interviews (Bruscia, 2005). The researcher was invested in learning firsthand about participants’ “human experience in the world or being in the world,” which included emotional as well as existential elements for the participants as well as the researcher (Forinash & Grocke 2005, p. 321). With three of the 12 participants, the historical personal relationship between the researcher and the participant allowed for a rich exchange of shared experiences as well as an open and flexible atmosphere in which to remember recalled events over time. The researcher was mindful of the sensitive nature of discussing illness and aimed to establish a comfortable relationship with all of the participants. The intention was to learn about the illness experience and to understand each participant’s unique way of coping. The researcher was curious as to what factors contributed or not to their ongoing lives. The researcher cared about the participants and was curious about their personal strengths, habits, or interventions that led to their resilience. Furthermore, what role, if any, did their artwork or art form play in the process of redefining life after their confrontation with life-
threatening illness? Was their creativity a factor in their resilience? New questions arose during the course of three interviews with each participant, which took place primarily in their homes or studios and infrequently in the researcher’s home.

**Participant Selection**

A pilot study was conducted with three participants who had been known to the researcher for over twenty years. These three women artists who had experienced cancer were included in this inquiry, and nine other participants were added through the snowballing technique. This method of selection used the researcher’s contacts in the art world and art therapy and psychotherapy networks, who suggested women artists who had a major medical illness and were in remission. Several participants volunteered for the study and others were asked to be part of it as they met the additional criteria of having been professionals in the art field for many years. Twelve (N=12) were selected; they ranged from age 49 to 80 with a mean age of 67. Ten of the women were diagnosed with cancer, one with Parkinson’s, and one with liver malfunction. For health and practical reasons, participants were chosen primarily from the cities of New York, Baltimore, Washington, D.C., and Boston. All were white, college-educated women artists who had been trained in studio art and had pursued additional training in areas of choice. Seven held graduate degrees beyond college. All worked to earn a living and taught classes, 10 on the college or graduate level, exhibited their work extensively, performed, or lectured to the public and specialized audiences. Unexpectedly, two of the 12 participants who had been in remission for at least five years passed away after our time together in the interviews, and before the study was completed. Two others who
had initially agreed and had been interviewed unfortunately passed away suddenly, one from blood cancer and one from diabetes, and hence they were not included in the study.

**Procedure**

An introduction to the study was given to each person and her role as participant was explained. The researcher made it clear that the participant could discontinue the interviews and withdraw from the study at any time. Confidentiality was discussed and consent forms (see Appendix A) were signed. All but one gave consent to show images of their artwork, if that became relevant to the study. Code names were chosen by the participants to protect their privacy. A general questionnaire (see Appendix B) was offered in the first of three in-depth and semistructured interviews (see Appendix C). Interviews were scheduled at the convenience of the participants and conducted over a two-year period in face-to-face meetings that were most often in their studios or in their natural environment. Three different transcribers executed transcriptions, and code names were used for confidentiality. The researcher was the only one who was present for the face-to-face interviews and the one who analyzed the data.

**Data Collection**

Three interviews with each participant, lasting from one to three hours, based on the schedule and health of the participants, were recorded using a Sony MP3 Player and a Sony Linear PCM Recorder and transcribed. A general questionnaire was given to each participant initially (see Appendix B), but most preferred to have these questions be part of the verbal conversation. The questionnaire served to stimulate an unanticipated exchange and information that would not have been noted by the participants in written form. Semistructured questions offered additional possibility for personal narratives to
emerge. In the first interview, these informational questions were a springboard for discussions that evolved naturally and allowed participants the chance to speak about their family experience, art experience, educational foundation, and unique path to becoming professional and recognized artists, educators, and leaders. All participants engaged in their communities, which were not only local, but also national and in some cases international.

A relational field between researcher and participant developed comfortably by the second interview, which followed up on questions specific to the prior interview, allowing for further elaboration that was initiated by the researcher but driven by the direction of the participant. This manner was guided by the researcher’s approach, based on principles of Rogers’s client-centered psychotherapeutic practices, which opened the possibility of an interactive and intersubjective exchange. Following the interviews, which were spaced over a year and a half, the researcher was in contact by telephone and email with the participants to keep the sense of trust and communication ongoing. When the transcriptions were completed, they were offered and sent to the participants who wished to have them for their revisions, checking, and archives.

**Data Analysis**

Giorgi (2009) described the researcher’s assumption of a phenomenological “attitude” that assumed that the data obtained from the participants was their true memory of an experience regardless of whether it was factual or not (p. 96). He further elaborated on the researcher’s task as staying with the actual data and not interpreting it beyond what was present (2009, p. 127). Given the psychologically sensitive nature of research with humans, as was the case here, this attitude, which valued and sought
participants’ subjectivity, was adopted. The researcher kept notes and was mindful of bracketing, striving to suspend her personal beliefs, be receptive to what evolved, and withhold any judgment (Forinash & Grocke, 2005, p. 321). The participants shared their experiences with the researcher, who analyzed them in a step-by-step, systematic, and evolutionary process. Giorgi (2009) stated that “the essential characteristic has to be intuited (‘seen’) and described. This ‘seeing’ was aided by the use of the method of free imaginative variation” (p. 77). This helped clarify, through discovery, the in-depth descriptions of the essence of the phenomenon that was significant.

With this in mind, qualitative data analysis was conducted according to Giorgi (1985, 2009), Forinash (2012), Forinash and Grocke (2005), and Moustakas (1994). The basic element of their phenomenological methods was descriptive, personal data applicable to this study. Giorgi’s (2009) method contained three essential steps: “(1) Read for a sense of whole . . . (2) Determination of meaning units . . . (3) Transformation of participant’s natural attitude expressions into phenomenologically psychologically sensitive expressions” (pp. 128–130). In the final step the researcher’s task was that of “carefully describing the transformations of the participants’ raw data” (2009, p. 130) into themes or meaning units, which could then be synthesized.

The researcher began the analysis by listening several times to the recordings in order to sense the nuances of the exchange. She found it useful to write the dialogue, in some cases, in her own hand to better grasp and embody the experience of being with the participant and sense what was said and felt between them. The researcher followed this practice by reading the transcriptions of each participant’s interviews, one at a time, and
noting in pencil significant passages, in order to gain a “sense of the whole” (Giorgi, 1985, p. 10; Moustakas, 1994, p. 58) and the participant’s voice.

The second step entailed multiple readings and notations in colored inks, different for each reading, as the researcher sensed broad general themes or “meaning units” (Giorgi, 1985, p. 11). Lived experiences emerged from the data and were noted. For example, one perspective, that of a chronological view of the data, emerged and encompassed general areas such as early life experience with the family, artistic development through educational institutions, and professional experience in their environments. These categories revealed another perspective, which included the sociocultural context, as all participants brought this into the conversation and furthermore felt it influenced their options and economic choices. Personally held beliefs about their creativity, creative process, and worldview evolved from the participants during the interviews as the conversations progressed and the exchange became more fluid. These were noted in another color. In working with one of the participants, Nona, the researcher listened to the three interviews again, and read the transcripts multiple times, coding in colored dots. Broad areas of meaning, starting as factual data, such as where she lived at different points in her life, led to changes in her work as artistic responses were influenced by change of place. These were noted as meaningful beyond the facts, and color-coded as subcategories. Psychological materials, such as a history of trauma or illness for some, emerged along with personal traits, strengths, and fears. These were noted in blue on the transcript pages. Their illness history came up naturally over the course of the conversations as participants grew comfortable with the researcher and as it figured into the discussion about possible turning points in their lives. The
researcher preferred that sensitive subjects come up in the dialogue at the participants’ initiation. With a natural opening, permission to talk about the experience was inferred. These explorations were noted as relevant to the research question and color-coded.

As the interviews were almost always in their studios, the participants naturally referred to their artwork, which had been done over many years and was visible in the space. Usually by the third interview, if not before, participants talked freely about their work, which offered the researcher the opportunity to observe and inquire about the work. The idea of looking at and focusing on work done at the time of their illness and after the illness offered a record of that time and opened avenues of investigation that were different from the verbal exchange. The researcher then asked about disruptions in life due to the illness and treatment and if there had been any changes in their artwork. This discussion evolved during the interview process and allowed these meaning units to be gleaned from each artist’s narrated history. Additionally, this led not only to more emotionally fused verbal statements, but to discussions of the artworks that embodied personal meaning before, during, and following illness. The researcher later used the processes of reflection and imaginative variation in discriminating within and among meaning units for their essence in light of the illness intrusion.

As themes emerged, the researcher color-coded varied content in broad categories and further studied the data for additional content viewed as subcategories. Reduction of irrelevant material allowed significant phenomenological experiences to be grouped into three broad thematic meaning units. First, the participants’ belief systems emerged as a significant area for consideration, and these statements were coded red. The second major theme had to do with each participant/artist’s creative expression, and included
relevant materials leading up to and including their long professional careers, spanning 30 to 60-plus years. Raw data contained dialogues that were viewed from a developmental perspective stemming from the early environment and extending into their professional identities and careers. These statements were noted in yellow. A third broad meaning unit was coded in blue, and included the conversations about their illness, treatment, and the aftermath. Additionally, this broad meaning unit, which encompassed their outlooks on health and ill health, was described by the researcher as resilience, and labeled green. The illness experience brought into consideration life before illness, diagnosis and life during treatment, life ongoing in remission, life free of illness, or death.

After coding passages from the interviews, the researcher transferred the text from the transcripts on the computer and copied and pasted them under the three themes or meaning units in a separate document, thus eliminating irrelevant passages. The edited versions of direct statements made for clarity and categories and subcategories were then more apparent. For example, tables were made of each participant first covering their creative expression, beliefs, and personality traits. A more detailed subcategorical table was made for each area. Creative expression included their choice of concentration: painting, photography, film, sculpture, mixed media, art education, and art therapy, as well as the description of their subject matter and proposed audience. Because ten of the 12 participants had spent 40 or more years as professional artists or in the art field, the researcher felt that their life experience would be relevant to their experience of sudden illness. Inquiring and becoming familiar with the rich data, which covered their lifetimes, was deemed important by the researcher to give a context for the illness
interruption. Statements coded in blue having to do with illness were separated according to time before illness, time of illness and treatment, and time after illness. The researcher could compare the meaning units within each participant and across participants. By using tables to visualize the various themes, meaning units, and subcategories for each participant, the researcher was able to see certain similarities and differences across the 12 participants and gather a general sense of the whole. After this overview, the researcher went back to the individual participants’ data and selected and placed in tables significant statements or phrases that captured the essence of their experience of illness and the aftermath, thus bringing the analysis back to the research questions. A table having to do with the illness experience was divided into two columns. The first contained participants’ words and the second consisted of the researcher’s sense of them, which she called *formatted meaning* according to Moustakas (1994), which led to a more complete synthesis of their experience. Finally, the researcher constructed a narrative for each participant that represented her unique artistic perspective, expression, and personality, and addressed how she was affected by illness and what insights she had when recalling that period in her life.

**Triangulation**

The primary data were obtained during face-to-face interviews with the researcher and each participant. In addition, the researcher made notes after the conversations about impressions of the studio or personal space where the interviews had taken place in order to keep present the hours spent together. Several times the researcher asked and was permitted to take pictures of artworks and the studio space. All of the participants wanted their work to be part of the discussion, as it was essential in
their lives. All except one were visual artists and agreed to make images available at a later date. The researcher had several elements: the recordings, the transcriptions, her notes, and images of artworks as source materials on hand when analyzing the data, which not only enriched the experience for the researcher but added validity to the results.

**Ethical Considerations**

Due to the personal nature of medical illness, confidentiality was ensured by the use of code names. Transcriptions carried these code names. The researcher was the only one who had access to the data and analysis, except when transcriptions or CDs were given to participants who wanted them. The researcher checked with participants over time in order to clarify or make sure of the accuracy of their experience as understood by the researcher. The participants were not known to one another, except perhaps by reputation in the art world.
Chapter 4

Results

Introduction

Exploration through phenomenological inquiry in this study delved into the experience of 12 professional women in the creative arts who had been diagnosed with a life-threatening illness. The researcher wondered if their long-term involvement in the arts and art-making had any bearing on their experiences of illness and resilience. The following overarching research questions drove this study.

1. What is the experience of creative women, who have chosen a life and career in the arts, when faced with a life-threatening illness?

2. What role, if any, did their creativity and art practice play in their lives before and after diagnosis and treatment?

3. Did their artistic practice and expression change with the impact of illness?

4. Did their creative process play a role in resilience and was it a meaningful expression during and after treatment? In other words, did creativity play a role in personal perseverance in the face of an altered life?

In essence, the researcher was interested in knowing directly from the participants whether they thought of art as a catalyst for resilience given their particular situations with illness. Furthermore, was art a placebo during the impact, treatment, and adjustment to the possibility or reality of ongoing illness in the view of these artists? To explore these questions and inquire in person-to-person interviews about their lived experiences as creative women, the researcher encouraged the personal narratives that evolved, appreciated participants’ reflections, and valued the relationships that developed during
the exchanges. Conversations covered aspects of their lives and experiences in the arts, which were their career foci, as well as personal experience around their illness sequelae.

**Research Procedures and Process**

After immersion in the transcripts, the researcher proceeded with the “deconstruction” of the raw data (Forinash & Grocke, 2005, p. 126; Forinash, 2012, p. 152), in which she studied one participant at a time in depth and subsequently synthesized the data across all the participants. An overall conceptual framework emerged that took into account experiences occurring before illness, followed by those during illness, and finally those after treatment or with ongoing illness. The researcher was able to discover broad meaning units, which she organized into categories and subcategories (Forinash, 2012; Giorgi, 1985; Moustakas, 1994) that were applicable to all. By systematically selecting data pertaining to meaning units and separating them into tables, the researcher viewed direct statements from participants anew and examined more easily the similarities and differences in the lived experiences of the participants. Thus, by “deconstructing” and “reconstructing” the data (Forinash, 2012) in several areas and from multiple perspectives, the researcher gained a deeper understanding of the statements, which she later revisited for her formulated meanings.

By reviewing the overall data from each participant, the researcher assembled descriptive data for all participants as seen in Table 1. As previously noted, all participants were female and Caucasian, and had pursued professions in the arts for between 30 and 60-plus years. The age range of the participants was 49 to 80 with a mean of 67. All but one of the participants were or had been married; nine of the 12 had children of their own, two had stepchildren, and the one who was single had adopted a
child. Of the 11 women who had married, three remained married, eight had divorced, and two of the divorced women had remarried. All of the participants had graduated from college; seven had graduate degrees. That there were not many graduate art programs or accredited art academies at the time that most of these participants were in or finished school made it necessary for them to be self-taught and to seek elsewhere the resources and training they wanted and needed for their work. Five of the participants hold dual citizenship.
<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Marital status</th>
<th>Children</th>
<th>Education</th>
<th>Medium and professional positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria</td>
<td>49</td>
<td>Married</td>
<td>1</td>
<td>BA, MFA</td>
<td>Sculptor/performance Graduate school studio art professor</td>
</tr>
<tr>
<td>Gloria</td>
<td>70</td>
<td>Divorced Remarried</td>
<td>2</td>
<td>BA</td>
<td>Documentary photographer Painter Art teacher</td>
</tr>
<tr>
<td>The Wanderer</td>
<td>78</td>
<td>Divorced Remarried Widowed</td>
<td>3</td>
<td>BA, MFA, honorary PhDs</td>
<td>Ceramicist Educator/lecturer/ professor President of educational organization and school</td>
</tr>
<tr>
<td>Dragonfly</td>
<td>58</td>
<td>Divorced</td>
<td>1</td>
<td>BFA, (MA)</td>
<td>Set designer Art therapist in training</td>
</tr>
<tr>
<td>Nona</td>
<td>78</td>
<td>Divorced Remarried Divorced</td>
<td>3</td>
<td>BFA degrees, art therapist before it was established</td>
<td>Painter/wood carver Performance/installation Studio art teacher/art therapist</td>
</tr>
<tr>
<td>Margaret Mead</td>
<td>68</td>
<td>Married</td>
<td>1 step-child</td>
<td>BA, MFA</td>
<td>Painter Past head of graduate art dept. at a major university</td>
</tr>
<tr>
<td>Muriel</td>
<td>80</td>
<td>Divorced</td>
<td>1</td>
<td>BFA Art school</td>
<td>Painter Installation Studio art professor</td>
</tr>
<tr>
<td>Artemisia</td>
<td>66</td>
<td>Divorced</td>
<td>2</td>
<td>BA, MFA</td>
<td>Founder of nonprofit org.</td>
</tr>
</tbody>
</table>

(continued)
<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Marital Status</th>
<th>Children</th>
<th>Education</th>
<th>Medium and Professional Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sienna</td>
<td>69</td>
<td>Divorced</td>
<td>1</td>
<td>BFA, MFA</td>
<td>Painter Studio art professor Past president of major art school/museum</td>
</tr>
<tr>
<td>Faye</td>
<td>67</td>
<td>Divorced</td>
<td>4 step-children</td>
<td>BA, MA</td>
<td>Choreographer Founding director of dance company, nonprofit org. Dance teacher</td>
</tr>
<tr>
<td>Augusta</td>
<td>65</td>
<td>Single</td>
<td>1 adopted</td>
<td>BA</td>
<td>First woman cinematographer hired by a major network</td>
</tr>
<tr>
<td>Husky</td>
<td>57</td>
<td>Married</td>
<td>2</td>
<td>BA</td>
<td>Painter Screenwriter</td>
</tr>
</tbody>
</table>


Conceptual Framework

After reviewing the data multiple times, the researcher was able to see an overall framework that could contain the data and allow for emerging meaning units. Segments of the conversations were grouped into the time frames defined by health and ill health. Thus, three time frames were considered. One encompassed life before illness, another life during diagnosis and treatment, and the third life following or ongoing with illness. Broad meaning units were grouped and categories emerged for further consideration and elaboration, as graphically presented (see Figure 1).
Figure 1. Conceptual Frame for Data Analysis.
Emergent Themes

Significant themes emerged for each artist and were later synthesized across participants. The first overall theme for all participants encapsulated personal beliefs about themselves and their identity as artists. Early experiences stemmed partially from family traditions and patterns and from the cultures of origin in their respective countries, which influenced their educational opportunities. Developmentally, their perceptions of self and agency stemmed from family and early mentors who provided experiences of encouragement and avenues of pursuit in their social and cultural context. Several participants travelled to pursue art or broader educational options. As 11 of the participants had spent between 30 and 60-plus years drawing, painting, and focusing on art, their lived experiences in the arts were central in our interviews and not fixed in a particular time frame; they continued to evolve and expand over time (see Figure 2).

Thus, a second theme encompassing their particular creativity and forms of expression, which overlapped with their beliefs and convictions, became another focus of many of the interviews. Since six of the participants are in their 60s and three in their 70s, their life choices and extensive careers provided a rich exchange about their experiences and the sociocultural context of the art world and politics of the times. These included the civil rights movement, the women’s movement, the Vietnam War, 9/11, and the situation today (see Figure 3).

The third significant theme and a turning point in priorities for all, and for some a change in life circumstances, related to health disrupted by unexpected ill health. Only after a relationship had been established between the researcher and the participant during the course of the time spent together did the subject of ill health emerge naturally from
the conversation. Each participant knew the nature of this inquiry, yet the researcher allowed each person to bring illness into the conversation when she chose to do so. The researcher was mindful and considerate of all the participants, in particular two women who unfortunately had a recurrence of cancer during the two-year span of the interviews and, sadly, have passed away. A third participant was unable to complete the third interview due to medical reasons. The question of how the participants resumed life and creativity after recovery or with ongoing illness was central to this research.

Embracing and touching on each of the three themes were many meaning units or categories and subcategories shown in graphically illustrated examples (see Figure 2 and Figure 3). Developmental aspects and skill/learning acquisition led to the participants further defining themselves as artists. Life decisions incorporated art for all participants as they continued to pursue options and become specific with their talents and skills—and realistic about their artistic direction, given economic concerns as well as the possibilities open to them in the sociocultural environment at the time.
Figure 2. *Life Before Illness: Aspects of Becoming a Professional Artist.*
Theme I. Life Before Illness: Aspects of Becoming a Professional Artist

Within a given sociocultural context, participants chose their course of artistic pursuit based on their unique and individual perspectives and situations. For example, one participant studied printmaking in graduate school, and found that her drafting skills were such that she began doing portraits of her children and those of her friends. Finding validation, a ready market, and a source of income, Artemisia gradually shifted her focus from printmaking to her true interest in people and applied her skill in achieving a likeness. The interaction she had with clients while rendering their likenesses gave her the chance to sense their essential characters and incorporate them in the portraits. Capturing a sitter’s essence pictorially included for her the new relationship, which formed during the process. She is now a successful portrait painter who also engages in other artistic pursuits, which include museum installations as well as large public projects. Another participant recognized early that she would have to earn a living and support her children because she was a divorced mother, and she chose documentary photography over painting. This reality-based decision allowed her to use her skills and accept a variety of commissions and large funded projects. One project was a book of her photographs, a visual record of a particular rural region and its people, for which she and her collaborator, who wrote the text, received an award. She is now in her early 70s and does art of her choosing, which does not include realism or narrative, but comes from her photographic skills, experience in the fine arts, and imagination. Her recent collaged paintings and black-and-white, high-contrast, illuminated abstract geometric forms in ink-jet prints relate to theories in quantum physics. Therefore, although each artist was
unique, categories such as subject matter, medium, and anticipated audience emerged and could be directly applied to all participants.

As the data for each participant’s particular life story were reviewed, elements of the sociocultural environment had come into the conversation with all participants (see Figure 3). The researcher graphically included the sociocultural context as an emergent factor, as it was this larger environment that, they surmised, influenced their opportunities and choices. The bidirectional arrow joined the categories as a visual means of showing the continued presence of early factors that were seminal in building a sense of self with identity, which would have bearing on further life experience and influence functioning in the world. The early environment, the learning environment, and the professional environment of the artists consisted of their views as influenced by their families of origin, countries of origin, and cultures of origin. This information—raw data—was quoted and placed in units of meaning, and selected text was put into tables. Often, a statement applied to several categories. These descriptive elements were categorized for each participant along with the context as she saw it.
Figure 3. *Interrelated Elements for Individual Participants: A Life-Evolving View.*
Theme II. Creative Expression: Beliefs and Context

Beyond a linear-developmental perspective, the theme of creativity included experiences of learning, as well as aspects of personal choice in means and media of communication in their particular individualized art forms. Personal beliefs were apparent and fundamental to choice of content, whether it be representational/reality-based, abstraction, or conceptually focused in their artwork. The researcher studied and described each artist’s work and aspects of their creative expression, and envisioned graphically what was consistent for all the participants. Beliefs were viewed as the basis upon which content was drawn. Although content and beliefs of participants varied, they were deemed personally meaningful by all, even though they took many forms in actual work realized. The researcher depicted visually categories of beliefs, content, and artwork as overlapping circular forms as they were intertwined and interactive within the work that evolved during the creative process (see Figure 4). Creative expression took into account the individual’s personal belief system, her skills in communicating what she wished to express, be it explicit or implicit, and finally the decisions made concerning medium and form that the content would take in the artwork.
Figure 4. *Elements of Creative Expression That Determine Artworks.*
Creative expression was envisioned by the researcher as being unique to each artist, as it was determined by her personal strengths and personality characteristics as well as her learned skills and natural abilities. Beyond these elements, intuition—a sense of knowing what to do in the artwork—was based on years of experience. Considering these personal elements for each participant, as well as the influence of cultural context on their lives and the added complexity of their experiences, each artist interacted in her community through her art expression and/or collaboration with other artists (see Figure 5).
Figure 5. Creative Expression Meets Cultural Context.
Figures 2 through 5 summarize the conceptual organization of the data for the majority of the participants’ experience before illness intervened in their lives. When illness, mostly cancer, interrupted life, time was needed to investigate medical options and decide on and carry out treatments, which were physically debilitating for all but one, who did not need more than surgery. For one participant, breast cancer was found in her early 30s, for two others breast cancer or internal organ malfunction in their 40s, for five breast or ovarian cancer in their 60s, for one Parkinson’s in her early 60s, and for three cancer in their 70s. Ten of the participants were diagnosed with cancer: seven with breast cancer, one ovarian, one brain, and one blood cancer. One of the participants experienced life-threatening illness as a child and again in her 50s, while two experienced significant trauma with loss of a parent at 11 or a sibling in her 20s, and another survived at age 5 a car accident in which close relatives did not survive. Most of the cancer patients were diagnosed in their 60s, the participant with Parkinson’s in her early 50s.

**Participants’ Words Selected**

In order to construct the participants’ presence, the researcher selected verbatim phrases from the transcriptions, which encapsulated the essence of their thoughts and feelings recalled from different times across their lifetime. As noted above, three main time frames emerged from the data: statements encompassing life before illness, statements about life with a diagnosis and during treatment, and views of life after treatment. With this overview, themes of creative development and practices, health/ill health, and personal beliefs about these topics surfaced during the conversations. Specific phrases were selected that were relevant to each broad theme and separated into categories. Subcategories presented additional and more specific details under each
category. By selecting significant phrases or statements, the researcher effectively eliminated conversation that was repetitious or not significant (Moustakas, 1994).

For example, the subcategories under the large category labeled creativity covered their early family life, education, art interest and development, and after-school and professional choices. These experiences prior to illness were placed in tables in three broad categories: creativity, beliefs, and personal traits or character. Creativity was further deconstructed according to each artist’s particular art form and media. In addition, their art practice extended for most into educational/teaching positions or commissioned works. Following these groupings of relevant words relating to the general category of life before illness, views at the time of diagnosis and treatment, and finally their status in the present moment, the researcher viewed data as meaning units.

Using Moustaches’s (1994) method of horizontalization, groupings led to more-detailed subcategories on subsequent tables, which were more specific. In reviewing individual interviews audibly and from transcriptions, the researcher analyzed the participants one at a time by looking broadly at all of the experiences related before illness onset, those recalled about their illness and treatments, and those who were free of illness, or after and in remission from cancer, or with illness that continued, as in Parkinson’s or recurrent cancer.

In order to exemplify the research process carried out for each of the 12 participants, the following tables are examples of one participant’s selected words under three categories, with the researcher’s thoughts, questions, and comments in italics. This is an adaptation of Moustakas (1994) in order to capture the essence of their phenomenological experience and include the researcher’s impressions.
Table 2

Nona’s Creative Expression, Belief, Personal Traits

<table>
<thead>
<tr>
<th>Creative Expression</th>
<th>Belief System</th>
<th>Personal Traits/Character</th>
</tr>
</thead>
<tbody>
<tr>
<td>“All of my work is intuitive...it is not planned out. I use music so that I am—I flow with that; my body flows with that, and I just—it just does—does a mark...and, sometimes I’ve closed my eyes on a canvas or paper, and then stood back later, and, you know, there it is. And, somehow or other I seem to want to just paint out certain parts. But I really didn’t get that I was doing this for my entire life, until many years later.”</td>
<td>“In the Indian tradition—Native American tradition—there is no word for art. And the reason that they have no word for art is because, for them too, everything is part of life.”</td>
<td>“I consider myself...very much a combination of an intellectual...and at the same time equally a free agent. But you can be an intellectual and a free agent too...and a free agent to express myself in however I can best reach...reach out—reach people, reach myself.”</td>
</tr>
<tr>
<td>(Her art-making is intuitive...and incorporates sensory elements such as music/sound, dance/movement/rhythm, texture. She was unaware of her process until later in life.)</td>
<td>“ART and LIFE are not separate...art is a calling...a sensory experience of hearing a sound...as in the religious calling...a vibration that is the first awareness...before light...”</td>
<td>“I think size is in your head. You know, it's...pretty much, live life large, no matter what my circumstances are and they have varied greatly.”</td>
</tr>
<tr>
<td>“But when I walk into my studio, every time I would walk into my studio, my world changes.”</td>
<td>“I believe that from the beginning of time...the sound of the universe, the sound of the...animals...of the universe...that humans have expressed...their deepest fears, joys and love, through visual art, dance, and music...that sound.”</td>
<td>“I’m just a very natural...I’m willing to be as close to nature as possible without fear. And I was always the kid who was sent out to test the ice... I am a keen observer of nature...the colors the patterns and the goldfish frozen in the ice...knowing spring would come.”</td>
</tr>
<tr>
<td>“I wanted the stories [in my paintings] to come out of the place that I was living... The river...a sense of place and movement...from feeling the river, hearing the river, seeing the...the changes in color underneath what lies.</td>
<td>“I believe that we can hear that sound, and we will know. I was privileged to hear the religious leader use that theory of vibrational sound...I realized that it was a calling out to the universe in a very primal way, with vibration; and that vibration, it is...for me represented the beginning of the beginning of time...People in physics would speak of the first awareness. The first awareness before there was light...this vibration thing that was going on before the Big Bang.”</td>
<td>(She is in tune with nature and the natural order and feels fortunate to have this connection, which links her to a time and creation.)</td>
</tr>
<tr>
<td>You know, from very early on it's been about layers...Layers and...but even people, layers of humanity. Layers. And then when I began really feeling, looking at the river and seeing as the light changed you could see different layers of life. I mean (Making art is a religious experience for her and she has the tool, her hand, to express it. Imaginaton is inner driven and found expression in the form that she sensed it needed.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I was a water person... water, water, water! I was always...swimming. You know, I loved it...as well as horses. And, I loved the aromas; I loved the smells of nature. There wasn’t a lot of fear there.”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Creative Expression

water life...when I realize how lucky I am to have that nature in front of me... Well, water is healing I think.”

“I always choose to be in nature. And that I was very fortunate at the—to be—take—you know, gone from being surrounded by—totally surrounded by the mountains...and that wilderness...More of a survival thing.”

“I am an intuitive painter. So I don't plan anything that happens.”

“And...everything is there that we have to know. It's...we...we have everything we need to know... And, and you know me and past lives and past memories...that are buried beneath the surface. That means, to me, that we know everything we need to know from way back.”

“And that the vibration—one vibration spoke to another vibration and, things began to develop. So... I’ve always felt that way in expressing in my drawing and my painting. And my best time is when I could go into the studio...it was a religious experience.”

“I liked my life when I knew that if I went to sleep and got some rest, I would get up and go to the studio, open the studio door, and leave the normal world behind; because... I walked in and the vibration was there. Not for all to hear, but yes they could, if they wanted to. But I heard it.... And it was music...it was math. It was...physics. It was the universe. And...and I had a tool, my hand to...I always—and at the same time I felt that I was—I didn’t think I was about being a painter. I thought of myself as a musician...but...as music was coming through me...

And the music that was coming through me turned out to be something that was visual. And of course, music, we know, is very much about mathematics.”

“You can dream of anything and be whoever you want to be in the studio.... Sometimes figurative or abstract, but it is an internal saga... I go up the stairs, and I’m gone, it’s like going to heaven... I paint from the inside...again, from the beginning of time, the...amazement at seeing the just color and design of some of these things delighted and interested human beings. And they recreated, you know, and used those natural shapes and colors in the fabrics that they began to weave; and even used those actual materials as threads.”

Personal Traits/Character

(Art and Creation story are linked and art is her expression of the primal story of creation...)

(Inner knowing or “awareness” is innate, perhaps relating to what Jung called the collective unconscious.)
From Table 2 the researcher extracted and further explored one area, creative expression, and added formulated meanings.

Table 3

*Examples of Nona’s Significant Statements on Creative Expression and Researcher’s Formulated Meaning*

<table>
<thead>
<tr>
<th>Significant Statements on Creative Expression</th>
<th>Researcher’s Formulated Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>“All of my work is intuitive...it is not planned out.”</td>
<td>She is sensitive to her surroundings and intuitively embodies it in her work.</td>
</tr>
<tr>
<td>“ART and life are not separate...art is a calling...a sensory experience of hearing a sound...as in the religious calling...”</td>
<td>Creativity is natural in her life and includes sensory experience.</td>
</tr>
<tr>
<td>“I always choose to be in nature. And that I was very fortunate I’ve gone from being totally surrounded by the mountains...and that wilderness...to this river...water is healing.... It is more of a survival thing.”</td>
<td>Nature is inspiring and comforting and it is essential to her being. She is sensitive and in tune with the changing cycles and life in nature as it constantly changes, renews itself, and moves in rhythms that she senses. She feels a part of this and it is the source of inspiration and impetus for her paintings.</td>
</tr>
<tr>
<td>“But when I walk into my studio, every time I would walk into my studio, my world changes.”</td>
<td>She becomes absorbed in art-making in the studio and all else fades.</td>
</tr>
<tr>
<td>“I wanted the stories [in my paintings] to come out of the place that I was living... The river...a sense of place and movement...from feeling the river, hearing the river, seeing the changes in color underneath what lies...the layers. You know, from very early on it's been about layers. Layers and... but, even people, layers of humanity... layers.”</td>
<td>She hears, sees, touches, and related to place and people. She wants to know their histories, their stories, and is empathic in her relationships. She is social and wants to be part of people’s lives.</td>
</tr>
<tr>
<td>“I make work...Like other people have to work and they go to work five days a week and they produce. If you say you are an artist and that is your life's choice [and] work—then go to work!”</td>
<td>She is a constant artist...always working in her art and with the thought of eventually getting it out into the world, shared, and sold.</td>
</tr>
</tbody>
</table>
The following is an example of the analysis the researcher made to organize the same participant’s statements about her health and ill health history with researcher’s formulated meaning and interaction between the researcher and participant, Nona.

Table 4

Nona’s Selected Statements on Life With Health and Ill Health

<table>
<thead>
<tr>
<th>Life Before Illness and Previous Illness History</th>
<th>Diagnosis/ Treatment</th>
<th>After/Remission or Ongoing</th>
<th>Researcher’s Formulated Meanings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early: “My parents, everyone in my family are very creative and talented... I was encouraged and worked with them in shop... And then every time they changed the wallpaper... they would strip off the paper... they let me draw all over the walls.”</td>
<td>(Over 70 and active when diagnosed with brain tumor... moved within a short time to be near family and proactive in finding specialists)</td>
<td>“I had this affinity to feel a part of nature and actually during the different seasons. I would watch the spring and in the fall I’d say, part of this... It’s exciting, you know. That I can be part of this cycle and who knows... you know when I go into the earth whether I can continue in some way... to rejoin another cycle.”</td>
<td>(The artist grew up in an artistic environment and her talents were encouraged and fostered. She pursued art school and a life of art-making and working with others in the east for years where she raised her children and exhibited with well-recognized artists of the time.)</td>
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<tr>
<td>(She is free to draw large and in her home, also says she loved dancing and horses)</td>
<td>“Well, I started... I actually, I was in shock, really, moving from the West with two big studios, bringing 200 paintings, putting them in storage...”</td>
<td>“So, watercolor wasn't the thing although I've tried many different mediums, but then I didn't have a choice in this tiny little room with a design table. And... but I found this paper that was very sensual, you can—some of it is translucent and you can play with light. And I could use the watercolors in a similar fashion as I do oil paint on it.”</td>
<td>(She approached her new dwelling as if it were an art installation... which she knew how to do)</td>
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<tr>
<td>(Art schools, jobs, own family and children from two husbands, two divorces.)</td>
<td>“But when I did move and unpacked and moved into the little apartment, before the surgery...”</td>
<td></td>
<td>(She had to change media.)</td>
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Life Before Illness and Previous Illness History

(Professional artist in the East for twenty-five years and moved to the West for twenty-five years...exhibitions of art and active in community involvement)

In a few days I had—it was all put together. It was an installation.”

But when I moved back here ...and I didn't have all the stories of people's lives where you live or there's history... I just felt lost ... that's when I got really depressed and wow, what—what am I going to paint about? What is going to come out of me, I don't have that sense of place and ...people.”

[After surgery]“I just started using new materials and stuff was piling up around my feet. And I went in everyday and I did something—one or two pieces, nine by twelve inches.”

(Moving, setting up a new home she was initially lost, but after rehabilitation and making social connections, she became)

(continued)

After/Remission or Ongoing

“...you know when I go into the earth whether I can continue in some way...to rejoin another cycle.”

“...and then the time lapse between there and moving here four years ago, coming into not knowing anyone, not knowing my—place, and losing... me.”

“I didn't know...anybody. No one knew anything about me. ... It's like walking down a street of a city where you have no identity... because every place I have lived up until moving here...there was no question as to who I was inside of me... I identified myself by knowing that I was, that other people—knowing that I was producing art.”

“...you know when I go into the earth whether I can continue in some way...to rejoin another cycle.”

(Resilient now in looking back over last few years)

(She was motivated, energetic, prolific and sold work all along the way in an artistically free life.)

(Choices were made and works embodied interests in Jewish history and humanistic story.)

(Continued)

After/Remission or Ongoing

“She chose to go to (She lost her intuitive sense of knowing, and sense of place and belonging and being known and recognized... as herself...and artist... depressed... Illness changed all of that...for a few years... loss of identity moving to a new community where she was not known as an artist...and recovering from serious illness.)

(It was not her choice To move... as all other moves had been... loss of control over her life... new for her...)

(Resilient now in looking back over last few years)

(She was motivated, energetic, prolific and sold work all along the way in an artistically free life.)

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(Choices were made and works embodied interests in Jewish history and humanistic story.)
Life Before Illness and Previous Illness History

Diagnosis/Treatment

motivated and proactive and began to paint small pieces.

"I was feeling sorry for myself for several months. Early in my life, one of my teachers said to me, 'well, you've chosen art as your life, profession... and most people, ...go to work every day, whether they want to or not.'

...And I've lived by that. And, because there are plenty of times I've I have a bad day...even in the studio, it's like, 'oh, my God... and I'll never do nothing...when I go in the studio, something will happen.'

...west... I did not choose to have an illness that required me to come to the East Coast for medical care. I feel—I mean so much has happened. There's been so much growth in many ways."

(She had a retrospective exhibition spanning fifty years of artworks in prestigious gallery in the East. In four years, she made new works on translucent paper, layered and worked abstract art inspired by nature. demonstrating her resilience.)

She demonstrated her resilience in art-making which gave her back her sense of herself as artist and her place as artist in the community...

‘I didn’t know if I—how I could proceed, until (pause) the river became a part of my everyday existence. And rising, and going to sleep, and I—I... was very much involved in the life of the river, and began to realize that when I got up in the morning, the first thing I did was open the door to the river and say, ‘Thank you’. And I began seeing the animal life that hides in the rocks, and the...blue (Continued)

After/Remission or Ongoing

heron that appeared every day and hid in the

Researcher’s Formulated Meanings

(Family and professional support and interest helped her organize an exhibition with selections from her life of art-making. Although anxious, a confidence and sense of self as artist seems to have returned.)

Researcher’s Formulated Meanings (continued)

Researcher: We were talking about how you started up again. And how you got your life back and how you got your identity back after such a major... the move was enough. But do you see that your work has changed during this time?

Nona: Completely... I mean I'm back into more abstraction... the nature of the material — first of all when you're working on a nine-by-twelve piece of paper if I were to even attempt to do the kind of figures. I have been known for a more monumental size— it just doesn't work on a nine-by-twelve-inch scale...and it becomes a greeting card.

...And that definitely did not—that did not excite me... it takes pretty much to get me down, or to get me to a point where I didn’t get excited... but it took me awhile.... I've grown, inside of me I know I can do much more than I even thought and in areas that—I'm not talking about art, but about business... I
blue-grey rocks that—until, suddenly, it spread its wings."

“And, so...I really don’t want my life ...to be about the fact that I've happened to Have...[illness] I've had other things too...Okay, here I am, ... It took me to a place that was fine...where I—if I was going to work I was going to have to work in a different fashion.

“You know everyone has life challenges and ... that I have joy in painting my way through them. I'm seventy—I'm my age...and I don’t think about that.”

“But you know that you want to have fun I'm very much a dancer.”

Researcher's Formulated Meanings

learned... I took responsibility. And so it’s that I come from a family that is like that.”

(She has no patience for victimhood or not moving on and being self-reliant and being the artist she has always been. Her energy returned, indicating her resilient nature.)

Note. The researcher’s observations and thoughts are in italics while the participant’s words are in quotation marks.
Participants’ Profiles and Narratives

After each participant’s interviews were color-coded, they were deconstructed (Forinash, 2012, p. 152) according to meaning units, separated in tables for specific categories and subcategories, the researcher felt she was in a position to construct narratives encapsulating highlights of each participant’s story. The researcher was mindful of trustworthiness (Forinash, 2012, p. 149) in qualitative research and established relationships with the previously unknown participants over at least three years during the selection process and three interviews, which were spaced over two years. During this time, the researcher authentically cared for the health and well-being of the participants by calls, emails, and made a genuine effort to follow their art careers. Because of the relational aspects that developed during hours spent in the interviewing process in their surroundings, the researcher was able to sense and make observations of the settings, artworks, and unique personalities of the participants. Since the researcher was about the same age as the participants in their 60s, the sociocultural period was easily referenced and discussed. It was equally engaging for both parties when the ages varied and elements were viewed and experienced differently. The intimate nature of the inquiry opened avenues for connection and sharing and the researcher served as a support to the participants who sought and encouraged it.

In order to give a sense of each artist, narratives based on the interviews are presented in the text.

Artemisia

Their Loss Touches My Loss and Our Loss
Artemisia is a smart, savvy, and socially involved artist who has a funky flair and look. As the firstborn child of five, she left a small town in the mountains for boarding school and college. Both were single-sex schools. Spending time abroad during college learning languages and studying art history further exposed her to European cultures, the facets of which included cuisine, style, and Western art history. Curious, fun-loving, and open to new ways of being, Artemisia had a sensibility that sought eclectic experiences, adventures, and travel, which continue to expand her world today.

With marriage, children, and family life, Artemisia developed a community of connections and redirected her graduate art concentration in printmaking to drawing portraits of the children and, later, adults in her circle. Although a full participant in early women’s movement agendas of the early 1970s in the art world, Artemisia soon recognized her talents in portraiture would give her a dependable income as well as allow her access to relationships with her subjects, which was her natural relational inclination. In addition, Artemisia began a teaching career, which would span over 30 years and give her another base of connections with students and faculty members of the art community and the larger art world of a museum. In retrospect, she recognized that fellow male artists excluded women artists, did not value their work, and acted to prevent their promotion in the workplace. As a successful portrait painter who commands a high price for her work, she has not been dependent on the gallery or art world for clients.

In the past eleven years Artemisia became involved in social activism, using art as a form of communication. She felt compelled to personally respond through the power of art to the tragic loss of American lives. She organized 250 other artists to participate in a large public project that visually showed what words could not. Her empathic aesthetic
response joined by others became a forum to significantly make a political statement and draw people together at a national venue that would help give to those who had lost so much. Strong moral/ethical beliefs, determination, generosity of spirit, and loyalty to family and friends are characteristics of Artemisia’s character and way of being. These relational qualities as well as her artistic skills have led her to committed and creative ways of engaging with people beyond her environs.

Caught completely off guard and at first overwhelmed by news of early stage breast cancer in her late 50s, Artemisia took to heart the words of a colleague who reminded her that this way not her way of operating. Deciding to film her surgery, she notified the hospital and staff of this, which put them on best practice behavior and gave her a sense of control that she had in her art-making. Regaining a sense of self as artist and acting as a director in her life, she kept her teaching schedule throughout the months of radiation treatments. Although reduced, tired, and afraid at times, she continued with her life and accepted the help of friends with good spirit. Many years later, she is forging ahead with important portraits, new ideas, and projects related to art and healthcare.

**Augusta**

**Life Work Led to New Meaning**

Augusta’s early life in Europe changed during her teen years when her family moved to the United States when her father, a recognized MD and PhD, secured a professorship at a university in the Midwest. In the mid-1960s she went to a politically liberal college, where she became fascinated with film and specifically the mechanics of the camera. Largely self-taught after college, she sought opportunities and made short, reality-based films there, but found it extremely hard to get a job as a woman and in an
industry that was exclusively male. Fortunately, the politics of the moment worked in her favor when networks were penalized for not hiring women, and she became the first professional woman to be hired by a major network as a cinematographer. A hard worker, a keen observer, and excellent at the details of her work, she worked hard doing all the “women’s stories” and those with social and humanitarian emphases that she was assigned. Having to constantly prove herself to her fellow union workers, Augusta spoke of carrying about 20 pounds of camera equipment and never complaining or being late.

Over the years she was increasingly hired by producers/directors to go on assignment and capture in documentary format their news assignments or stories. As a result she travelled extensively, shooting with different teams of producers and technicians. Some of her work took Augusta to South America where her father’s family, displaced Jews from Rumania, had immigrated and lived. Being fluent in Spanish and French and experienced in the history of South America through family connections, history, and stories, she went on a shoot that took her to an orphanage where she could not forget the children and felt drawn to help. She was successful in raising funds from her colleagues in the film world, working through political and local challenges, and personally getting a large washing machine to help the staff with the 250 children living there. As she recounted this story of almost ten years earlier with deep emotion, she recalled the people there who had told her of others who had promised things and nothing had ever come of it but disappointments. She related their words as tears of pride came: “You’re the one person who did something.” She went on to say, “It was probably the best thing I did in my life.” Her empathy for the children, who lived in the sterile environment with very little chance of human connection or stimulation, eventually led her to pursue adoption as a single parent.
Years later she was able to adopt a young child and bring that child, who was about 7 or 8, to live with her in the United States. She was overjoyed. At the same time she was diagnosed with Parkinson's disease.

Our hours of conversation about her family history on her mother’s and father’s sides were full of stories of movement across six different countries. The richness of the accounts of family and her professional experiences were fascinating to hear. As she knew the focus of my research, she said, “I had a feeling one day . . . it was like every cell in my body had changed. And I had never had or even conceived of that notion before.” She was relieved that her condition, diagnosed when she was 53, was Parkinson’s as it could have been “one of the nasty ones,” but living with the major medical interruption has been “a really big thing” for over thirteen or so years. She spoke: of the uncertainty of your nervous system. . . . What you feel with . . . starts to not function, you lose your sense of smell, you lose your sense of touch. . . . It’s that everything is haywire. You never know what’s going to happen next and that is upsetting.

To my surprise, Augusta shifted to telling me what did work for her and her commitment to learn what she needed to do “to feel better.” She has striven diligently to exercise, lift weights, and do yoga with visualization and controlled breathing as a “body-mind centering” tool. In addition she learned about her medications and the side effects of paranoid thinking and involuntary body movements. Highly intellectual, yet realistic, she noted that she knew right away she could no longer film due to an inability to balance, walk backwards as she prided herself in being good at, with the added possibility of hurting herself and being unable to carry the heavy equipment. With a sense of humor she
laughed and said, “It was bad enough when I was healthy!” Talented and highly commissioned as a documentary cinematographer, Augusta knew instantly that she would have to give up her career, as she was unable to steady the camera. She had always held herself to the highest standards and worked night and day when necessary, and she exclaimed that she was not about “to be fired.” During the transitional period in her life, Augusta taught in schools and universities with children and college students, where she enjoyed the human connection, inspiring them to go far, and imparting her skills, which she had taught herself early on from a manual and enriched with lived experiences. Increasingly limited, and helped by medications and disability benefits, Augusta has been occupied with health and guiding her now teenage child through challenging educational situations. Writing her story of adopting a child from South America and their relationship with all the cultural differences is a goal in the present. She has an incredible memory and stories to tell of the early art scene in New York’s SoHo from the 1960s onward. She could with assistance give a valuable account of those creative moments of which she was a participant as well as a keen, astute observer.

**Dragonfly**

**Change Direction: Work and Life Reenvisioned**

“My photographs tell stories of ordinary places. . . . I see richness and poverty, hope and despair, joy and sorrow, and pervading all, a sense of time ingrained in the continuity of life.” Dragonfly revisited in her recent artwork the memory places of her childhood and searched for clues of those who had lived in now-abandoned dwellings, having moved from these places as times and industries changed. She too had gone far from this place. With an early talent for drawing and a pull to be “behind the camera” and
in the darkroom, Dragonfly pursued art school and a life that engaged and eventually satisfied her curiosity, imagination, and fascination with architectural spaces. She learned new skills along the way and possessed the personal skills to make and keep connections of value in her field of set design, which was necessarily collaborative.

“I like to have a script and to imagine the space for it and select objects to go in it to empower the actors to get into in their characters,” she said as she spoke of her 25-year career in theater and television. Dragonfly talked about her ability to draw and convey in original set designs the essence of the human situation. She has spent years researching different eras, costumes, and essential elements for performances on the stage, television, and movies, and seeking out those “who could build things” and be part of the team. She related with confidence that she is “really good at working with groups.” A keen observer and empathizer, she had the professional ability to project herself “into their [the actors’] shoes” in sets or now in her second career in art therapy, with clients. “I try to offer them control . . . so they have choices . . . and be present for them,” she said of her current work with adult psychiatric patients. In regard to her own artwork now, Dragonfly recounted her artistic process, saying she “doesn’t have an end result in mind and wants to play with the medium and keep going and going wherever that takes [her]... and then there will be an emerging pattern or something will be revealed...and I [she] will do that.” Being experienced, Dragonfly can act quickly in a drawing or be patient, as she said, and work “layer upon layer” with encaustic painting or even “go to sleep thinking about something and dream.” When asked “What is creativity?” Dragonfly replied, “It’s like breath. . . . It’s in my bones. . . . It’s almost like not a choice, it’s just . . . a calling. . . . In the second part of my life, it did become almost like . . . this is what I have to do.”
Slender and tall, Dragonfly is a soft-spoken, shy woman with soft, fair curls surrounding her fine features, and a twinkle that gives a clue to her sense of humor. She is thoughtful with others and gentle in her speech, yet strong in her convictions, skills and knowing. She said she feels fortunate that she felt free to draw and redraw images and imagine situations, and has faith and hope with these feelings sensed in her body that have enabled her to pursue her art and work with others—even with the “unfortunate circumstance of illness.” She said she had this “spirit and space within” before cancer, which later “sparked her keen interest in the healing power of the arts, in a therapeutic sense.” She went on to say that “[art] is so powerful...moving and healing...it offers a meaning to one’s suffering and if you have that...or a sense of understanding of that suffering...there’s hope...there’s hope.”

The artist said that with illness coming again, a second primary cancer, she asked herself, “What next?” and then decided to do what she had always done—use her camera “to find the story.” A part of her artwork documents and contains her story of illness and recovery, which she shares with others on retreats and in public exhibitions. Loving narrative and storytelling, Dragonfly continues to tell, to retell, to write, and to rewrite her story in words and images; as she says, “Every time, it changes.”

Faye

Meditative Movements Bring Trance States, Wisdom, and Connection—Here and Beyond

Faye started ballet “very young at five or six” and was “always good at it,” as well as “geometry” later in school. She went to one of the only two colleges, all-female then, that specialized in dance and gained the attention of a long-standing mentor,
because she speculated they recognized her as “dedicated and single-minded.” Faye described herself as a visual and kinetic learner who was not auditory or literary in her sensitivity. She “enjoyed the physical aspects of dance very much and the precision of it.” Exposure to a variety of teachers, who emphasized “modern dance” and developing “your own unique style,” along with the benefits of her formal training and being near New York City gave Faye, as she surmised, her foundation in dance. She was clear in her identity and focus when she finished graduate school. A traumatic motorcycle accident and injury to her ankle changed the direction of what was then possible, but not her vision or resolve to continue in dance.

Faye began developing her own work on her own terms, which led to forming a small not-for-profit company in order to raise funds and receive grants. She taught classes, organized travel for performances, toured, and brought other dance companies to a large city on the East Coast where she lived with her husband for many years. She performed herself until about 40 years of age, when she began to focus exclusively on choreographing with her company. Faye found that she needed to be in New York in order to find dancers for her work and a larger audience for dance. Moving back to the city and expanding to areas across the country, particularly in the Southwest, presented opportunities for new audiences and teaching opportunities for the company. Focused and working with her dancers, she directed and collaborated “to get what she wanted” and what the dancers could uniquely do. She felt that dance was a way of life, “it’s a choice you make and probably you do it unconsciously early on.... I think when you’re a dancer you do it because you love it, not because of any other reason. And that is the bottom
line, ‘cause there’s no money in it, it doesn’t really help your health...[and] you get bad knees.”

Her more than forty years of hard work, teaching, performing, and advising cultural institutions culminated in a major performance of her unique, meditative, and trance-inducing pieces in a major museum only weeks before she was diagnosed with ovarian cancer that was recurrent. The news was shocking; the heavy doses of three rounds of chemotherapy and several clinical trials that followed over the next five years of her life were brutal attempts to stop the cancer. Faye expressed her way of handling it: “I think it doesn’t affect my creative inspiration. You just take it like you do the death of a good friend or parent or a sibling...or an animal. And you just move on.... It’s sort of the main thing in my life that continues on.” She speculated that “cancer is the disease of this particular generation, as TB was before...and polio.” Perhaps realizing that she had no way out of this cancer, she took decisive steps and moved across the country to be near old friends and on familiar ground. She did not feel that being a former dancer helped her through this, but that “finding a good doctor and being in a place which is nurturing and having good friends, easily accessible to visit or to be with or talk to,” were the things she needed at this time. Her practical approach was realistic, as evidenced by her saying, “And, I am just not interested in focusing on something that I really can’t do anything about except just keep on going back and forth day to day...truly we’re not in control.... I think age is a big factor for accepting it.” This was the first challenge that she had not be able to overcome in her life and she did not want to dwell on it or even talk about it. She said she was superstitious about that and that was just her way. And she
slowly slipped away leaving her meditations in transformative dance in the memory of her followers and in archives.

Gloria

**Reality Grasped Through the Glass Lens...Yet Mystery Called Beyond That Focus**

Gloria’s life made a romantic turn in her mid-60s when she remarried after being divorced since her 20s. She reminisced about being attracted to the artist’s life of “freedom” and “spirituality” after spending two years in a women’s art college, and chose art as a way of life. She recognized the reality of economic necessity as a single parent and the potential livelihood that could be had with expertise in photography. Steering away from the traditional fine art of painting, she learned what she needed on her own and became a successful documentary and commercial photographer, eventually gaining museum shows and prestigious grants and commissions. For more than thirty years, Gloria had access through her photography to people in varied situations and environments. Her close-up camera view captured real stories of human suffering in hospitals and rural communities in decline, as well as practical reports for businesses. She told of intense empathic feelings at times and having to temporarily leave the scene to regain composure before beginning again to construct a scenario for a print. She enjoyed working in the darkroom with music and choosing what she wanted to present as the final work. She noted that she began losing her hearing in her 30s and that she felt then was an asset in sharpening her other senses.

Her new marriage offered a happy change from an on demand, freelance work schedule to one of travel to foreign lands and a chance to reorient back to her fine artwork, which became her focus. During these recent years, Gloria was diagnosed with
early stage breast cancer, which did not require additional treatments after a lumpectomy. Her “positive,” optimistic, and practical approach to living life fully was reflected in the artwork that she began within six months after treatment. She was and still is excited about the new abstract, black-and-white “cellular” forms that appear in her work. Circular, wavelike forms and ambiguous shapes were repeated in the fields of rich black pigment as light patterns, marking stark contrasts. She acknowledges a possible coincidence in these forms with diagnosis, but does not want to speculate further. Instead, these new works resonated with quantum physics theory and mysterious, intuitive formulas of unknown origin. Gloria is a warm, engaging, enthusiastic person, who expressed gratitude for her art and life experiences that she has had as a photographer, painter, and collagist and for the many exhibitions that she is currently experiencing with her work.

Husky

Losses and Good Health Are Expressed in Visual Language

Art, specifically the visual language of painting, has been a way of finding voice and imaging deep unconscious emotions for a gentle person who loves animals; she chose to be called Husky. As a young child, she experienced an “unseeable” illness and as was the custom, she was separated from her parents for a “long” period of time. She was in pain and felt abandoned and lonely in the unfamiliar surroundings of the hospital. Thirty-five years later, she wrote about this childhood moment, which was recalled after a similar sudden, unexpected malfunction deep inside, which once again threatened her life. Recovered and remarkably resilient today, Husky spoke intelligently about the mechanics of the internal body, which she expressed in frontal, bold, vividly painted
canvasses that mirror her tall frame. The rich, vibrant organic forms tell their own story of the ordeal as imagined intuitively by their maker. She explored forms in the natural light of her studio and created her own world, which contained her story in symbolic, visual terms. These recent explorations are follow-ups to earlier paintings in which she cut out parts of the paintings and applied them to others. She spoke of these cut paintings as being painted after surgery. Collaged elements were worked on over time, finally giving way to whole intertwining forms, which popped from white backgrounds. Rhythm, movement, and the heightened color of the recent paintings declared their aliveness as they continued to greet and announce themselves to the observer. The outpouring of abstract forms, which evolved during the creative process, once pieced and glued together, now hold together and exude unity, cosmic energy and life force. The artist spoke, in her enthusiastic, gracious and kind manner, of feeling “joy” when in the presence of these large paintings.

While regained health “subconsciously” underlies the current paintings, during her twenties Husky embodied the loss of family members by making painted constructions that referenced biblical stories and took their form from religious icons. Using the familiar “mythology” of Christianity and the metaphorical stories of saints and humanity, Husky said, she was able to find herself as an artist and deal with tragic losses and emotions. Animals have held special meaning and places in the home for this artist, who has used them symbolically as a stand-in for a lost sibling. It was remarkable for the researcher to see the range in not only technical, artistic skills, but also in imagery. Both representational and abstract images have been worked in a unique and individualistic outlay of forms, which are imbued with emotion and spiritual authenticity. Husky said
“Yes, it [my art] was loaded at that time, but I had a reason to paint.” In fact, her art recounted her life story, which was incorporated in coded visual language that is accessible and engaging to others through their own associations and imaginations.

Maria

Wise Through Body Knowing Whence Stories Unfold and Aim to Be Shared

Maria told her family history as coming from a long line of ancestors who settled in an island community outside the United States. She grew up in a rich mix of traditions and enjoyed hearing the stories as well as having the freedom to roam in nature. She learned by experiencing natural ways, which engaged her imagination while she collected its secrets. She was sent at an early age to a Catholic boarding school in the United States and continued her education through college and graduate work in studio art in this country. Making sculpture, Maria said, was and still is “hard” and “takes a long time” physically as well as psychologically to evolve. She spoke of sensory awareness and especially her body knowing intuitively. She studied art history and studio practices from professors who were part of feminist thinking of the 1970s, which challenged her to address anew issues in culture from her unique perspective beginning in the late 1980s and continuing today. Early success placed her in a pressured position as she was propelled into an international art world; she said she was not ready for its demands. She was diagnosed with breast cancer in her early 30s and as a result rethought and readjusted her priorities and stressful career path.

Maria addressed her surprise diagnosis as she did her art-making and, as she said, her healing became her art during that time. She researched cancer, doctors, and options, and went through the medical treatment advised. Being intellectually curious and “a
seeker,” as she describes herself, Maria also explored non-Western ways of relaxation and self-care, meditation, yoga, visualization, as well as other religious traditions: Buddhism and Hinduism. The idea of a “devotional practice” that included ritual became a part of her spiritual understanding and artwork. Dance and improvisational movement further added a sense of being in the body. As her body had been her subject matter and she the main character in embodied experiences, her knowledge, sensed from body knowing, continues to inform her life and work. She said that she knows through her body first on an unconscious level and it takes time and process to assess that knowledge and see the fruits of it come out in her work, but it “always does.”

Maria is a statuesque beauty who is naturally relational, generous of spirit, and empathic toward others. She spoke of her desire and goal of communicating with her audience in her artwork on a level that evokes emotional response on “the gut level.” The oral story tradition absorbed early from her grandmother, along with her obsessive curiosity and in-depth investigation of possibilities, was manifested through her metaphorical performances, sculptural installations, video productions, and photography. The implicit story suggests a mystery that she enacts in real time and place. It has been almost twenty years since “being sick” and Maria has maintained her spirit and as she says her “positive” approach to life and learning. She teaches graduate students at a prestigious university and is present as a star in the art world.

Margaret Mead

Life and Art Are Intertwined and Intensely Held

Margaret Mead, as she humorously chose to call herself for these interviews, has a wide range of experiences in art-making, art positions, and personal connections in the
art-world context. Growing up and being educated in the central United States, then spending time in the Northwest, Margaret has lived and worked in the Northeast and been part of “the evolving art world” since the early 1970s. Classically trained with an emphasis on figuration, she had honed her skills, yet her openess and flexibility in changing materials, subject matter, themes, or forms to suit her purposes was evident in a recent retrospective of her paintings and works on paper. With painterly fluidity she has moved easily from figuration to abstraction and back as she observed light and dimmed or highlighted faces, landscapes, and still lives, to express moods. Resourceful and experimental, she included nature, human relationships, and story in colorful, diffused, and veiled glimpses into her unique and intimate world.

Accomplished as an artist, Margaret Mead described her life as an open book as she has had much written about her and been in the public eye as an artist and as head of a major university art department for many years. With more than fifty years of exhibiting her work, she has a following. She described her early life as “unpredictable” and struck out on her own early and in pursuit of art. She feels that she has had “a wonderful life” and paid her dues in the art world, which she has been involved in for more than 40 years. Clearly a caring person, she talked of taking care of her mother who had breast cancer and embracing a stepchild. Health problems have intervened over many years as she said that she has had multiple abdominal surgeries and been “sick a lot.” She spoke of anxiety, depression, and a feeling of continual stress, as did six of the other participants. Our final interview was unfortunately not possible due to illness.

Muriel

Mind and Hand Are in Sync in Seeking Secrets of the Universe
As a young child Muriel was very sickly, near death at times, and spent a lot of time at home in bed and alone. She remembers her older sister teaching her to read at age 3 and other times when the family was gathered around her as she lay deep in a coma, they wondering if she would survive. In spite of this, Muriel was very athletic and competed competitively in skiing and hockey and enjoyed being in the winter cold of her country. Her talents in drawing were noticed early by a teacher, who encouraged her parents to recognize her talents. From the age of nine on she attended art schools on scholarships and eventually travelled far from home to an art college in America. One of the few young women students, Muriel was exposed to a variety of media and philosophical views as well as the art practices and styles of the 1950s. She embraced learning across media and with an open mind to philosophical and theoretical ideas as well as intermodal events in which she participated. More interesting to her sensibility at the time than artistic styles were dance, movement, and concrete formulas for understanding and experiencing in nature. She married briefly and made her way to a big city with a small child to raise on her own. Fast forward more than fifty years, and Muriel is a well-known, much respected artist who, as she says, took a long time to “find her sea legs” and put what was of meaningful to her into the works that represented her. Being a woman artist at that time offered no real opportunities that were available to her male contemporaries. Even so, she managed to find a way to show and has been part of the art world and respected for her mind and work. However, the researcher knew that this story has been true for other women of the time and remains so for many mature women artists who have not received the major shows that they deserved. Now that Muriel is in her 80s, longevity may help with further recognition long overdue. She continues to work with a
sense of urgency, concentration, and energy. Being invited into the artist’s live/work studio of perhaps forty years, the researcher felt privileged to be able to hear at first hand about the culture of the times and also observe the artist’s works spanning many years in her surroundings. Muriel is protective of her time, as her thoughts are on her work; art is her life’s work. She has several assistants whom she schedules tightly to help with paperwork for around shows and art organization.

This delicate, fine-featured, mostly fit woman was strong-willed, determined, and focused on her work as spoke in confidence of her life, her struggles, and the illness that interrupted her active work and exhibition schedule for at least six years. She was still restless about that time of regaining strength, which coincided with a major 9/11 disruption in her studio. She was generous in spirit, yet intense and clearly focused on her works that were in progress close to the windows for light and near where she and the researcher sat for more than the allotted hours on several occasions. At the end of our confidential conversation, she offered to take me into the inner sanctums of a large studio full of new works and historical pieces. The researcher experienced the work as transcendent. The artist depicted a world beyond this one in abstractions and spacial relationships, which look to and communicate with eternity. Next to the studio is a large, rough space for experimenting with materials reminiscent of those found on an alchemist’s table, stations for tending to the business of art. These conversations were unique experiences, valuable beyond words for the researcher. The artist’s privacy was of concern, and details have been omitted to respect that wish.

Nona
Life Is a Celebration to Be Embraced Through Nature, Which Initiates the Movement and the Flow

Nona is energetic, proactive, and ambitious, and knows how to make things happen. She is a tiny, fit lady who does not see any separation between art and life, embracing both fully. Encouraged to express herself by her mother, a designer and her father, a high end tailor for men’s clothes, Nona was placed in charge of arranging ties at a young age, sensing colors and textures. Style came naturally as she described herself as an intuitive artist and free agent. Her love of nature, horses, and people was visible in her paintings in which expressive brushwork, gestures, and colors revealed erotic, sensual, and storied relationships among figures, often female nudes with or on horses. Stories of places she knew or sensed, or people from her life or from ancient mythologies, were embodied in her colorful, monumental canvases and had inspired her work of more than fifty years of painting. Alert and aware, Nona was strategic and intellectually curious as she experienced early on being with older, known artists in the field of art, and later in life learned scholars in physics. Moving from the Eastern art world to the West suited her spirit of adventure and offered Native American influences, which she embraced. She spoke of their stories and understanding of art-making as a natural part of life, as there is no separate word for art in their language. She was sensitive to humanity and intermingled and embraced difference in an open, nonjudgmental way. As she said, she needed to be in nature and she wanted to have fun...dance...and hear music.

Being diagnosed with a brain tumor abruptly changed her life and separated her from supportive friends and her environment where she was recognized as an artist. Perhaps loosing friends and her identity was harder for her than the months of recovery
and brief dependency. Self-sufficient by nature, as soon as she was able she found a gym and regained her strength...and began to do small watercolors on a translucent paper, a new material that intrigued her. In her experiments with it, she discovered that marks were held on the surface as tracings or memories, and that these marks, when wiped and worked, gave her a layered effect she wanted. By doing what she knew to do—go to work and make art—Nona soon realized she had made quite a lot of small paintings inspired by the river where she chose to live. She checked it for seasonal changes and could hear the rumbling by from her deck. She said that she knew if she had this new place to come back to after her surgery that she would be all right. And, four years later, she had built up a body of luminescent river paintings, become part of her community, and had a retrospective of her life’s work at a prestigious gallery in the place where she painted many years ago. It seems as if things have come full circle... but, knowing Nona as I have come to during this study, she will now push, and rightly so for her place in art history.

Sienna

The Largeness of Nature Is Embodied and Captured and Shown in Its Splendor

Sienna was encouraged by and identified with her mother early in life. She described herself as very much like her, intuitive and keenly interested in nature. The abrupt loss of her mother when Sienna was 17 was “tough” and “tragic” and had a “huge impact,” and as she said, “put me on guard about...well, life...living my life as fully as I could and about getting check-ups all the time.” She said, “It was the end of family life” and the moment she decided “to focus on art exclusively at that time.” In college she
found a strong art world mentor and had early success by 28 years of age as a landscape painter. Sienna’s life broadened over the years as she taught art in universities and had residencies nationally and internationally. She was socially as well as artistically adept and was involved in the art world, and with arts organizations as a longstanding board member of one school and as president of another large art institution run by artists. She made her living through sales of her paintings as well as teaching and exhibited consistently all of her life and is represented in major collections.

Sienna’s mother died of breast cancer at 48, and she was diagnosed at the same age. Concurrently, Sienna was ending a long-term troubled relationship, which ended in divorce, and she noted that friends “could not deal with her cancer and ran away” at that time. Feeling alone, she was still proactive in finding doctors she trusted and had a mastectomy, chemotherapy, radiation, and managed to keep on her teaching schedule. She painted and wrote messages in new abstract works that used for the first time digital images of her work overlaid with dramatic text about the breast-cancer experience while dealing with the realities of the treatment and recovery. She wanted to show these in her gallery, but they refused and she invited friends to see them in her studio.

Her representational landscape paintings had always been painted outside and from “a real specific view,” in a “particular kind of uncivilized nature,” and in “places unfixed by man.” About two years after the breast cancer surgery, Sienna began painting inside the studio, which was quite unlike her established practice of being outside, and painting a very different subject matter. During the summer months when she was not usually teaching, she chose to be in nature and she had her studio home in an isolated spot in the Western desert. She started gathering bones and “skulls and ribcages” in the
desert and began doing “tracings” that led to 55 paintings. She said they just “poured out of me.” She was later to call these paintings, which were not shown by her gallery, her “disease paintings.” Eleven years later she was diagnosed with bone cancer and began difficult treatments, which lasted for many years. Socially involved, spirited, smart and consistently showing and selling her seascapes, costal landscapes, and tropical flowers painted in the islands, Sienna remained active and in leadership positions in the art community until the cancer got the better of her. Surrounded by friends and in a hospital bed in her studio with her watercolors in transparent layers depicting turquoise water and protruding rocks hanging on the walls beside her, she passed away after a long, hard fight and a willingness to try new treatments in the hope of more life. She persevered for about ten years. She had said during one of our many talks over the years in her studio, “Nature and disease are the last unconquered frontiers that man is trying to get a handle on... we haven’t been able to control them... that puts the ego in its proper place and gives you a sense of humility.”

The Wanderer

Cultural Diversity Worldwide Fascinates and Holds Valuable Stories

The Wanderer is an active, highly intelligent statuesque woman who has travelled, learned, and contributed significantly throughout her soon to be eighty years. Naturally diplomatic and strong, she has a way of influencing others on behalf of high ideals and ethical standards for cross cultural understanding. Her humanistic message has been that education, in which the creative arts and art history are central, is a way of improving chances in life and fostering peaceful negotiation through mutual respect for cultural traditions and valued stories. Personally, she had an excellent education and early
life experience and travel with her family, which served her well when she was divorced
with children and entered the limited job force as a woman in the 1950s. In spite of the
economic inequality and limited options she was well aware of and that most women still
face, sheer determination, intelligence, and graciousness have been her way to find
significant positions. Political theory and comparative governments were her college
focus and twenty years later she earned an MFA in art, focusing on ceramics. Being an
artist as well as an educator throughout life has given The Wanderer insights into the
power and value of the artistic process as she said, “It starts with the hands and the eyes,
but the brain certainly comes rushing into the whole mix. Because it’s one thing just to
learn how to draw a body, but then you begin to work on the composition and the color
and what’s behind just those marks that you’re making.” She has applied her learning and
lived experiences in fostering international student exchange programs and in starting a
school for immigrants who come to this country and need language as well as business
expertise to navigate in a foreign country. She has developed a curriculum that uses
literature and film to teach about their cultures and history and relate that to their own
traditions. Her theory is that story and performance can activate histories and are cross-
cultural educational communications that carry meaning. She spoke of cultural exchange
as a tool for international peacemaking.

Having been diagnosed with a rare cancer in her late 60s for which there is no
known cure at this point in medical history, the Wanderer found a lone specialist and has
been proactive with a healthy diet and endured chemotherapy treatments. She has
continued her life full force. She continues to add new endeavors and challenges and has
defied the odds by her persistence, strength of character and wisdom. As she states,
“Things do constantly evolve and what we have to keep on top of is that it evolves in a way that can satisfy and enhance our lives.”

**Researcher’s Compiled Formulated Data on Participants in Selected Categories**

In order to examine raw data for each participant, the researcher gathered selected statements from the interviews and placed them in broad meaning units to learn each narrative. This was done systematically for each participant and a table including all relevant information for all participants was designed. An example of one participant is included in the text and the complete Table 5 can be referenced in Appendix D.
The researcher designed Table 5 in order to view selected data from transcriptions on individual artists across general categories and assess these across participants. In analyzing the early environments, the researcher found that all of the participants mentioned living or spending time in rural or natural environments. Maria, Dragonfly, Nona, Husky, and Muriel talked of roaming, exploring, and discovering on their own aspects of nature as children. Sienna spoke of gathering and drawing botanical specimens on outings with her mother who was a botanist. Nona, Muriel, and Husky skied high mountains and spoke of adventure and mastery in addition to independence and freedom.
Nature became a source of inspiration visually and experientially. Sensory and bodily awareness became part of all conversations as they considered themselves intuitive.

In the second category, career path and creative expression, the researcher learned of their creative process as it evolved over years for each artist. All spoke of the creative experience as one of losing track of time, being in an altered state of awareness while absorbed in their work. Such a state of heightened flow was part of their creative process, which included research, practical problem solving, setting up, and satisfying the meaning and determinates of the particular artwork or project. All of the artists developed their skills, learned to use various tools, sought assistance when needed, and expanded the perimeters of art skills learned or not in school. Visual arts were expanded, incorporating dance, music, and architectural spaces for performances, installations, and public projects. Thirdly, the cultural context was colored for some by coming to the United States, the women’s movement, and the 9/11 World Trade Center tragedy, which was mentioned by all participants. Artists in their 70s spoke of not imagining having opportunities to show their work in their early years, while a younger artist in her 40s spoke of the stress of early success that was a fact in her life. What became evident to the researcher was that each artist found a way to use her skills and navigate outside and occasionally inside an exclusive art world not open to most of them as it was to their male contemporaries at that time. All of the participants taught in art schools or universities, six in prestigious ones. All the visual artists exhibited their works in galleries, became recognized by peers, and have pieces in various museums and collections. The set designer won an Emmy. The choreographer’s company performed in many museums, and the cinematographer was hired by major producers and directors.
because of her skilled camera work and her sensibility. One artist, who focused primarily on pedagogy and emphasized the creative arts as a major component of learning that needed to be in the schools, received honorary PhDs and awards for her contributions in the field of education.

When beliefs were selected from interviews across participants, it was clear that for these artists, art and life were inseparable. In addition, relationships and stories were an integral part of work and life. Several artists used the camera as a tool and photography for portraiture and capturing documentary images. When illness came into the conversations, some artists regained a sense of control after the shock of a diagnosis by taking on illness as they would an art project. One artist took regained her sense of agency when she decided to have a colleague film her surgery and informed the doctor and hospital staff, who rose to the occasion of being filmed. All participants were proactive, researched options, found doctors they could rely on, took medical advice, went through their particular treatments, and added their own self-care with support of family and friends. Yoga, visualization, meditation, diet, and exercise were all mentioned when possible during and after treatments. All tried to work when able, even in a reduced manner, and slowly all resumed their work, except the one with Parkinson’s, who taught for a while. Several artists spoke of seeking spiritual or religious traditions that were in addition to, and often different from, what they might have experienced in their families of origin. One spoke of wanting to know about traditions that spoke of death out right and did not avoid the reality of it. Several read The Tibetan Book of the Dead or Rumi, and sought calmness or humor to regain a sense of self. Several brought rituals into their daily lives and art practices. Finally, all, except one, who saw her work on a continuum, shifted
their lives and said that they changed their artwork at the time and perhaps thereafter. As one artist said, “How could the art not change?” Another said, “I can’t say how it changed, but yes, yes, it was different.”

After assessing information gleaned from Table 5, the researcher wanted to know more about each participant’s particular creative expression and art practice as the conversations naturally covered their chosen visual communication. Data specifically relating to each participant’s creative expression and researcher’s formulated meaning was specifically analyzed for more in-depth descriptive material of their art experience in making art and the work. The researcher assessed each participant’s words for their essence and meaning as they revealed unique perspectives and approaches to artworks and creative products. Three examples are included in the text. For the complete table, please refer to Appendix E.
### Table 6

**Descriptions of Participants’ Artwork**

<table>
<thead>
<tr>
<th>Participants</th>
<th>Subject matter of art</th>
<th>Medium</th>
<th>Researcher’s Formulated Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria</td>
<td>Self exploration, meditative practices, dance improvisation, narrative</td>
<td>Her body: identity, about unconscious/ mental, intuitive (sleep), movement, repetitive actions, endurance, inquisitive</td>
<td>Questions self in environment, self as interacting with environment and self-knowing, Confident in exploration yet talks about doubt Feels stress was a factor in illness, unexpected, reprioritized family over career, adjusted scale of work to what she could handle with few assistants, yet 15 years later very successful international career</td>
</tr>
<tr>
<td>Gloria</td>
<td>Physics, cellular interest, abstraction—prior work, documentary photography</td>
<td>Photography, computer manipulations in digital prints, collage, mixed media, light and dark contrast, travel inspires some work</td>
<td>Change in work from reality—e.g., in photographic environments, portraits—to abstraction and unrecognizable forms in black and white Doesn’t want to directly relate images in work to illness, but intuitively thinks it is linked Five years since early illness and minimal treatment needed, forging onward in career</td>
</tr>
<tr>
<td>The Wanderer</td>
<td>Education, teaching and devising new programs for international students, focus on creative learning Ceramics in forms of vessels and bowls, abstract</td>
<td>President of international educational institution with emphasis on cultural narratives in creative expression and learning language and gaining practical experience in foreign country. She uses the arts personally and in educational enhancement.</td>
<td>International traveler, wide experience with cultures and people, taught art, creative writing, English language Artwork: ceramics Personally, very active, inventive, has been open to new options Proactive in searching out expert in her unusual cancer, defies all odds in positive attitude, hard work, and involvement in life</td>
</tr>
</tbody>
</table>

(continued in Appendix E)
The researcher learned that of the 12 artists in this inquiry, five were painters, two sculptors, four photographers or in film, and one a choreographer. All were visual artists who spoke of multi-sensory sensitivity experienced through their bodies and embodied in their work. Music, movement, and dance were incorporated by most into their practices. Maria spoke of her body as the source and vehicle of her intuitive knowing. Her sculpturally based work was physically demanding and she used the repetitive, laborious nature of her creative process to convey the metaphorical layers of an unfolding story. The implied narrative in these work and in the work of other artists who also used themselves as subject in some works were described as healing or therapeutic. The photographers captured human stories in settings and portraits in documentary works that were full of implicit social commentary. Artemisia drew portraits of children early in her art life and later painted commissioned portraits of dignitaries. To grasp the essence of the personality of the sitter, she took numerous photographs and made many drawings before beginning the painting so that she and the sitter could work together and decide on the final pose that would be appropriate for the portrait.

In additional to the importance of relationships and human narratives, some of the artists spoke of nature as the source of inspiration, as a place of connection, or as the metaphysical mystery that was the essential point of departure for them. Nona said that she chose to be in nature as she needed a strong sense of place and relationship to it. She wanted to know the history and stories of the people and creatures that had inhabited her environment in the past as well as in the present. She studied and painted stories related to the Inquisition in Europe which and the dispersion of Jewish people from Europe in the 1500s as she found elements of that history, her history, in the West where she had
lived. Moving to the East due to her medical condition, Nona again found a place to live and recover from surgery on a river, which symbolized for her continual forward movement and renewal. Sienna painted out in nature and chose raw, untamed coastlines and the edges of landscapes in unpopulated scenes viewed as if in a close-up shot or a widened vista. Time of day, a moment in time, heightened lights and contrasting darks, along with natural or vivid color were hers to capture from the chaos in nature as she said and put into a visual order. The larger universe and its laws and workings captivated two painters and the choreographer. One artist used black and light high contrasting printed images of waves and particles relating to physics while another used alchemical pigments of gold, blues, and pure geometry to engage the viewer in metaphysical relationships of elements. The dancer/choreographer envisioned geometric patterns, which took her dancers and the audience into meditative, trance states beyond literal time. She used the moving body as a vehicle for reaching a state of inner transcendence. Quite the opposite, Husky investigated the inner maps of the human body that she imagined and painted in larger than human scale organic forms in vivid colors on large white surfaces on canvas. She felt joyous about these expressionistic works, which referenced her life-saving surgeries, one in childhood and two in her 50s.

Learning and spending time talking about artistic practices, beliefs, works, and experiences with each artist was an essential part of understanding their lives before illness for the researcher. With real interest, the researcher listened to each artist tells her story which naturally led to the work which was in the home or studio where the interviews took place. Some personal characteristics and the personalities of the artists naturally were experienced by the researcher our over this time and added to relational
aspects of the exchange. All of these artists were strong, determined, proactive, and extremely curious individuals. Some were soft-spoken, others more demonstrative, yet all were centered, open, self-confident, intelligent, imaginative, and courteous to the researcher.

With an understanding of life before the impact of illness, the researcher then went back to the conceptual framework for this study. With the solid exchange in the interviews and an understanding of each participant’s story, the researcher reviewed conversations, which concerned difficult times in their lives around illness that they shared in confidence. The researcher was able to select significant statements from the transcripts that related to the three time frames: of before, during, and after or with continued illness. By selecting passages the researcher was able to sense, in essence, personality traits, perceived relationships with medical staff, decisions and choices, and changes with a medical diagnosis and treatment. An example of one of the participants is included in the text in Table 7. For the complete table, please refer to Appendix F.
### Table 7

**Researcher’s Summary Assessments of Participants’ Lives and Art Before and After Illness**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Life Before Diagnosis</th>
<th>Diagnosis and After Treatment</th>
<th>Researcher’s Formulated Assessment and Similarities and Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria</td>
<td>Early success, pressure to make work, stressed, doubted herself as not prepared for attention and demands of art world.</td>
<td>Early thirties, breast cancer diagnosis, totally unexpected... stopped artwork and took on diagnosis as she would an art project: researched, found out options and doctors she could trust, followed treatment regimen ... also researched more and did visualization, yoga, meditation, diet, retreats, and had lots of family support. She reprioritized life, questioned her career path and what success demanded as pressured and very stressful. Readjusted priorities read widely in other religious traditions and incorporated non-Western spiritual ways and created own rituals...that included ideas, movement, and senses in experience and learning. Thought of art-making as a “devotional path...”</td>
<td>Took control, proactive, became knowledgeable, accepted help, researched fully in medical first and additional therapies. Trusted doctors and was open to healing through many avenues for self nurturance... Reevaluated and changed her personal career goals and demands in light of stress and found ways to use the body to know more than just intellect... Regained her sense of self and direction by being with her body and going through and with the healing process during and after... Began to make work again by continuing works started before, seeing differently works done before in light of “having gotten sick” and embodied psychological changes in her views and ways of interacting in art world. She said, “yes, my art changed. How could it not have?” Creative process is experienced through different –multi senses and on an intuitive level. Improvisational dance.</td>
</tr>
</tbody>
</table>

Seventeen years later, no further incidence of illness. She has a very successful, international art career and is an art professor at a major university. She spoke of “body knowing” and parallel process i.e. dance and movement of the body parallel to making sculpture. The repetitive acts lead to the unconscious, which revealed a level other than intellect.

(continued in Appendix F)
In analyzing data from the perspective of life before illness, life with a life-threatening diagnosis, and life ongoing after treatment, the researcher gained additional information in five areas and was able to see more clearly similarities and differences between the participants. First, these artists took an active role in medical decisions and sought out specialists for their particular illnesses in major institutions and sometimes beyond that to doctors researching rare conditions in research institutions. They did their own research and became knowledgeable and questioned certain treatments and follow up measures considered routine with their own personal assessments and decisions.

Second, taking a proactive position gave a sense of control in an otherwise overwhelming situation. Four artists used their medical situation as subject matter in their art of that time, thus employing their skills and strengths on their own behalf. Several artists felt compelled to make art based on their inner psychological states during those uncertain times. For example, one artist photographically documented the actual medical settings of her treatment, the same treatment rooms she had been in years before for the first cancer. She said when she had a recurrence, “I might as well do what I always do, grab my camera.” Another artist had her fingernails manicured together, making both hands useless in their joined state, and had the nails painted red to express her feeling of “entrapment.” Another wrote extensively about a lost sibling and her early childhood trauma with illness before she began a series of small paintings, which became large, vividly colored organic forms on canvas. These tubular, intertwining forms were imagined but resembled medical illustrations. Another artist, the painter of portraits, turned to video and filmed herself enacting a private, personal performance.
Third, the artwork changed for all of the artists during the period of diagnosis and treatment. This was due primarily to lack of stamina and energy, physical instability, or other discomforts due to particular treatments that lasted for many months for some. The one who did not need additional treatment after surgery still found that her work changed. Four artists made abstract works as opposed to their previous imaged based or representational work. Two artists who had not previously done autobiographical work used themselves as subject and center of artworks. Several spoke of struggling to work for a few hours a day on small pieces in different materials, as older materials were not considered safe. Making work and continuing their creative process appeared to be grounding, meaningful, and essential for each artist. Several artists felt in reflection that their intuitive sense of knowing revealed the presence of illness in their work before it was diagnosed medically. One artist, later diagnosed with Parkinson’s disease said she remembered a moment in which she sensed that every cell in her body had changed. Finally, the courage and persistence of these artists impressed the researcher as they used their leaned skills and art experiences as well as their lived social experiences with a network of connections at a time of disruption in their lives.

**Conclusions Following Overall Assessment of Participants’ Interviews**

By absorbing the words and experiences recounted by 12 women artists from their interviews, the researcher found certain consistencies across the participants, given a few exceptions.

1. Their choice to be an artist gave direction to their life and identity to themselves.
2. Pursuing a creative path for these artists not only involved developing skills, but being curious, often self-taught, and evolving their artistic practice through experience. Being motivated, flexible, and open to new possibilities reinforced their sense of identity and over time agency.

3. Individual preparation, commitment, and perseverance led to specific, individualized professional identities and unique work.

4. Having a visual form of communication gave personal expression and meaning to life and art that could be adapted to the purpose of artwork as well as for the intended audience, client, or particular personal event in their lives.

5. The sociocultural context was a factor in options and opportunities for these women artists living in the northeast United States and in or near large cities.

6. When illness disrupted life, the priorities shifted to medical research, family and support systems, treatment, and regaining strength.

7. When possible during extended treatment, artwork continued for all, except one artist who had to give up her professional work due to chronic illness. Several approached illness as they did their artwork and did research and were proactive. By necessity some had to work on a smaller scale and with different materials. Artwork changed for all but one, who saw her work as on a “continuum” although she had to adjust work time to a long recovery.

8. Posttreatment artwork resumed for all but the artist with Parkinson’s. Two other artists continued to work as long as possible until overcome with cancer.

9. Making art or pursuing artistic endeavors served as a way to regain a sense of self, identity, and way of being in the world after or with ongoing illness.
10. Art served as a channel from life before to life after or with ongoing illness. Their commitment and sense of hope remained after treatment and with ongoing illness.

11. Art provided a frame for life, embodying meaning and purpose for these artists before and after a major medical diagnosis that was life-threatening.

12. Artworks carried and held the artists’ stories on many levels.

Some of the participants remembered a moment in time when they consciously made a choice to be an artist as opposed to pursuing other courses. All studied art in art schools or educational settings, but spoke of it taking time after that to find their voice in forms and practices that reflected their unique vision. For one, the choice was made at the time of the death of her mother when the artist was 17. Others, the dancer and visual artists, started very young at home or in classes where their strengths and talents were recognized by a parent or teacher. One spoke of early drawing abilities that opened a way of communicating about architectural space that eventually led to theater and set design. Drafting skills for another led to wanting to know people and connect in depth, which manifested eventually in portraiture. In any event, all recalled early times where they had experiences with one or multiple artistic endeavors, on their own in nature, within the family, or in the school environment. Their early social context offered exploration, which over time and with learning gave them a sense of self as implicitly and explicitly creative.

Pursuing and adapting one’s talents and skills toward a professional career for these women artists by their accounts entailed practical decision-making, continued new learning, and interaction beyond the studio in the community and public domain. It
became clear that finding one’s visual language and voice took time, experimentation, and life experiences in a variety of avenues within an art world context and outside of that field as well. Art and life were intertwined for them. Economic pressures directed some artists to focus in a direction that had real returns and as one artist said put aside fine art for the time being and work as a commercial photographer or for another work in a museum. Yet, all of these participants attained recognition within their specific art field by exhibiting their works in galleries and museums consistently. In addition, they expanded the concept of “being an artist” beyond a limited view by their incorporation of multi-modal creative forms, such as dance or performance, in their art-making and understanding given their individual perspectives and beliefs which were open and inclusive.

When illness entered into their lives, artists shifted priorities necessarily for a time. Some artists kept their illness a private matter; others did not. Several artists made work that was dramatically different during that time and, in one case, her dealers would not show the new work although it was nonspecific and abstract. Several did not want their illness to be known because it seemed “exploitive,” while others thought it might damage their market if clients knew they had been ill. It was not an option to give up creative work for any of the artists although changes had to be made for a time in all cases. With the exception of the artist with Parkinson’s disease, who had to give up doing her professional camera work of forty years, all of these artists endured medical treatments and worked to regain strength to get back to their work and life. Art-making was a vehicle and provided evidence of life ongoing. This researcher observed and listened to the artists talk of their work as their essential identification and way of being
and interacting in the world. Although the emotional and, as some said, spiritual dimensions invested in their work cannot cure their illness it offered a way to continue what was essential, meaningful to them, and had identified them over many decades. They had no intention of giving up their work. Two that did not survive cancer had work in progress, one with an unfinished watercolor on her worktable and colorful works on the walls surrounding her sick bed, and the other with dance patterns in her mind using the music of Mozart’s *Requiem Mass*.

**Artwork and Creative Process**

Creativity draws on the senses and involves multisensory input on an unconscious as well as conscious level. All participants spoke of their experience of the creative process as being intuitive and a state in which they were sustained for a period of time during which the art started to “make itself,” “take over,” “change the course of the work,” or “determine the path.” Several spoke of parallel processes, which included dance, music, performance, meditation, and collaborative community involvement in their projects. All but two artists who have separate spaces for work have studios in combination with living space. All work or have worked in schools, theaters, hospitals, studios, museums, or public places, or on location.

Each participant’s artwork evolved and changed over time with certain directions taken at different times in their lives materials, tools, and content changed as the art called for resolution. For example, one artist studied printmaking in graduate school, yet turned to drawing and portraiture while another started in painting and was drawn to photography. Both of these artists recognized the economic and commercial value of their decisions and needed an income to support children when divorced. Eight of the 12
participants have been divorced; nine had children of their own, two had stepchildren, and one adopted a child. All of these artists, except two, have taught art for a period of time in high school, college, or on the graduate levels. Two of the older artists now in their late 70s worked in hospitals doing art with patients as young artists and before the field of art therapy was established. Another participant changed careers with the onset of a second cancer diagnosis from television design work to art therapy and is currently working in a mental hospital. The filmmaker who has Parkinson’s could no longer steady a camera, and redirected her skills to computer work, teaching, and writing her personal story.

Several participants spoke of nature as the source, the inspiration, and starting point for their art. Nature was visually experienced and embodied in forms of light and movement for one, shapes and vastness for another, and served as a haven by providing an emotional environment for being alone in exploration and discovery for several others. Three artists turned into themselves and contemplated the internal, cellular and organic body and two recognized this as connected to their illness, two didn’t want “to go there.” Three spoke of their works as imagined in terms of quantum physics, mathematical equations, and formulas known or implicitly sensed. Five spoke of esoteric, mystical, or spiritual traditions other than Western as influential and embodied in their work and used in healing themselves.

All of the artists’ creative endeavors involved practical decisions, selecting materials, setting up and staging concerns. One artist said that she had a whole plan and image of a completed work in mind before she started and followed that plan until she finished the piece. Photographers, the filmmaker, and the dancer worked on location and
with their subjects in the moment until they “got something.” Others began with sensory input and let it go where it did. Work other than studio work, which included painting, darkroom, computers, or foundries, necessarily involved larger printing presses, sculpture facilities, design studios, film editing, TV studios, dance studios, schools, or institutions. Some artists worked alone, others alone and with assistants, interns, or students, and some with dancers, actors, or collaborators that they directed. Those who worked alone expressed the need for an artistic community or a multidisciplinary forum for conversations and exchange. All have exhibited, written, designed or performed for an audience over many years. All envisioned an audience for their work when it and they were ready for public interaction, which was seen as necessary for “growth,” “sales,” “valuable feedback,” and critical review. There was a distinct desire for interaction with a wider world that just the art world.

**Sociocultural Context**

Gender issues were part of the conversation as the participants as well as the researcher were well aware and lived during the time of the women’s movement of the 1970s and onward. Interesting to the researcher was that two of the participants who were raised outside the United States said that they had not experienced discrimination or marginalization in their own countries, but did when they came to the United States. Another participant who was raised on two continents did not feel it was part of her experience that she was aware of. Eleven participants stated their reality as being negatively impacted in the art world and specifically on gender related issues. They experienced this not only in exhibition opportunities, but also in teaching positions and other professional jobs, which affected them financially. All managed to show and teach
in any event and often without tenure, but without the options of their male counterparts who were their contemporaries. The dance world as described by the choreographer was not so affected as the art world; at that time the ballerina was the central focus and male dancers were more supports. The camerawoman was faced with an all-male industry, which was carefully guarded by insiders. She said her timing was lucky as major networks were for the first time required by law to hire women and she was skilled and self-taught; she was the first woman hired by a major network. Proving herself was another issue, and as she said, she had to work harder than the men, and without support. She had to distinguish herself.

Several of the participants mentioned the Vietnam War and peace protests as being part of their early lives and more recently the impact of 9/11, which affected all, but directly those living in Washington and New York. It was evident from the interviews that the cultural climate—the political and social contexts for women, for women artists, for women with illness, and now for older women with ageism—has had an impact on these artists, who range in age from 49 to 80. Although the options and opportunities for women and for women artists have changed over time, all, except one, talked of that context as a negative factor. Economic factors, such as lower prices for artworks and fewer jobs, were significant for older artists, because most needed to rely on their art for their living.

Theme III. Visual Expressions in the Context of Illness and Healing

Illness—cancer, for 10 of the 12 women artists in this inquiry—was an unexpected intrusion into the productive lives of these women artists. It demanded a temporary halt in art-making in order to find medical help and treatments. All followed
medical advice as each had their own particular illness and personal regimes to follow. For one, this was a simple surgery with no follow-up treatments needed. For all others with a cancer diagnosis there was a protocol of chemotherapy and/or radiation. For three, it was unfortunately extensive treatments, surgeries, and clinical trials, which were difficult to stand. Sadly two lost their lives to cancer during the time of this study.

Did these artists continue to make art with treatment and ongoing conditions as long as possible? Yes, they did, but in time. All had to stop temporarily for treatment and emotional adjustments to ill health. As noted above, three said that they treated the diagnosis as they would an art project and took some control in an overwhelming situation. One filmed her surgery and hospital staff involved while another photographed her medical setting and procedures (see Figure 6). All were proactive in researching and finding specialists in the medical field and all, but one found a good relationship with doctors. Due to the nature of the illness, side effects of treatments, and slow recovery period for most, it took months for them to be able to physically do small works, as limited energy was available. Smaller abstract works on paper in watercolor (see Figure 7), which Nona made in her new studio after illness, were different from earlier and larger expressionist representational works done in oil on canvas (see Figure 8). This artist had moved from her home of twenty-five years in the West to a small rural town in the Northeast because of her brain tumor, and in response to the new environment and after surgery was drawn to make abstractions on layered translucent vellum sheets inspired by the flow of the river outside her apartment. The Wanderer made white porcelain lamps in ceramics during difficult times (see Figure 9), which she said were “very different” for her. Another artist made photographs of the procedure rooms that she
had been in almost 30 years before and found herself in again with another primary cancer. The choreographer, Faye, sought the conversation and presence of her dancers for support and as she said in order to realize the images and patterns she had jotted down on paper and had in mind. Continuing to work, even with reduced time and energy and in an altered way, seemed to be essential to all of these artists. When recalling that time of diagnosis and treatment in their lives, they could recognize how sick they had been and how far they had come. The artworks had become a record of progress and hope and a move toward health and resilience.

All of the participants with the exception of one got back to their art in time. Six of them changed the art they were making, one changed careers and location, and one could no longer work in her field due to permanent disabilities. One artist’s response was to change her palette and make abstractions instead of representational paintings she had always made in nature for a period of time. Reflecting on her work years later, Sienna felt there was a premonition of the illness in her changed work and practices of that time prior to her diagnosis (see Figures 10, 11, 12, and 13). With her cancer that first appeared as breast cancer in her mid-40s and again as bone cancer in her late 50s, Sienna saw the rock formations in her landscapes as intuitively related to skeletal bones of animals she had incorporated into her watercolors. She felt they were related to her own development of cancer in her bones, which she felt her body knew before the evidence was diagnosed. She found that her gallery did not want to show the expressive abstract works done after breast cancer and a mastectomy and instead staged a showing of only these works in her studio at that time. She wanted these richly colored works to be seen and in addition did a collaborative work with a poet who had survived breast cancer. They could not find a
publisher, even though one who had expressed interest and had had breast cancer as well rejected their illustrated book.

Another artist, Gloria, moved from documentary photography (see Figure 14) and her own staged photography (see Figure 15) after breast cancer into high-contrast, abstract black-and-white ink-jet prints of collaged images (see Figure 16). After her surgeries, Husky made large, vibrant organic abstract images in oil on white canvas backgrounds that were imagined and resembled medical illustrations of internal parts (see Figure 17), which were unlike her earlier, constructed assemblage work (Figure 18). Many of these artists had to change their materials after illness. For example, four of the painters were advised not to use oil paint and spirits and turned to watercolor on paper. Two artists that moved due to illness, no longer had the studio space to make large paintings or to do ceramics.

None of these artists considered giving up making art, even with illness, as it was their life’s work and held their stories. Many had expanded their studio careers into teaching, which became part of their creative identities and professional involvement in the field. They kept their commitments to their students with illness and continued their social relationships as they could. One artist taught a class at the Gilda’s Club cancer center to other cancer patients as she needed a support group, but wanted to be in charge. She reflected on her recovery and said that she had sought a place to regain her strength and had not found that they existed. She felt there was a need for as much as three months of time that could be in connection with medical institutions and as a follow up to invasive treatments. Another artist, who did find a one-week retreat for cancer patients, was first exposed to art therapy and recognized the benefits for herself and others.
recovery, she now works with a medical doctor doing support groups for women with
cancer in addition to training as an art therapist. Many of the participants have advised
friends who received a cancer diagnosis due to their experience of illness, and for most,
recovery and resumption of a full life.
Figure 6. Dragonfly (2005). Photograph of medical setting and treatment rooms. Taken during treatments.
Figure 7. Nona, after illness (2012), watercolor on translucent plastic sheet, photographed in her studio. Painted while recovering some after.
Figure 8. Nona (1993). Matanza. 72” x 58”. Oil with mixed media on canvas. Painted before illness.
Figure 9. The Wanderer (2000). Ceramic lamp sculpture.
Figure 10. Sienna. Landscape in her studio. Painted before cancer in mid-1985.
Figure 11. Sienna (1993). Watercolor with bone drawing, painted before bone cancer diagnosis.
Figure 12. Sienna (1993). Watercolor with bone drawing, painted before bone cancer diagnosis.
Figure 13. Sienna (1996). Watercolor with bone images, painted before diagnosis.
Figure 14. Gloria (1990). *Halloween in Hamden*, 11 in. x 14 in. gelatin silver print, photograph taken before illness.
Figure 15. Gloria (2004). *Two of Three Fates*, 30 in. x 24 in., archival pigment print, photograph taken before illness.
Subatomic matter changes when observed, and can be either a particle or a wave depending on how you measure it. Made after breast cancer recovery.
Figure 17. Husky (2012). Oil on canvas, painted after adult surgeries and recovery.
Figure 18. Husky (1985). Oil on panel, painted before adult surgeries.
Figure 19. Artemisia (2002). *Unknown Masterpiece with Stilettos*, oil on canvas.
Researcher’s Reflections

In reflecting on the experience of interviewing and spending time with the 12 participants in this inquiry, the researcher admired the industriousness, commitment, personal strength, and spirit of this group of women artists, who were not known to one another, except perhaps by reputation. Observed personal characteristics included being directed, confident, and invested in their art and life. They relentlessly pursued their work, as it was the focus of their lives along with relationships with family, friends, assistants, and students. Their lives revolved around their identification as artists and with that came a sense of being who they wanted to be. All presented as kind, thoughtful, perceptive, curious, and industrious women who enjoyed their work, which had grown, changed, and expanded over the course of their lives. They continued to be curious about what was unknown and sought to realize their beliefs and vision in primarily nonverbal means. They felt compelled to make the mystery they sensed and felt visible to themselves and to others. They wanted to share their vision in findings in their particular visual language and communicate their process and beliefs to an audience for their interaction.

The researcher was surprised by the belief that four of the artists shared that they felt that their illness was predicted in their artwork before it was medically diagnosed. They felt that intuitively the body was communicating and it was evidenced in their artworks. Sienna, for example, spoke of this as she reflected on her work where she uncharacteristically used skeletal remains of small animals gathered in the desert in her work several years before being diagnosed with cancer in her bones (see Figure 11). Artemisia had conceived of an installation in a group show that she installed days after
her surgery for breast cancer. She related her realization that elements in her piece metaphorically stood for the successful removal of danger signified by birds being released out an open window. She painted a self-portrait from the video made for the installation and after her surgery (see Figure 19).

Courage is the word the researcher would use for this group of women artists who had to face uncertainty and an altered view of life due to illness. One of the artists was in her early 30s and internationally successful when she was diagnosed with breast cancer. She described the tremendous stress that came with her sudden art celebrity status. Her work was all about the body, with her own body as subject (see Figure 20), and suddenly, with an unexpected diagnosis, she was aware that her body was attacking itself. She began ardent medical research as she would for her artwork and chose a course of action. During treatment she expressed her feeling of entrapment by having her fingernails glued together and painted red by a manicurist (see Figure 21). After treatment, she continued her unique work with a sculptural piece she had previously begun that referenced labor and repetition, and involved tedious hours spent in realizing the final piece (see Figure 22). She had two large stones placed on top of each other with a pole to hold them together and another metal pole, which she inserted in the top stone. She methodically pushed the top stone as she walked around and around, thus grinding them together and changing the space between them. The metaphorical content as well as the sheer repetitive movements alluded to the persistence labor extracts. Her will and sheer determination added to the meaningfulness of the work, which not only transformed stones, but spoke of her strength and resilience after the shock of illness. Some artists do transform something ordinary, or perhaps overlooked, and bring it into consciousness for
themselves and offer it to an audience. Maria’s movement around and around the work added the element of time, endurance, perseverance as well as paradoxically the timelessness inherent in the stones’ presence. Meditative practices, which alter time and yoga practices, which are demanding of the body and mind, were well known to her and another artist, Faye. She embodied her years of knowing these disciplines in her choreographed mandalas, which induced transformative states of altered time for her dancers and audiences over many years before her was diagnosed with incurable cancer. She had been making this series of mandalas for about 10 years before cancer, and perhaps they had been a way for her to contain stress for some time. With her illness, Faye continued to make and imagine future mandalas with her dancers up until the end.

In spite of illness, hope was equal to courage in all of these artists. Hope never left the two incredible artists who that are no longer with us. Their work and experience with illness informed those around them during their last years and days of their value and special sensitivities. Their legacy leaves a record of their creative spirit” and is as well a testament to their “creative courage” and their “courage to create” (May, 1975) over a lifetime.

Finally, and of greatest value to the researcher, was the relationship that developed over the two or more years of doing interviews and the ongoing involvement with these artists that has continued with 10 of them. This relationship was enriched and reached new depths with those known to the researcher or developed with those previously unknown. This special relationship was indeed a surprise and of great value to the researcher and was stated to her by participants as well. Their willingness to be part of this study, which necessarily opened them up to facing and recalling personal, medical,
and emotional experiences surrounding their illness, was brave and brought forth in-depth life stories. Without mutual trust and sharing this endeavor would not contain the personal histories that were revealed and reflected upon, which have offered new insights for consideration and care of others with illness. The researcher is grateful for these shared experiences, which allowed her to hear and contemplate the mutual social, political, and cultural landscape that played out in the conversations about individual artworks and unique art experiences.
Figure 22. Maria (1996-98). *and.* Two 800 lb. limestone boulders, steel rod, 64 in. x48 in., begun before diagnosis and completed after recovery. Courtesy of the artist and Luhring Augustine, New York.
Figure 23. Maria (1999). Cradle. Two tons of steel, 59 in. x58 in. x60-1/2 in., made after recovery. Courtesy of the artist and Luhring Augustine, New York.
Chapter 5

Discussion

Findings from this phenomenological inquiry that investigated the experiences of 12 women artists impacted by a major medical illness, and their posttreatment resilience indicated that making the choice and commitment to be artists and living their lives accordingly served them well when faced with illness. Their uniquely learned skills and evolved creative processes involved uncertainty, risk-taking experimentation, flexibility, open-mindedness, determination, and perseverance. These artists were proactive in their artwork and in dealing with a medical diagnosis. Their artistic endeavors gave them a sense of direction, identity, and agency, which were based on their commitment, beliefs, and intentions for their work. Having a form of visual communication gave voice to personal expression and imagination in varied interpretations and manifestations: metaphor, symbol, representation, abstraction, performance, and often in mixed media and multimodalities.

Philosophical Perspective Related to Findings

In the review of the philosophical literature, the researcher found R. Kearney’s (1998) assessment of Husserl’s emphasis on experienced phenomena, which were not grounded in static reality or factual copy, but open to the imagination that was dynamic, original, and intuitive, to include the belief that experience also had intentional force and meaning. He wrote of Husserl’s focus on the creative individual and his unique experience, which was that which connected him to the world (1998, p. 19). The importance of experience was carried further by Merleau-Ponty, who emphasized “the body” as the vehicle of being in the world through which one knew sensory input and
visual perception (1998, pp. 94–95). The individual experience took place in the definite environment in which one was identified, involved, and committed to with projects. These phenomenological philosophies were relevant to this study, which gathered narratives from women artists about their lived experiences as they viewed their lives and art as intertwined and inseparable. Some spoke of being artists and making art as “a calling.” These artists told of their path to becoming artists, their work as it evolved, and their creative process as being experienced unconsciously at first and later known and accessed consciously in their own way. One artist spoke of her body awareness as “definitely my form of understanding . . . through the body. . . . All that information is held in my body; that’s where I come to understand things, through the body, first.” She went on to talk of her “durational process” in making early sculptures, as a way of knowing:

It is like you know it with your body . . . the durational part of making them was a way to get at things . . . kind of pushing my body to an edge, both physically and psychologically, and maybe even intellectually, and that at that edge something happens, a breakdown, something is exposed . . . that was my early technique of getting there for myself.

Another artist described herself as multisensory and relating to a “sense of place” where she could be in and with nature so that her intuitive creative process could open to possibilities. She spoke several times of climbing the stairs to her studio by the river and said, “Every times I would walk into my studio, my world changes.” She went on to say:

All my work is intuitive . . . not planned out. I use music so that I am . . . I flow with that; my body flows with that, and I just . . . it just does . . . does a mark . . .
sometimes I’ve closed my eyes on a canvas or paper, and stood back later, and there it is. . . . But I really didn’t get that I was doing this for my entire life until many years later.

One artist started losing her hearing in her early 30s and felt that the physical change had sharpened her visual sensitivity, as she had to be looking intensely at people’s faces to lip-read. Gloria noted that she sensed people from their body cues as well, as language was hard to grasp. She spoke of loving to listen to music while working in the darkroom as photographic portraits revealed themselves during the developing process or in her studio painting where she often used collaged elements which gave clues to a pictorial story that evolved in the making. She described her documentary work as “no one telling you what to do” and as having to set up the stage and motivate people as she was able to enter peoples’ lives and hear a little bit of their story and try and capture a little bit about who they were. . . . It was a privilege . . . and I am grateful for that part of my life just because it took me into so many different worlds.

Gloria described her sense of empathy that was evoked and ability to put herself in their space and “shoes.” Some of her commissioned work took her to hospitals where she experienced “this incredible sense of courage among people who were facing operations, and overcoming various ailments and illnesses.” In describing the creative state that was stirred by different situations outside of herself as well as that place inside, she said,

It is a state. And at its optimal best, it is an amazing state. And I think most artists probably experience it, and I think, it probably is a big attraction to get back to that state, which is why a lot people . . . want to continue on.
All the participants were motivated to pursue their particular art forms and expression over years of training and experience and built their lives and professional networks around their work. All made spaces, studios, sets, or stages, and taught in schools in order to do their work and support their choices. Being identified, as artists and gaining agency over time, and through experience seemed to call forth or strengthen personality traits and character strengths, which the researcher could observe during interviews. Findings suggested that their particular personality strengths along with the experience of the creative process and continuous practice and expansion of skills in their artworks were ones that they applied when diagnosed, treated, and moved into recovery or remission. Even though early creativity studies did not generally focus on physical illness, psychologists did seek to identify factors in the creative personality that they thought were desirable to foster in therapy, education, and in society in general.

Sociopolitical Cultural Context/Interest in Creativity Related to Inquiry

Given the efforts of psychologists to understand creativity, the researcher reviewed the literature from the 1950s on, and discovered Barron, who was at that time at the University of California and sought information on the personality traits of creative individuals in his studies. His interests, along with others such as Carl Rogers, directed him to investigate “the positive side of human nature and concern itself with unusual vitality in human beings rather then with disease” (1963, p. 2). He saw the psychology field as focused on pathology and instead became determined to define psychological health. In order to do this he conducted “holistic assessments,” with male subjects only (1963, p. 2), which consisted of three days of living with creative individuals and administering intensive tests, interviews, conversations, and experiments. Women were
not included in the samples of most if not all of the studies and only mentioned briefly in references as mothers of the subjects or as patients in psychotherapy. Three examples of female patients that Barron (1963) mentioned were described as improving, one who was “frigid during four years of marriage, which ended in divorce” (p. 109), a second “with menstrual difficulties related to unconscious hostility towards her husband,” and a third who “divorced after an extremely traumatizing marriage” (p. 110).

In the post–World War II sociopolitical cultural context, Barron remarked that our government, corporations, and universities where looking to the future and funding studies, “Perhaps at no time in all of human history has there been such a general recognition that to be creative in one’s own everyday activity is a positive good” (1963, p. 7). He went on to say that “whether individual or national,” it is through “the increasing recognition by men in all parts of the globe that our capacity for creative thought and action may literally make all the difference in the world” (1963, p. 8). It is interesting to note that Betty Friedan’s book The Feminine Mystique was published at the same time as this study—fifty years ago—and to reflect on the impact it had on women’s awareness of cultural expectations, limitations, roles, and lack of options for women.

In 1972 Barron published Artists in the Making, which reported on studies he conducted in the visual arts with art students, male and female, at the College of the San Francisco Art Institute, investigating personalities, motivation, future outlooks, and probability of continuation as artists, and noted sexual differences as well. He had previously found that creative people had less of the stereotypical traits ascribed to one sex or the other than the control groups (1972, p. 33). He also found in the study of students that women’s work was judged as highly as men’s in quality and ability (1972,
 Where he did find differences were, for example in 17% of the women students did not think that their work was superior to others as opposed to 40% of the male students who did, or 67% of the women students said that they did not think of themselves as artists where as 66% of the men did (1972, p. 34). Further findings at that time were that female students did not have the “intensity and commitment to art” that the male students expressed (1972, p. 34) nor did they verbally express “passion” that the men did (1972, p. 35). Interestingly, when asked if they would want to continue painting “if the results did not endure after the making of them” (1972, p. 36), only half of the men said that they would want to continue painting, where as “all of the women who answered the question said they would still want to paint” (1972, p. 36).

In an edited book with Montuori and Barron some 25 years later, Creators on Creating: Awakening and Cultivating the Imaginative Mind (1997), Barron tried to tease out in interviews with 39 creative people, older and not students, how creative people thought of themselves, what were their processes, and what personality traits, intelligence, motives, age issues, or environmental influences they might have found influenced them. Out of 39 people selected, 14 were women and 25 men. Of the women included four were artists, one a performance artist, two dancers, and the other an author/psychoanalyst and painter. In the findings he acknowledged one prominent theme and that was freedom, which he elaborated on to include “freedom to create,” a place to create, and a society that permits freedom of expression (1997, p. 20). His conclusion was, “So freedom is most fundamental in creativity” (1997, p. 20). His belief was that “creativity is the key that opens many doors” (1997, p. 1), as well as “the specifically human resource . . . part of the general human potential” (1997, p. 5) that he saw as “part
of that general movement of mind we call the unconscious,” which he noted was happening in the late nineteenth century with the “interest in the creative process in oneself” (1997, p. 7) and the individual creator.

Due to the lack of information on professional women visual artists in early creativity studies as well as later ones, the researcher was interested in knowing what her participants, most of whom went to art schools during the 1960s and 1970s, had to say given the sociopolitical context at that time with the Vietnam War and the civil rights movement and protests. Most participants mentioned the women’s movement as an additional factor of the times, which one artist noted had brought into cultural awareness feminist sensibilities along with humanistic peace concerns, which were also taken up by some men as well as women in their work and life. Several artists in this study mentioned that there were few galleries that exhibited women artists and then only a few were shown. Therefore, as one artist mentioned, she had few thoughts after art school of showing her work, even though her work was respected by her male contemporaries, particularly as time went on and she was part of and participated in the New York art world. Founded in 1972 in New York, the A.I.R. (Artists in Residence) cooperative, an artist-run gallery was the first of its kind; it was for women artists, started by women artists. At the same time on the West Coast, Judy Chicago and Miriam Schapiro at Cal Arts initiated the first feminist curriculum, which instigated installations and performances by only women in a transformed home in Hollywood, Womanhouse. Women artists in New York self-published *Heresies: A feminist publication on art and politics* magazine in 1977 and on the West Coast, in Los Angeles, *Chrysalis: A Magazine of Women's Culture* started in the same year with the purpose of to getting their ideas,
issues, and views into printed matter. *Ms.* magazine had been co-founded by Gloria Steinem in 1971, which was “the first periodical ever to be created, owned, and operated entirely by women” (Pogrebin, 2011). Although many women artists in several large cities on the West Coast as well as the East Coast had taken “the political as personal” into their work and life, and held conferences, did collaborative projects, and protested war and women’s rights in marches, it wasn’t until 1985 that the Guerrilla Girls, an anonymous group of women artists in New York, did actual research and posted numbers and statistics on the lack of representation of women in cultural institutions and venues, that art world practices were again brought to light in public. Chadwick stated that although

female artists had played a crucial role in experimental art of the 70s that brought worldwide attention to U.S. artists. But during the economic boom of the 80s, when prices skyrocketed and art became an ever more lucrative form of investment, museums from New York to Berlin began mounting exhibitions with few or no women or artists of color. (1995, p. 2)

One of their early posters that the Guerrilla Girls printed and distributed pictured a nude odalisque with a gorilla mask with this statement: “Do women have to be naked to get into the Met. Museum? Less than 5% of the artists in the Modern Art Sections are women, but 85% of the nudes are female” (1995, p. 7).

The Guerrilla Girls used humor and creativity as they pointed out western art history’s male perspective and some obvious omissions of women artists to the art world historical record in their book *Guerrilla Girls’ Bedside Companion to the History of Western Art* (1998). Their practice of choosing historical and contemporary names of
deceased women artists for themselves was another way of calling attention to those who may have been forgotten or scarcely mentioned in recorded history. Looking at the lives of the artists in this study within the sociopolitical and cultural context of the time most lived and worked in major cities. Eight participants lived some of their lives in New York, which was considered to be the center of the art world during that time. Even with the limited or lack of opportunities, all of these artists consistently found ways to exhibit their work in galleries or find jobs doing important work in film, theater, television, or education. Often they were the first women hired in those environments and industries. Since that time, two artists have had retrospectives in their late 70s, another in her early 70s, and another in her late 60s. Two younger artists in this study had very different experiences. One had spent time in Europe as well as New York and had not felt that the Women’s Movement had been a factor in her work, thinking, or exhibition history. The other felt the benefit of the politics of older women artists and felt she had gotten recognition early perhaps due to changes in attitudes and awareness provoked by women artists’ early ground breaking energy, consciousness-raising and politics. Major museum shows that would be in step with male contemporaries who had far more opportunities have not happened at this time for the prominent artists in their 60s and 70s in this study although they are well known and recognized in their fields and communities.

Barron (in Barron et al., 1997) noted, almost forty years after his initial studies on creativity with male participants, the importance of environment and a free society that was open to creative pursuits, the researcher and many other writers, particularly feminist writers, questioned whether this was the case for women in the art field, in particular, or other fields at that time, and even in the present. Another psychologist, Csikszentmihalyi,
explored creativity, as did Barron and others over the years, and developed his systems approach, which dealt with the larger culture and conditions for it to flourish. In his five-year study from 1990 to 1995, published at about the same time as Barron’s last book (1997) of interviews, Csikszentmihalyi (1996) interviewed 91 creative people, 70% men and 30% women. His theory of being included in domains of expertise, which was based on the judgment of gatekeepers or experts of a domain, seemed to preclude gender equality, certainly based on the past history. He noted that women were not equally represented in all domains (1996, p. 14) and the researcher would point out that the situation in Western culture historically has lacked opportunities for women and others, with the gatekeepers (with their expertise, experience, and biases in the art world in particular) further continuing that tradition. He did note the difficulty of artists who had to wait for critics or galleries to take notice and “pass judgment” (1996, p. 116).

Csikszentmihalyi’s emphasis on conditions that would foster creativity, such as places that had a cultural mix, patronage, opportunities for visibility, encouragement, as well as the ease of survival were notable and necessary factors for the arts to exist. He also acknowledged that a domain might not be open to novel ideas at the time they were presented or created. In addition he, like Barron, looked at the creative personality and found certain traits that creative individuals were predisposed to have and be able to employ with flexibility in different social situations. He also described creative people as open, curious, adaptable, playful, and physically energetic, yet able to use discretion in seeking periods of inactivity and tranquility (1996, pp. 50–73). He theorized among other things that creative people were well trained and somewhat “conservative” (1996, p. 70) as well as respectful of the history and traditions of a domain culture which included
having incorporated the rules and gained access to the gatekeepers. He did mention that
the art domain may be different from others in that it did not, in his view, operate on firm
rules dictated by past history (1996, p. 44) and the researcher would agree and find it
difficult to generalize or find a theory that would apply to all domains, particularly when
it comes to creative areas of expertise. Since women’s views were not equally considered
in his and other studies or perhaps the position of women in the sociopolitical and
cultural context in his theoretical approach, the researcher looked for similarities and
differences in emphasis and compared her data with some of their studies after her study
was completed.

**The Creative Personality**

In considering the experiences of the women artist in this inquiry, the researcher
heard and recognized the influence of the sociopolitical and cultural context that came
into the conversations. Participants used self-descriptors and spoke of personal strengths
and attitudes that were observed by the researcher. Personality characteristics, termed
traits in studies, of those in this inquiry were described as curiosity, adaptability,
flexibility, and physical energy. Barron and Csikszentmihalyi had noted these traits in
creative individuals as well. In addition, what stood out in this study of women artists
were not only these factors, but also other factors such as their motivation, persistence,
and self-confidence, which was gained through perseverance in making their work, with
or without opportunity. Their sense of being in the world was clearly that of an artist,
which was chosen for some early and for others in time as they evolved their personal
visual language. One artist said that after several years in school studying art she realized
that being an artist represented
freedom and spirituality . . . and expression . . . art was a way to access those things. . . . It was the perception of freedom and the wild and the lovely and, of course . . . which doesn’t turn out that way at all. . . . It’s a lot of hard work.

Choosing to be artists offered the promise of a life in which one could pursue and find their own unique vision, expression, and work; yet the path to find their form of expression was arduous, often long, and not open or inclusive of women artists in the social, political, or cultural context at the time that 10 of the participants were beginning and developing their careers. Their commitment along difficult unmarked roads with scant economic promise either seemed to bring out or to strengthen character traits that the researcher found applied to all of these participants in different degrees. Two artists described themselves as “seekers”; another said “I see myself as a very passionate, creative person. I didn’t really accept that for a long time . . . now, I can acknowledge and accept who I am, and, I like that person.” With thoughtfulness and in a serious tone, another spoke of herself as “not intellectual . . . I’m sensual . . . intuitive . . . and an abstract thinker,” and she described her art education as one where she “learned how to think creatively. And I learned discipline.” She also spoke of it taking time to find her unique way:

Oh it took a while for the penny to drop; but I was always involved in studying nature one way or another. And I knew I didn’t want to imitate nature . . . but understand why...how things got to be the way they were. . . . I knew how to paint because I’d had a lot of training, but I didn’t want to just express myself, because I felt that that led to a pattern of repetition. I wanted a basis in my work of art history and philosophical thinking. . . . It took time. . . . I didn’t put it together that
there was this thread, certainly through all art of an alchemical point of view which is that one thing changes into another through nature.

Unique ways of seeing, sensing, and being in the world made for certain personality traits observed by the researcher which included an openness and willingness to attempt ambitious thoughts and works in order to discover what was unknown, but sensed intuitively. Further characteristics were having a tireless work ethic, a will and determination to develop oneself and new skill sets, a curiosity about the world and cultural richness, a desire for communicating and having an audience response, an enjoyment in making art in spite of the job required, a relational ease with people and in society, and the courage to create and stick with it over and over again. One of the artists talked of her early art-making and said, “I knew that I had to keep at it. And I . . . somehow I always had that in me . . . the perseverance.” Another spoke of the long time it took “to find her voice,” while another artist said in response to a question about her idea of creativity she felt that, “a truly creative person . . . when thrown off course . . . ‘cause you will be, will find a new course.” These participants’ strong identity as artists was built on choice, commitment, dedication, and perseverance and an evolved art perspective, knowledge, and form upon which they could and did build their unique identities and lives.

In addition, several artists mentioned movement, dance, performance, design, or cinematography as part of their creative experience, as well as sportive expertise, for example three of the participants had been competitive skiers. One artist spoke of seeing a curved line drawing in the snow made by her trail as a young artist. Multisensory experiences were expressed in a variety of media in the realization of their works and
were mentioned as influential in their way of knowing and being in their work. The
dancer/choreographer participant described herself as a “visual learner and thinker”
because she envisioned patterns and movements in geometry in her mind first, often
sketching them in her unique codes. Dance had been not only a way of life, but also one
of communication for her as for some of the other artists in this inquiry. Several of the
participants spoke of freedom, spirituality, passion as well as intellectual interests. One
said,

I consider myself . . . very much a combination of an intellectual . . . and a free
agent at the same time, equally a free agent. But you can be an intellectual and a
free agent too . . . and a free agent to express myself in however I can best reach . . .
reach out . . . reach people, reach myself. . . . Art and life are not separate . . .
art is a calling . . . a sensory experience of hearing a sound . . . as in the religious
calling.

Csikszentmihalyi’s (1996) findings also noted that creative people felt they had
been called to be artists and pursued it for its own sake, in spite of the lack of monetary
reward (p. 37). He also found artists to be generally “upbeat and positive” (1996, p. 16)
people. This researcher’s findings concurred with these as well as those having to do with
continuing to make art not just to make a living. Most found art related jobs such as art
professors, educators, or were commissioned to do artwork and projects; however, most
of these participants eventually found financial compensation for their artwork that was
necessary and affirming. The researcher found that the semi-structured first interview
with participants unexpectedly opened a way into personal narratives in the following
conversations that included relationships about early family experience and history as
well as choices made later in life, which appeared to the researcher to give a more complete or different picture of the artist’s context than some of the previous studies. All of these artists mentioned relationships, particularly with children who had been included in their art life. As noted above, eight of the 12 participants had divorced, some had remarried, and all had children (biological or adopted) or stepchildren. Art and life were clearly interwoven. These artists spoke of their lives and their artwork, and art was viewed as full of possibilities as did those participants in Csikszentmihalyi’s study (1996, p. 108). A photographer in this inquiry spoke of art as open ended. But I would say intuitive is the way that I work, rather than conceptual . . . and I think you have a certain amount of passion, and one has to be an explorer. It’s intellectual exploration, but because it’s photography it has to take place in the real world someplace . . . so, I like that . . . the way it fits together for me.

The Creative Process

In addition to the study of creative personality, Csikszentmihalyi and others were interested in the creative process and how novel ideal and images came into being. In his books, Flow (1990) and Creativity (1996), Csikszentmehalyi, as Poincaré (1913) and Wallas (1926) had earlier described stages of creativity, elaborated on his extensive theory of flow in creativity, which, as noted above, has nine characteristics. An altered sense of time while immersed in their art or the creative activity at hand was a state that participants spoke of in our conversations, although they did not speak of clearly delineated states, as their experiences did not easily lend themselves to words. The artists in this study referred to their creative processes as something experienced unconsciously
at first, for example during solitary childhood explorations in nature and later in the process of making their art. Several artists said that they only consciously realized that the creative process would enable access to that state of timelessness and absorption years later. Their references to what was for them a natural, intuitive way of being and working were in vague, unselfconscious, felt expressions, as if metaphors were more apt than language. One of the artists spoke of the physicality of making sculpture that demanded body strength and presence, which allowed her to enter an intense state, full of risk and yet meditative. She alluded to an inner place.

In the work I was meditating by doing these repetitive tasks. . . . So I was invoking the state, but I really didn’t know that I . . . I knew that when I did this thing, this other thing happened. But I didn’t exactly know that I could make that happen . . . each of us finds it in a different way.

Only later did she recognize this state that was accessed by her demanding, repetitive, and sometimes tedious process and understand how to access the creative state in other ways, such as through active imagination, authentic movement, and dance. She exclaimed that knowing this was “a revelation”—that she “could go straight to the unconscious through movement . . . this is what I was doing in the art anyway.” She said that placing herself in a position of doing something I’ve never done before; so that I couldn’t depend on my talent...push talent aside as long as possible . . . and put myself in a situation that I had no control over . . . letting it [the artwork] reveal itself to me what the piece needs to be about. . . . I feel that unless I discover, in the making of the artwork, something, that the work won’t have the power. The power comes in the gift of
the struggle or the uncovering. Somehow, I think the viewer feels that or knows that.

Another of the artists spoke of beginning a painting and contemplating a large canvas,

I would realize . . . just that I would get . . . that I would have to flow and get into it. And feel within my body as I was doing it, and things are revealed . . . imagery . . . whatnot. . . . It’s getting kind of lost in it. . . . Yes, something comes from the unconscious . . . and something surprises you.

Yet Faye felt that “artists are trained to make a leap of faith...as they internalize their experience and knowledge which they can trust.” She believed that being an artist was empowering as “artists have a voice” and a means of communication. As an artist she said she didn’t feel “a calling,” she was confident in her skills and believed others could be with training. She thought, “Creativity is a skill that can be learned. Artists are not born. It is something you develop.” More than skills, she believed that she had “learned a way of thinking and being that went way beyond art-making or the object produced.”

**Creativity in Health and Ill Health**

Whereas psychologists have been fascinated with creativity and describing creative individuals and tried to grasp the mystery of the creative process, this inquiry specifically focused on a possible link between creativity and health as well as its relation to ill health. Can the imagination and creative expression foster resilience when faced with ill health? The artists in this study talked of their life and art practices before illness impacted and changed their perspectives and priorities. As the conversation eventually
made its way to illness, the researcher witnessed their recalled distress and empathized with their particular situations. All of the artists in this inquiry faced a life-threatening diagnosis, which necessitated various treatments and were in recovery or remission when this inquiry started. The researcher noted that they were all proactive when illness became part of their story as they had been in their creative art practices. One artist reflected on that time many years before:

I decided getting well was my best work. I used my tools of being an artist. . . . I did research to get the lay of the land, and when I was ready to commit, I didn’t look back. . . . I trusted my doctors . . . my art was my healing.

Participants used their social skills and contacts as well as the practices and methods they had learned in doing their artwork, negotiation their careers, and in life experiences. They prepared themselves by doing research and sought specialists for their particular conditions, made difficult but informed choices, committed to the course of treatment, and tried to continue their lives in spite of debilitating treatments and loss of energy. They persevered. One artist referred to that time in her life and the reality that it took many years to recover:

I was thinking a great deal about my [art]work, but I didn’t have. . . . It takes energy to work, a lot of energy. But I always, always. . . . I never considered that I had to stop working, because I was mentally working; I just knew that . . . first of all, when you’re sick, your job in life is to get better. It’s your job, and that hospital life and real life are two different things.

Most of the participants who were professors at the time of diagnosis were able to continue teaching throughout treatments with assistants, several being encouraged by
their doctors to do so, and all got back to their art practices in time. In fact, doing their artwork was not a question, although materials had to be changed and certain adjustments were made for health reasons. Unexpectedly, three artists reflected during the interviews that they felt their art held a premonition of their impending illness before they were diagnosed. In retrospect, they said they saw it implicitly in their images and the unusual art practices they embraced before diagnosis, yet were not conscious of it at the time.

Several spoke of incredible stress in their lives at that time of being diagnosed and felt it was related to the onset of cancer. Another noted and thought there might be a connection with emotional turmoil in a relationship. One participant said she had the distinct feeling that in an instant all the cells in her body had changed.

All of these creative women were taken by surprise and shocked with an altered reality. Some had family support which made it easier emotionally, even so, they said that family members could not share in the personal inward journey that was set in motion by the uncertainty of outcome. Some said that friends stayed away while new people stepped forward to be helpful. Some women practiced visualization, meditation, or read spiritual and philosophical writings during treatments and some spoke of incorporating rituals into daily life. One artist said:

I decided two things. One is to take visualization seriously, and I used it during treatment; and I was very interested in trying to create positive visualizations, 'cause there’s so much stuff that’s already there about . . . killing cells, and this battle in your body; and so I kept trying to transform that into positive visions. And during radiation I would visualize and go back to nature and the things most calming in my life. . . . And then, this is my personality, but I wanted to look
death straight in the face. And I found that people around me were so scared that they didn’t want to hear me talk about that.

Several women turned to literature, poetry, music, movement, and other cultural and spiritual traditions, searching for ways of understanding mortality, and perhaps immortality. Some found other cultures more in line with confronting the issues and offering practices than, for example, their own Catholic, Protestant, or Jewish traditions. Most turned to yoga and meditative practices while some to acupuncture and massage to help heal their bodies and spirits. Most chose individual psychotherapy and found it helpful in dealing with emotional distress and questions too hard to talk about with family and friends. Some of those with cancer went to groups at the hospital during treatments and found them helpful as they offered an outlet other than family. One artist who was young when diagnosed felt she had enough support with those close to her and appreciated the time with them, although she searched on her own for wisdom beyond illness. Two participants with recurrent cancer were part of clinical trials for experimental drugs, as last resorts they were hoping would stop their aggressive cancers, yet no luck. The researcher was struck by their fierce will to live, courage, and faith, in spite of lingering despair and waning energy, that was mixed with belief and hope in life and medicine that could not yet cure their disease. One spoke about the impact of aggressive ovarian cancer:

I think that it doesn’t affect my creative inspiration. You just take it like you do the death of a good friend or parent . . . or an animal. And you just move on. . . . I am just not interested in focusing on something that I really can’t do anything about . . . truly we’re not in control.
Her fierce, directorial personality and character seemed to accept with reluctance the news she was told that she had six years to live, and appeared to withdraw into the reality of that situation, remarking that she felt superstitious talking about and thus avoided the subjects of terminal illness and dying. She perhaps projected a sense of urgency outward as she said, “What are you waiting for? . . . Go ahead and make decisions about life . . . as something like this could happen.” This artist made decisions to move locations to reconnect with a happier time in life and to be near trusted friends. Her dance pieces of the last 11 years of her life had been based on her own mandala patterns, which had the hypnotic effect on the audience of transcendence through trance states. Both of the women with recurrent cancers kept working, when possible, and kept an active social life going in spite of it all until too weak to leave their studio or home and then friends came there to be with them. The researcher had not previously experienced peer loss and was not prepared for the grief and mourning process that followed the loss of two long time friends. They had wanted to be part of this study from the beginning and viewed our conversations as creative collaborations, and as it turned out a time to review the highlights of their art life and personal strengths that got them to prominence in their fields. It was a privilege to spend time with both of these artists talking, sometimes laughing, about their experiences and an opportunity for the researcher to honor them and their accomplishments, hear their reflections on their unique works, and recall together times shared. The researcher found that she turned to her own art-making with these losses, but that her work was different than art she had made previously.

Findings in Relation to Placebo and Placebo Effects
Certainly historical practices and faiths, as well as contemporary ones in cultures worldwide, link beliefs, imagination, and creative practices with attempts, and often results, at healing and health restoration. In the literature review, the researcher sought information on Western medicine’s historical concepts of healing, which by a number of accounts considered illness as affecting the whole person and in what modern thought has recently put in terms of body, mind, and spirit. Shapiro and Shapiro (1997) and other doctors and researchers (Benedetti, 2009, 2011; Guess et al., 2002; Harrington, 1997; Kradin, 2008; Moerman, 2002; Morris, 1997) cited previously have placed emphasis on the changing yet ever-present phenomena of placebos. The presence of placebos and their effects have been found to be related to a number of nonspecific factors such as the nature of the healing environment, the presence of trusted healers, and the beliefs and experiences of those seeking help for physical or psychological conditions. This broadened, more current definition of placebos and their effects has to do with therapeutic relationships and interventions, as well as psychosocial environments, which foster positive effects and influence positive outcome that are not related or outside the medications given or being tested. Attention has also been brought to the patient’s beliefs and experiences as well as those of the doctor and medical staff (Benedetti, 2011). With advances in neuroscience and neuroimaging technologies, the mind-body interaction that has implicitly been known has and continues to be studied in its complexity as evidence of psychological and physiological interaction now visible and being assessed. From his anthropological perspective, Moerman (2002) has added a further dimension to the usage and understanding of the placebo and placebo effect and contended that it has gone beyond medical usage and has entered the larger cultural picture and is specific to
different cultures and influences beliefs about life, death, and illness, which can affect biology.

In relation to the research in the literature review, Benedetti’s (2011) review of scientific medicine with its humanistic approach placed its roots in the Greek cultural history, which included what he referred to in modern medicine as “the psychosocial component” (p. 39) and with a doctor/healer-patient relationship present. Although recognizing advances in biomedical medical research, he was critical of the “narrow focus on anatomical, physiological, and molecular mechanisms” (2011, p. 39) in specialized medicine today as the expense of considering “many factors other than the disease itself [that] may impact negatively on both symptoms and the course of the illness” (2011, p. 39). He has recognized along with others doctors and clinicians that the mind, the psychological state of the patient, as well as social factors and context were critical influences and “all involved in the pathophysiology and treatment outcomes of a given disease” (2011, p. 40). Furthermore, Benedetti stated in his earlier findings that in addition to negative factors and context leading to nocebo effects, “a positive context may lead to positive outcomes, the placebo effect” (2011, p. 42). Although he noted that much of the interaction of mind and body of the patient, and perhaps the doctor as well, is still unknown, “there is general agreement about the interaction between biological mechanisms and psychosocial influences” (2011, p. 41). His numerous studies, found in his book *The Patient’s Brain: The Neuroscience Behind the Doctor-Patient Relationship* (2011), pointed to expectations and beliefs of the patient as well as the doctor as factors in outcomes. In addition, he noted that the diagnosis of illness affected the patient’s behaviors in ways not related to the illness (2011, p. 47). Benedetti outlined the four steps
and the processes in the brain that take place from the time “a healthy person feels sick and this occurs on the basis of sensory feedback arising from the body” (2011, p. 47), which is the first step. The second step he stated as involving “the physical and psychological discomfort experienced by the subject, [which] activates motivational and reward mechanisms that are aimed at suppressing the discomfort and at seeking pleasure” (2011, p. 47). The third step he noted involved the patients’ encounter with the doctor/healer which “triggers some complex brain processes that have to do with trust and hope” (2011, p. 47) that can be positive if the interaction is positive and enhancing or negative and trigger emotions that are negative, such as “anxiety and depression” (2011, p. 47). The final step Benedetti recognized was

the therapeutic act [that] activates expectation and placebo mechanisms that are at the very heart of the therapeutic outcome. . . . The therapeutic act is a reward and, accordingly, may activate reward mechanisms. Plenty of other mechanisms may be at work here, such as classical conditioning or reduction of negative emotions (e.g., anxiety). (2011, p. 49)

Furthermore, he stated that the patient’s brain would be changed by the “ritual of the therapeutic act” (2011, p. 183) that could be positive or negative. He went on to emphasize that there are many placebo effects and not a single one, and declared that “the placebo effect is a psychobiological phenomenon, i.e., something active happening in the patient’s brain” (2011, p. 185). The multiple sensory and emotional stimuli present in the medical environment and the treatments, from the social interactions with staff to the color and shape of the pills or medications, all have an effect on the patient and on different patients different effects. He elaborated on biological, physiological, and
psychological changes in the patient’s system affected by the context of the encounter and treatment. All of the artists in this inquiry spoke of their doctors, the staff, and the hospital environment where they spent time in surgery and in treatments. Most felt a positive connection with their doctors, yet often doctors only treated them for specific reasons and surgeries and were not involved or knowledgeable about long-term treatment options. One artist who had experience in European hospitals felt they were markedly more patient friendly, respectful, and considerate of the patient’s care and need for rest, quiet, and privacy. She did not like the constant “shouting of the staff” and interruptions all day “and three or four times a night” due to changing shifts when hospitalized for recent emergency surgeries in a large, well regarded hospital in New York city. One of the other participants had a different experience at the Mayo Clinic and other hospitals in the West where she thrived on the attention and care and said she never felt any pain even with difficult procedures and surgeries. Environment and personal care seemed to go a long way in the medical experience.

Benedetti elaborated and reviewed the literature on the actual areas of the brain and the limbic system that are involved in processing emotions, both positive and negative as he specifically and extensively studied pain and expectation (2011, p. 80) using neuroimaging techniques. Neuroscience research that uses visual means to identify emotions has far reaching applicability in validating and indicating, or not, placebo effects such as responses to pain with, without or with reduced drugs, social effects, such as for example handholding when receiving or not electroshock (2011, p. 150), and the possibility of much more. Psychological factors are difficult to measure although many tests, questionnaires, surveys, and interviews have attempted to do so. Benedetti has
noted that “hope and hopelessness” as difficult as they are to define or pinpoint may have an impact on health (2011, p. 149). He postulated that motivation was a primary factor in hope and that it fostered “goal-directed behaviour” (2011, p. 151). He explored Snyder et al.’s assessment scale for hope, which viewed it as a personality trait and another of his scales, which asked subjects to describe themselves in the present moment. Benedetti surmised that although hope was a complex phenomenon, there are at least two key factors [that] can be identified: expectation and motivation. The subject expects the future to be better than the present and is strongly motivated to adopt the necessary behavioral repertoire in order to get the goals that he had set for himself. (2011, p. 152)

In considering the findings in this inquiry, the researcher had noted that motivation, as well as perseverance, had been personality traits or strengths described by participants and observed by the researcher. In addition, the artists had pursued their careers based on their artistic as well as their social skills and negotiated the political and cultural context over time. As all of these artists had exhibited their works over many years or been commissioned to do documentary films, portraits, projects or set up unique educational programs. Clearly they were motivated to interact in their environment and had fulfilled personal goals in and beyond their studios. Art had provided a means of interaction and expression that all had wanted to continue with illness and after treatments; therefore suggesting that there were positive rewards associated with making art. The researcher asked them to describe themselves in a few words and they used words such as “intuitive,” “a free agent,” “a seeker,” “an explorer,” “energetic,” “focused,” “sensual,” “a positive person,” “optimistic,” “determined,” “contemplative,”
“empathic,” “self-sufficient,” “fun-loving,” “curious,” and “hopeful.” One of the artists said that she was known as the “optimist in the family.” She spoke of her current large, colorful, organic images on canvas, which were done after recent successful surgeries, and said she felt “joyful about them”; she went on to say:

I think the art is a celebration and it is there in it, not consciously, but it is my story. . . . When I was sick and although it was a negative experience when I was young . . . it was the presence of the doctor that helped me feel like a person.

Positive personality traits, self-reported by the participants in this study along with and a strong sense of purpose and means of communication served these artists when faced with sudden illness. They had personal, social skills as well as developed work skills, which gave them the momentum and expectation of forward movement after difficult and debilitating treatments. One artist, who experienced several years of reduced energy due to treatments and repercussions from 9/11 which coincided with illness, said that she continued to do her work in spite of these real issues and said that she “felt like I was doing what I . . . not where I left off, because I was a changed person . . . I . . . But it was a continuum.” She went on to say,

I have to be an artist. I don’t know what that is in me. . . . I mean, if I was so sick and I got up and worked an hour a day it’s . . . I have to make work. . . . I never considered that I would stop working because I was mentally working.

One on the other artists talked of “feeling sorry for herself” when she had to move across the country for treatment for a brain tumor and leave her friends and support system. When recovering, she recalled words of an early art teacher who said to her as a student, “Well you’ve chosen art and artist paint, so get to work.” And she did. She had
always been a positive, active person, but illness temporarily changed her energy level. She remarked that everyone has challenges and I have joy in painting my way through them . . . but I didn’t know how to proceed, until the river became part of my every day existence. And rising and going to sleep . . . I was very much involved in the life of the river and I began to paint on small pieces of paper in watercolor. . . . I knew I had to work in a different fashion. I’ve grown, inside of me I know that I can do much more than I ever thought.

Art Expressions During or After Illness or in Remission

Observing and hearing the 12 artists in this study tell of their experience with illness, the researcher was convinced that thinking about their art and making works had been motivating psychological factors in building resilience and could be considered placebos with positive effects for them. Even if they could not do what they had done previously given the illness and treatments for a time, these artists found new forms and made new works with the energy they had available. The work did change during that time and for some after recovery as well. As one artist thoughtfully said:

It takes me so much time to assimilate [my experience into my work]. . . . But it [illness] changed the work, I mean, the work that I did, even though it wasn’t directly about having had that happen to me, it was. . . . How could it not be?

All of the visual artists who have recovered or are in remission have participated in exhibitions and in community projects since the time of illness. Another participant directed her efforts to art education and started a school with a creative curriculum for foreign students to bridge the divide when language and cultural difference were the
issues. Another artist felt strongly about events after 9/11 and the subsequent war and organized 200 other artists to paint portraits given to the families of the first one thousand soldiers who had lost their lives in the Iraq War, hoping there would be no others and the war would soon be over. A national exhibition resulted that was attended by the families, armed services officials, and a large crowd to pay respects. This empathic public gesture honored those lost and gave the families a way to connect with one another.

Other participants, who are painters, have had retrospective exhibitions of their work after recovery. The participant who was a creative designer for television and movies changed professions and moved from the West to the East Coast to go back to school to study art therapy, as well as return to her own artwork. Her art came to embody her illness experience. She said when she was diagnosed with breast cancer for a second time,

I did what I always had done . . . use my camera in my research . . . find the story…. I embodied my story in documentary . . . telling the story in narrative is healing . . . every time [I tell it] it changes. . . . Yes, I love the narrative theory and I love the whole story. . . . We can write and rewrite our story, we can draw and redraw; we can narrow it . . . every time it changes. Even in the sharing, or in the listening . . . you know?

Unexpectedly, the researcher found that since the interviews were spaced over time that they, by chance, spanned important events in the artist’s lives. These become part of the ongoing conversations and offered a balance to retelling the illness story, which had receded into the past for 10 of artists. At times during the interviews, the researcher found it necessary to steer the conversation away from their condition, as it
seemed to be traumatizing or retraumatizing to go further. Fortunately, the researcher had experience with trauma and used those skills accordingly to support and redirect the participant back to the present. The researcher found that the relationship with the known artists as well as the previously unknown ones became mutually rich and rewarding and continued in unanticipated ways beyond the actual interviews.

Artists naturally referred to their artworks, and the researcher noted that they wanted to show her particular ones done at the time of their illness as the conversations turned in that direction. One artist expressed her feelings of “a kind of entrapment” by illness as she said, “When the body starts to attack itself, ’cause that’s really what’s happening with cancer . . . and then this notion of being trapped inside the self.” After recovery, she presented this work in an exhibition as a photograph of the metaphorical depiction of her mixed feelings of wanting “to hide” as she had the seam connecting her fingernails from both hands together concealed under fashionable red polish as her way of expressing feelings of “being entrapped within that beauty” (see Figure 21). Sienna remembered and showed me a small book she had made with her words, which expressed the emotions of that difficult time, which were interspersed in small, collaged photocopied images of her paintings. She had not used text in any of her work previously. Artemisia, a painter, reflected on her life and the impact of illness, which brought up losses of parents and friends, and said, “Engaging myself in the creative process, making art had always gotten me through death, divorce, cancer, whatever . . . I had never stopped making art. It’s like self-preservation.” With the shock of the illness experience, she said, “The worst period ... was between the diagnosis and deciding what my treatment was going to be. I felt the most vulnerable . . . and frightened . . . with the loss of
innocence. . . . I did not feel in control.” Only when she decided to videotape her surgery as her art piece did she overcome the sense of being out of control and overwhelmed. In speaking of a work she had conceived and made before being diagnosed, which she installed three days after her surgery, she said,

I didn’t know when it started [the cancer] . . . but something inside me must have known that I was sick. When I looked at the video part of the room installation, I was certain I had known on some cellular level, AND, I knew that I would be OK, like my art was telling my body, you’re fine!!! I went to the opening of the exhibition bandaged!!! . . . It wasn’t me . . . but something acting through me . . . that got me through [the operation], because I was scared. . . . It was the creative force that takes over . . . yes, as if I were someone else doing that.

This artist who painted portrait commissions went on to do several self-portraits as she had a practice of doing at particular moments in time and did after the time of illness in order to capture her feelings of “such vulnerability . . . there is such fragility” with cancer (see Figure 24). She also chose “delicate . . . round . . . symmetrical maple leaves because it is a tree with a strong root system that branches out,” and found a process of imprinting an image of her face with varied expressions on the leaf surfaces and making mixed-media pieces that were very different from commissioned portraits (see Figure 25). The series of frantic faces conveyed her sense of self at the time of our interview, which was nine years after surgery. Artemisia said that “art was lifesaving” and “I know that I am a survivor. I mean I know that. But, I have an instinct for what I need to do.”

Another artist who was diagnosed with a rare blood disorder made a pair of white lamps of porcelain as beacons of light as she wanted to use her hands to process her
unconscious feelings (see Figure 9). Gloria used spotlights to shine into and through glass beads to make sharp, contrasting, abstract images ink-jet printed with velvety black pigments on the surface (see Figure 26). Nona painted the flowing river over and over again, reassuring herself and reconnecting that movement and ever-changing aspect in nature as evidence of the continuation of life in nature’s cycles (see Figure 27). She painted what turned out to be a series of paintings after surgery and spontaneously took the small paintings outside and photographed them and joyfully sent the picture of the works to her friends far away, celebrating her recovery, evidenced by the number of the paintings (see Figure 28). Nona showed me a large, faintly painted canvas that she had painted of a figure being helped by two who assisted. She said that this was made before she was diagnosed with a brain tumor and felt it was perhaps a sign or foreshadowing of events that were to come in her life (see Figure 29).

The richness of the art and the conversation was not only meaningful to the researcher, but visually stimulating and aesthetically inspiring. These artists seemed to have embodied experiences of life, and then of illness as it had become part of life, in their art forms, whether they were reality-based, abstractions, or performances. They continued to do what they had done: put their work in the public domain for others to witness and respond as they would. One artist said, “My work comes from my life experience very specifically, but my goal is to reach others through that.” Although the majority of these artists did not make work directly depicting their illnesses except in abstract or metaphorical forms, one artist did. She exhibited a work that she described as a full image . . . full-scale body image drawing that I had worked on for two and a half years. . . . I had turned it into a painting. And then I think this piece as sort of
the cancer piece . . . the expressive art . . . It’s a bridge piece that . . . that got me there…. I kept adding to it . . . I wrote words that came to me, and then I had a dialogue with it…. It’s a multimedia piece…. So, you are . . . connecting both sides of the brain . . . [the image] and the dialogue. (See Figure 30)

This artist had just gone through breast cancer for the second time. She said of her art-making, “Hey, I’ve just gone through a pretty horrific illness. That is what helped me get through it.” She went on to say, “You ask me about creativity . . . for me it’s like breath, where it’s just in my bones. . . . It’s not a choice; it’s a calling . . . this is what I do . . . and especially after you get sick, it’s like, Okay . . . what’s next?”

In conclusion, findings in this inquiry demonstrate through the artists’ words that art served as a catalyst to resilience and was the channel that stayed open and connected life before illness to life after recovery or ongoing in remission. One artist who was in remission said, “I think artists are lucky . . . to have an obsession that can make you forget about it [cancer]. It is real absorbing and it is very connective to your nervous system and everything else…. It’s all connected.” And another artist spoke of art giving her “a voice and a way to deal with life’s blows…. It allows for inner dialogue in a way only artists know.” Art-making gave purpose to living, and the works themselves provided a way of knowing meaning and proof of those times, places, and experiences that could be revisited in memory and added to in the future. The artworks carried their courageous creative acts and held their stories in health and ill health.

Having had art practices and studio for many years, most of the participants could resume their work and slowly regain their sense of self that had been altered, but not taken, by illness. The two painters who moved locations immediately set up spaces in
which to work and made different work, one about illness and one that related painting to
the new natural environment. Therefore art framed and reframed the lives of the
participants and provided an ongoing means of communication, which voiced their inner
dialogues in familiar practices that they would bring to the public in time. Art had been
the meaningful vehicle for visual communication before illness and the catalyst for life
moving forward after treatments. Artists were motivated and held expectations of making
new works; as Benedetti (2011) and now others are stating, positive factors associated
with placebos change the brain. Art offered hope for the future for these artists, and this
researcher believes it can be considered a placebo due to the positive effects that have
been associated with it over time and in many ways by this group of artists.
Figure 24. Artemisia (2007). My Face. 5 Mirrors and mixed media, made after recovery.
Figure 25. Artemisia (2012). Portrait commission, oil on canvas.
Figure 26. Gloria (2007). *Fundamental Constant*. Ink jet print, 52” x 34”.
Figure 27. Nona (2012). River Series, water color on translucent plastic sheet, painted after recovery.
Figure 28. Nona (2008). Part of river series, individual works, 12” x 9”. painted in water color on mylar during recovery from surgery.
Figure 29. Nona (2007). The Aleph. 58” x 108”, oil on canvas, “painted just before finding out about the brain tumor.”
Figure 30. Dragonfly (2011-20012). Life size body tracing with text, painted over a period of time after treatments
Art-Making as a Therapeutic Practice and Placebo Effect

In reviewing medical studies of women with chronic illness and cancer, in particular, and looking for ones that dealt with therapeutic interventions, the researcher noted that the majority of studies reviewed that used art therapy as part of integrative therapy for patient care during and after cancer care were done by art therapists in the United States, whereas studies done in other countries (Australia, Canada, the Netherlands, Norway, Sweden, and the U.K.) were generally conducted by teams of nursing faculty, doctors, clinicians, and art therapists. The expressed need for additional and extended care was evident in studies reviewed and verified by the artist participants in this inquiry who sought therapeutic support in a variety of ways during and after medical treatments. In New York at Memorial Sloan-Kettering Cancer Center, Dr. Jimmie C. Holland (1996) has written extensively on psycho-oncology and the psychological ramifications of a cancer diagnosis. She noted in a study from three cancer centers that the incidence of depression and anxiety was at a level of stress in 47% of patients diagnosed with cancer, which was “equivalent to that seen in a psychiatric disorder” (1996, p. 159). She cited many studies that supported individual and group therapy as helping with symptoms and a sense of “well-being . . . though not with survival” (1996, p. 160). Additional symptoms of fatigue, nausea, vertigo, or sleep problems indicated a need for physical comforts as well psychological attention to cancer patients, particularly those without a support system at home. The concept of quality of life appeared somewhat recently in the medical literature in this country, perhaps as an indication of patients’ expressed needs, which may have initiated an effort to quantify or measure needs by institutions, which request information from patients through
questionnaires or surveys. This paperwork, as well as some institutional procedures, were mentioned by several of the participants in this study, as they appeared to objectify their illness experience, even though the information could lead to awareness for services needed for long-term care after discharge. They expressed their anxiety with follow-up checkups, tests, and being part of data collection. Several participants expressed the definite need for time in a therapeutic environment to bridge the long road to regaining strength, a sense of well-being, and life with quality after or with ongoing illness. As artists, they recognized the value of art-making for nonartists as well as artists, and recommended that art therapy be available and offered to patients in stages of recovery in an open setting with an art therapist present as a support, even in silence. They did not have the opportunity to do art therapy at the hospitals where they went for treatments, nor would they have necessarily done it, since they had their own studios, but they noted there were lots of times when waiting for results or treatments that anxiety was high and art materials in a space would have provided a welcome distraction.

As the art therapy field has grown and become better known over the last few decades in this country and others, art therapists have documented their work in *The Journal of Art Therapy* and other peer-reviewed publications, thus making their presence and skills more understood, as most doctors are unaware of art therapy, what it is, or its merits for patient care. Qualitative studies have captured the nature of the relational work with individuals and groups, which use art-making as a way to process psychological content that is perhaps too close or raw to speak. A review of research evidence on the use of art therapy in the management of symptoms in adults with cancer (Wood, Molassiotis, & Payne, 2010) recognized art therapy as a kind of psychotherapy that was
complementary to and not a replacement for medical treatments, but had been significant in cancer care. Their findings after reviewing five qualitative and nine quantitative papers, some of which were considered in this study, highlighted “empowerment...as a key outcome of art therapy; it was also a significant attribute of self care and self management for those living with cancer” (2010, p. 135). They concluded that art therapy appeared to benefit symptoms such as “psychological and spiritual distress” and they found that there was no evidence that it caused harm (2010, p. 144). These researchers, from four institutions in the U.K., recommended further “investment in art therapy in cancer care” (2010, p. 144), even though they noted it was difficult to synthesize studies that advocated it.

Many art therapists and creative or expressive therapists are working in clinical settings and treatment centers and several who have had cancer themselves have lectured, taught, written, and exhibited their artwork, which suggested that making art was therapeutic for them. Harriett Wadeson, PhD, LCSW, ATR-BC, HLM a pioneer in the art therapy field, published *Journaling Cancer in Words and Images: Caught in the Clutch of the Crab* (2011), documenting her cancer experience in her paintings and words. She related that she had done them for herself and that they recorded times she would not have remembered unless she had “something tangible” and “worthwhile” as a record of that time (personal communication, July 9, 2012). Barbara Fish, PhD, ATR-BC, LCPC, an assistant professor of clinical psychology and a teacher in a school of art, has lectured and written widely on art therapy and her theory of response art. In response art she uses Jung’s active imagination technique and dialogues with the image in the artwork in order to understand what is wanted by the image. She has also developed her method of
narrative inquiry. An artist herself, Barbara says that she has always made her own art in response to uncertain, difficult situations and her own illness experience (personal communication, July 12, 2012). She has also designed a qualitative research method that is an image-based narrative inquiry.

Another art therapist, Caryl Sibbett, has written of her cancer experience as well as her work with cancer patients, and edited with Diane Waller, Art Therapy and Cancer Care (Waller & Sibbett, 2005) as part of a series called Facing Death. Sibbett used the first person in her writing and described the emotional stages of what she referred to as liminality. In that state she felt as if she were on a threshold in limbo between states, not in time, and powerless. She did acknowledge “prodromal dreams of cancer” (2005, p. 226) in which symbols and metaphors unconsciously appeared; she felt the dream images had prompted her on some level to be proactive in seeking medical answers when delays without a diagnosis were not acceptable to her. She used her artwork throughout the experience to process emotions, as she said it was a way to tolerate fear as well as empower the vulnerable self. She spoke of the ritual experience in reference to a “self-collage” in which an image of “a quaternity containing a bejeweled web” appeared in her artwork. She associated this with Capra and quoted, “an increased awareness of the concepts such as the interconnectedness, new physics and the Buddhist concept of Indra’s Net, symbolizing our interwovenness and interdependence in the cosmos” (2005, p. 231). This was interesting to the researcher, as five of the participants in this study spoke of an attraction to physics, the cosmos, and Buddhist concepts. Two specifically came to it with the cancer experience. Furthermore, Sibbett wrote of the value of working with symbols, experiencing the flow state, and using the metaphorical concept of liminality as a space
that she related to Winnicott’s (1996) theory of potential space. In such a proposed internal space that is grounded in the infant-mother relationship, positive and negative feelings, moods, and thoughts can play out and be safely held. These emotions can be embodied in an artwork and the art-making would contain the ritual of the process (2005, p. 241).

Also in the edited book by Waller and Sibbett (2005), therapist Paola Luzzatto addressed the idea that not all patients want to express their negatively viewed feelings and emotions around death, anxiety, despair, or anger verbally or in images and are at a loss to begin with a blank paper. The presence of the art therapist might help move a person into making marks that could be seen in time as meaningful. Some patients she observed wanted to only express positive images of “peace, beauty and love, as a form of self-soothing, or as a form of denial” (2005, p. 164) making the art therapist role one of empathic attunement and alertness to therapeutic needs and interventions. She designed a ten-week art therapy program called “The Creative Journey” for cancer patients at a major cancer center. In addition to these session patients could extend for an additional 10 weeks as well as or go to a once a week “Drop-in Art Therapy Open Studio” (2005, p. 165) which was open all day with the art therapist available. In her assessment of the now ended programs, sessions provided an opportunity for “musing about death” (2005, p. 170), for “respectful silence and the visual and verbal sharing and feedback” (2005, p. 171) from others in the group if desired that was not based on aesthetic judgments but on mutual support and safety.

Published in England, an edited book by art therapists Mandy Pratt and Michele Wood, *Art Therapy in Palliative Care: The Creative Response* (1998), addressed the need
for additional care for cancer patients who are living longer with medical treatments. Vija Lusebrink and Ellen Urbani Hiltebrand contributed articles on working with cancer patients to Cathy Malchiodi’s edited book *Medical Art Therapy With Adults* (1999). These are only some of the references in the art therapy literature documenting specific work using art-making as a form of therapeutic support and an opportunity to process with cancer patients the uncertainty, as Sibbett wrote, of living in the balance—not an either/or situation of life or death. As she said, “I waver in liminality, living and dying with the tiger” (Waller & Sibbett, 2005, p. 241).

Learning about the creative processes and artistic practices from the individual perspectives of the participants in this study, the researcher found support for the expressive art therapies. Several of these artists joined support groups during or after treatments sponsored by a hospital, Gilda’s Club, and one took a class in computer imaging that was new to her and where she was anonymous. Most found these groups more helpful than they had imagined in the aftermath of treatment. Although only one did art therapy, another taught an art class to other cancer patients and all thought that art therapy, writing, or music therapy would be helpful and therapeutic for those who were not familiar with art or art-making. Some of the participants worked on their own in other media and some took expressive classes in dance, movement, yoga, meditation, and writing, which they used in a therapeutic way as strategies to regain health and a sense of self that needed continuity, reinforcement, and repair after the shock and course of illness.

**Conclusions on Findings**
What can be learned from this select group of varied artists about their resilience after or with illness?

1. Making art—that is, engaging in the creative process (particularly art that requires time and repetitive movements or actions) engages the body, the mind, the spirit, and the emotions. Beliefs interact and are embodied in forms that tell of the inner world and often aim to communicate with others.

2. Spending periods of time in the studio, involved with materials, making or being absorbed in the creative process can act as an entry into a way of being that accesses the inner world, and thus facilitate a time-altering experience in which one loses track of time and is open to unexpected avenues, resolutions, and possibilities.

3. Being in a creative environment is stimulating, and for most people, being in nature fosters imagination. Looking at beautiful landscapes, cityscapes, or works of art in museums and exhibitions can be stimulating and inspiring, and give one ideas and a way to feel healing, as it connects one to experiences and phenomena larger than oneself.

4. Gaining experience in the arts fosters confidence, agency, and in time an identity that can be a way of being in one’s life that is different from identity with illness.

5. Interacting with other artists or members of the community such as professors, or in collaborative projects that involve others, has extended a limited view of artists far beyond the individual staying within the studio walls making art objects. Artists engage in social, cultural, and political ways depending on their beliefs and ideas, and the scope and intent of their work.
It is the hope of the researcher that physicians and clinicians may add to their knowledge of the art experience and creative process, and use that experience with those recovering from or enduring invasive treatments given the firsthand information of the experiences imparted by professional women artists. Healthcare professionals may well adapt and design therapeutic interventions, which take advantage of the creative process, with its ritual components experienced in art-making and rethink therapeutic spaces to accommodate creative time with materials to inspire and incorporate experiences, or redirect thoughts from illness. Many expressive therapists are artists themselves, so being reminded of the process-oriented aspects of art-making, in particular, can offer the possibility of sustained attention, which could alter the sense of time and be a distraction from the realities of the medical situation. In addition, familiarity and repetition of an art experience could allow for a flow of thoughts and feelings that may come with being absorbed in making something uniquely personal and meaningful to oneself. By presenting and facilitating an opportunity for patients who are not familiar with the creative process to have an experience of personal involvement and expression in which they could potentially embody, the unspeakable illness experience in art-making, art therapists could assist individuals or group members in changing or dealing with despairing or unhealthy patterns of thought. Art-making, as art therapists attempt to convey in their practices, is a way to engage some patients who have been diagnosed and impacted by the difficult and debilitating effects of cancer treatments, other illnesses, or trauma with ongoing impairment. Art therapy and other expressive therapies are adaptable to the needs of the moment for individuals or for socialization in groups and can be used as long-term strategies that builds on experience, empowers patients, and
ART AS A CATALYST

offers a way to reenter and engage in life in a community after or with ongoing medical conditions. With increased longevity, and yet difficult medical protocols, patients’ long-term needs for psychological and physical care need to be expanded to consider and heal the whole person: body, mind, emotions, and spirit.

**Limitations of the Study**

The limitations of this qualitative study have to do with its specificity and focus on a small sample of white women, mostly above 60 years of age, chosen because they are the most often diagnosed with breast cancer. The age range could be extended to cover younger and older women as well. A practical limitation was vicinity and thus limited to women artists living in the northeast who were accessible by public transportation. Future investigations could add to these narratives and interview more women artists of all ethnicities, in other locations across the country, and eventually in other countries, thus enlarging the study beyond a Western medical and sociocultural perspective. Creative women not only in the visual arts but other professions could also be included to expand and compare other fields of creative endeavor in relation to health, ill health, and resilience.

**The Implications of the Findings for the Art-Therapy Field**

Findings from this study offer support for the expressive therapies, art therapy specifically focused on here, as a means of working with those who have illness, those who may feel traumatized by the change in life, and those who can experience art-making in which they may image, record, and if desired verbalize their concerns, reflect on their progress, and validate their healing process even if cure is not possible. The creative process can be experienced by nonartists, artists, as well as those who need help finding a
vehicle of expression other than what they may know that may help and support them during a vulnerable and debilitating time. All of the 12 participants in this inquiry had family and friends for support, yet sought additional personal assistance with their recovery, which for some extended over a period of months and for some years. Since the art that some of the artists made was personal and often unlike that which they had been known for publicly, it served as a visual bridge for inner expression that brought them back to familiar ground. Some used writing as an additional way of dealing with past experiences of loss that surfaced at the time of their vulnerability. Engaging in art was a way to move forward that could be witnessed by themselves and others.

These artists demonstrated their desire to work in art forms and they made efforts to depict or account for that time of illness for themselves. They also communicated that they felt arts could be a vehicle for others who were not artists. Art practices and art-making were sensory, physical, and purposeful ways of coming back into their lives. An in-depth look into the creative process through artist’s eyes suggests an expanded concept of being an artist and the benefit of the process of engaging in the arts for those in other fields, especially medical and healthcare. Artists’ creative processes are more than practical or rational means; they tell real stories of remembrance, renewal, and resilience against difficult odds. Resilience is used by definition as the ability to recover, which entails character-strengthening, flexibility, and adaptability.

Further studies could broaden the research to creative women in other fields and investigate and gather additional thoughts and ways to resilience that others may have found useful. Other studies might include or compare female and male artists in situations of illness and their ways of getting to resilience. Although there are many studies which
address a wider view of creativity in other than art forms, it would be interesting to do a collaborative study that would include other forms of new media and participants who worked in collaborative art, theater, music or dance groups. Future studies focusing on using oral histories of those who have spent their lives in the arts, but have illness or disabilities would not only record they ways of coping in the world for others to witness, but leave a record of valuable, often omitted profiles and stories of unusual successes which have meaning beyond simply creative products out of context. The human story in its uniqueness can be explored in phenomenological inquiry in health and with illness and offer a window into complex emotions, which are interconnected through emotions and feelings held in the body and generated by the imagination in the mind. How we use the information of art and science offers unexplored areas of creative possibilities.

**Speculation on Implications of Results**

The creative process allows us to make meaning and offers a way of suspending time given a difficult situation due to physical illness and emotional distress. Creative artists are familiar with an altered sense of time when absorbed in their work, and nonartists can experience this process as well. Stimulating the imagination and creating an environment where one in distress could regain a sense of agency and self-validation with supportive others present would offer a reprieve from isolation and fear due to illness, trauma, or loss.

**Recommendations for Future Exploration**

Further study could investigate possible ethnic and cultural differences, which could enrich creative possibilities in relation to illness and resilience and clinical work worldwide. Implied by studies reviewed and findings from this inquiry, creative art-
making would benefit some patients by giving them the opportunity to experience the arts in studio settings with therapeutic support from an art therapist who meets patient’s needs and is sensitive to the stage of recovery. Given that an identity as an artist can encompass all kinds of talents and skills, encouraging these could add a dimension to self that is positive and beyond being ill, and offer hope by allowing one to envision meaning. In addition a trustworthy relationship could develop which might foster the will to explore new avenues of potential rewards.

Future studies could identify placebo variables beyond those cited here, which were: personal beliefs, psychological experiences, artists’ experiences, learned skills, and behaviors that could specifically be considered in treatment plans for increased quality of life and healing of the whole person, particularly after diagnosis or with major illness.

**Researcher’s Reflection**

Hearing participants’ stories of their lives and resourcefulness, as well as their experiences with illness, engendered in the researcher tremendous respect for these remarkable artists. Their courage and ability to create is life-enhancing and an inspiration to all who know and sense their whole stories, which include remarkable resilience.
Figure 31. *Artists’ Identity and Agency Supported by Their Beliefs and Strengths of Personality in the Context of the Sociopolitical Cultural Environment.*
Figure 32. Artists’ Beliefs and Agency: Factors in Resilience Influenced by Their Environmental Context.
Figure 33. Visual Depiction of Artists’ Experience in Interaction with Multiple Contexts.
APPENDIX A

INFORMED CONSENT

Art as a Catalyst for Resilience in Women Artists Given a Medical Diagnosis.

Principal Investigator: Susan Firestone: PhD program in Expressive Therapies, Lesley University

You are being asked to volunteer in this study to assist in my doctoral research on professional women artists who have a medical diagnosis. The purpose of the study is to hear your words about your experience of being an artist and making work professionally over many years and the effects of an illness disruption. Your experience of art as a possible catalyst in resilience would be of value in this study.

Your involvement would consist of interviews, preferably three in number over the next year and at your convenience. Personal background information such as: choosing to be an artist, significant people or events in your life that may have influenced your work and beliefs about the creative process would be the focus. The dialogues would be approximately 60-75 minutes in length, recorded on an MP3 recorder, and take place in your studio or home. Transcriptions of the conversations would be made available to you for your revision and a final copy would be made for your records. Information will be confidential and coded so as to maintain privacy. Any photographs or art works would only be taken with your permission and selection. With permission images would be captured on digital camera or video recorder.

You will be personally interacting with only myself as the principal researcher. This research project is anticipated being completed by approximately May 2013.

I, __________________________________________, consent to participate in the interviews with the understanding that I can withdraw at any time.

I understand that:

• I am volunteering for one to three interviews, approximately 60-75 minutes in length.
• Sessions will be audiotaped.
• My identity will be protected.
• Session materials, reports, audiotapes will be kept confidential and used anonymously, unless I give permission for teaching purposes.
• I give permission____, I do not give permission__.
• I give permission for my art works to be included in the study __, I do not ____.
The sessions may include conversations about my present life and significant people and events in becoming an artist and developing my professional career and my thoughts on illness, art-making, and resilience.

- I am free to end the interviews at any time, and will not lose any benefits that I might otherwise gain by staying in the study.

- This study will not necessarily provide any benefits to me. The results of the study may help to increase public and professional awareness of the needs and experiences of other women and the improvement of treatments and creative options during recovery.

The audio recordings and transcripts will be kept in a locked file cabinet in the investigator’s possession for possible future use. However, this information will not be used in any future study without my written consent.

I may choose to withdraw from the study at any time with no negative consequences.

Confidentiality, Privacy and Anonymity:

You have the right to remain anonymous. If you elect to remain anonymous, we will keep your records private and confidential to the extent allowed by law. We will use pseudonym identifiers rather than your name on study records. Your name and other facts that might identify you will not appear when we present this study or publish its results.

If for some reason you do not wish to remain anonymous, you may specifically authorize the use of material that would identify you as a subject in the experiment you may contact my advisor Dr. Robyn Flaum Cruz at (412) 401-1274 with any additional questions.

We will give you a copy of this consent form to keep.

a) Investigator's Signature:

Date ________________ Investigator's Signature ________________
Print Name ________________

b) Subject's Signature:

I am 18 years of age or older. The nature and purpose of this research have been satisfactorily explained to me and I agree to become a participant in the study as described above. I understand that I am free to discontinue participation at any time if I so choose, and that the investigator will gladly answer any questions that arise during the course of the research.

Date ________________ Subject's Signature ________________ Print Name ________________
There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Dean of Faculty or the Committee at Lesley University, 29 Everett Street, Cambridge Massachusetts, 02138, telephone: (617) 349-8517

**Consent to Use and/or Display Art Work**

Consent Between: Susan Firestone _______________ and _______________
Expressive Arts Therapy Doctoral Student Artist/Participant's Name

I, ____________________________, agree to allow Susan Firestone
Artist/participant's name Expressive Arts Therapy Doctoral Student
to use and/or display and/or photograph my artwork, for the following purpose(s):

__ Reproduction and/or inclusion within the research currently being completed
by the expressive arts therapy doctoral student.

__ Reproduction and/or presentation at a professional conference.

__ Reproduction, presentation, and/or inclusion within academic assignments
including, but not limited to a doctoral work, currently being
completed by the expressive arts therapy doctoral student.

It is my understanding that neither my name, nor any identifying information will be
revealed in any presentation or display of my artwork, unless waived below.

_______ I DO _____ I DO NOT wish to remain anonymous.

This consent to use or display my artwork may be revoked by me at any time. I also
understand I'll receive a copy of this consent form for my personal records.

Signed ___________________________ Date _____________

I, Susan Firestone, Expressive Arts Therapy Doctoral Student, agree to the following
conditions in connection with the use of artwork:
I agree to keep your artwork safe, whether an original or reproduction, to the best of my ability and to notify you immediately of any loss or damage while your art is in my possession. I agree to return your artwork immediately if you decide to withdraw your consent at any time. I agree to safeguard your confidentiality.

Signed __________________________ Date _______

Expressive Arts Therapy Doctoral Student
Susan Firestone: 59 Wooster Street #3E, New York, NY 10012
Phone: (212) 431-1303 Mobile: 646 228-4246
Email: sfiresto@lesley.edu or rubilite@aol.com
APPENDIX B

GENERAL QUESTIONNAIRE

1. Your age:

2. Your nationality:

3. Languages you speak or understand:

4. Your education:

5. Your work or profession:

6. Travel within US and outside:

7. Marital status: Single_____, Married_______, Divorced_____, Partner______,

8. Children: Number_____, Age_____, Live near______, Live far away_______
   Siblings: Number_______, Live near______, Live far_________

9. Are you involved in the community?

10. Do you volunteer?

11. Are there social issues that are of interest to you?

12. Are you politically active?

13. Can you describe yourself in several words?

14. Have there been any turning points in your life?
   By choice:
   By chance or surprise:
   By circumstance:
   By loss, i.e. divorce, death of loved one, lifestyle? At what age were you?

15. Does creativity play a role in your life?
16. In what ways, if any, have the arts been part of your life, i.e., influenced you, or you influenced the arts? If so, what age were you when you began making art? 
Childhood _______, adolescent _______ adulthood _______. Do you still? 

17. Do you describe your involvement in art-making as inwardly motivated or outwardly motivated?

18. Are you interests and involvements multimodal, i.e. art, music, dance, performance?

19. Do you feel there was a change in your outlook or work after your medical diagnosis?

20. How were these experienced, if so?

21. Are there spiritual dimensions in your work or outlook?
   - Prayer? ______ Art practices? ______ Rituals? ______

22. Have you experienced philosophical changes after illness experience? In motivation? In practices?

23. How would you describe your environment? safe_____, stressful_____, chaotic____ peacefull____ under control_____ out of control____ normal_____

24. Did you have support when ill? Do you fell that you have supports now?
   - Have you connected to others? Would you find this helpful?

25. Do you feel your work changed as a result of illness? How, if so?

26. Do you have any suggestions that would help others with this illness?

27. Is there something you would like to add to this inquiry?
First Interview

After introductions, the researcher described the research study, the artist’s participation, and why the researcher wanted to talk with creative women artists. The questionnaire was presented. Most wanted to answer orally as part of the interview, which opened many unplanned conversations and paths to other questions that emerged. The order and nature of the questions were flexible and often took direction from the participants.

1. Can you say something about how you became an artist?
2. Do you feel you were encouraged at home, at school, or in your environment?
   Did you have any mentors or particular people who were key in your early life or thereafter?
3. Can you say something about your education and opportunities for learning?
4. Did you choose an artistic path or did you come to that at a later point?
5. What became important to you post school and as you considered your life options? What was the cultural climate at that time and was that an influence on your opportunities?
6. How would you describe yourself, your strengths, your personality in five words or more?

Second Interview

Review of first interview and follow-up on conversations touched on for in-depth consideration.
1. We talked briefly about your art development and beginnings of your career; can you talk about the kind of work you were making?

2. What was the sociocultural climate and did you engage in exhibitions or other ways in the community?

3. Have there been transitional moments or crossroads that were planned or unexpected? And did your artwork change at that time or reflect those times?

4. What has gotten you through challenging times of change? What would you consider your personal resources?

5. Has art played a role in your ongoing work and life?

6. How would you describe your creative process and your approach to art-making in your art practice?

7. Are your works based on personal experience? Are they conceptual, idea based or narrative in content, or? Do they contain or embody personal stories? Do you see particular themes that interest you in your work? Are they social or politically motivated? Who is your audience?

Third Interview

Review of themes or topics from second interview and reference illness if it has not already come up in first two interviews.

1. When we were talking of your artwork during challenging times in life, do you feel there was a change with your illness diagnosis and treatment?

2. Did you continue with your art practice? Did it change? Did it play a role at that time and after?
3. Did you find art making a meaningful way to process your illness, also your health? Does it have symbolic meaning for you? Did you make art specifically about the illness experience? If so, what was your experience?

4. Are there particular art works or projects that you feel are relevant here that you would like to show to me?

5. Is there something that you have learned from your experience with illness that you feel would be useful to others in the healthcare field or others who have had an illness experience?

6. Do you feel that your creativity has helped you become resilient? Do you think others who are not artists could benefit from art making or other creative arts?

7. Did you find any services that were helpful in the medical setting? What would you advise others or recommend to make the experience better?

8. Is there something that you feel we have missed in our conversations that you would like to include or feel is important to emphasize.
## APPENDIX D

Table 5

**Inclusive Data of All Participants on Their Environment, Creative Expression, Beliefs, and Effect of Illness.**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Early Environment/Family</th>
<th>Career Path/Creative Expression</th>
<th>Cultural Context</th>
<th>Change or Not With Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria</td>
<td>Grew up outside US in nature, mother, father and siblings</td>
<td>Artistic focus in sculpture, multimedia installation, performance</td>
<td>Early success in art world</td>
<td>Surgery and chemotherapy for breast cancer no recurrence in 16 years</td>
</tr>
<tr>
<td></td>
<td>Catholic, Creative family, close, alone time in nature to explore, water, sands, objects from nature</td>
<td>Dance</td>
<td>She saw women’s movement as beneficial to her as a younger generation</td>
<td>Viewed early illness as a project to research in depth, commit to treatment, and the work was to heal, added yoga, meditation, visualization</td>
</tr>
<tr>
<td></td>
<td>Married with one child</td>
<td>Art comes from life experience and body knowing and sensing</td>
<td>Major figure today, major projects and exhibitions</td>
<td>And investigated other religious traditions that addressed death, created rituals</td>
</tr>
<tr>
<td></td>
<td>Intuitive, research University professor</td>
<td>Domain significant</td>
<td>Domain significant</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gloria</th>
<th>Family lived outside, but close to major city</th>
<th>Documentary and professional photographer, portraits, urban landscapes</th>
<th>Single mother – artist, but focused on photography to a earning living</th>
<th>Surgery for breast cancer; no further treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Divorced with two children to support</td>
<td>Collage, printmaking</td>
<td>Recognized by museums.</td>
<td>No recurrence in five years</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>Taught art in schools</td>
<td>Library of Congress and in commercial photography</td>
<td>Art changed and became abstract and embodied ideas of physics and particles in universe</td>
</tr>
<tr>
<td>Participant</td>
<td>Early Environment/Family</td>
<td>Career Path</td>
<td>Cultural Context</td>
<td>Change or Not With Illness</td>
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<tr>
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<tr>
<td>The Wanderer</td>
<td>Lost Mother at 11, soon gained a step-mother</td>
<td>BA Radcliffe in political theory and comparative governments, 20 years later MFA</td>
<td>Single parent</td>
<td>Rare cancer</td>
</tr>
<tr>
<td>Lost</td>
<td>Travelled early on own and with family and continues to do so as a speaker or honoree.</td>
<td>Taught art and English language and creative writing internationally and nationally</td>
<td>Working few options for women in work force, taught in schools</td>
<td>Researched and found specialist</td>
</tr>
<tr>
<td>Divorced with three children</td>
<td>Focus art education and arts and history as cultural exchange. Presidential appointment for arts and humanities</td>
<td>Educator and President of international school for those with language needs</td>
<td>Educator and President of international school for those with language needs</td>
<td>No recurrence in 12 years, yet no cure</td>
</tr>
<tr>
<td>Remarried-widowed</td>
<td>Makes ceramic sculpture</td>
<td>Recognized and honored in field of cultural exchange, the arts and political arena for peace</td>
<td>Recognized and honored in field of cultural exchange, the arts and political arena for peace</td>
<td>[second interview]</td>
</tr>
<tr>
<td>Protestant</td>
<td>Designed creative courses for foreign students using film, story, and arts to foster cultural understanding and empowerment</td>
<td>(continued)</td>
<td>(continued)</td>
<td>R: Has the creative process been a factor?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>P: It's been interesting. I think in a way it has but not directly. I—I mean I still have though ... it's in complete remission, I have an incurable cancer.</td>
</tr>
<tr>
<td></td>
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<td>R: Oh. We hadn't spoken about that.</td>
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<td></td>
<td>R: So at that time, were those artworks you made different than any pieces you'd ever done?</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>P: “Yes, they were.: “They were more contemplative, they were more ... part of nature. They were.. .they were different.”</td>
</tr>
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<td></td>
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<td>R: I see... that's another dimension that goes deep doesn't it.</td>
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<td></td>
<td></td>
<td>Change or not with Illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>P: “Yes, yes. I couldn't even begin to know what that.....to know where that goes. Probably, oh I don't —I can't say but...I</td>
</tr>
</tbody>
</table>
Participant

Dragon Fly

Grew up in rural south. Rebellious spirit and found photo

Career in theater... Set designer for theater and TV, as well as artist/photographer

Recognized in Field receiving major awards

Hired by major TV

Career in theater

Set designer for theater and TV network

Freelanced, Changing industry... there for twenty-five years +

Pursuing new career in art therapy.

Breast cancer at 32 years, and again 18 years later, and... it completely changed her life and work, moved to another part of country and in natural setting...

Recently began new career in creative therapies field... after illness. “What next?”

It was a huge challenge to go back to school... but incredible desire to read... to explore... and have “time to absorb it”... did internships with patients and supervision

I did what always had done... “use camera in my research... find the story...” Did “a reenactment”... in same place as before in past treatment...

“embodied her story in documentary... telling the story in narrative is healing... sharing it changes it “every time it changes”

(continued)

Nona

Raised in creative family and encouraged early on

Assisted parents in shop,

Mixed media artwork with body image with text of experiences with illness embedded... a record of last two and a half

Just out of school worked in hospitals in what would now be called art therapy

Works with a doctor and does groups with cancer patients

Diagnosed with a brain tumor and moved to another part of country for
<table>
<thead>
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<th>Cultural Context</th>
<th>Change or Not With Illness</th>
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</thead>
<tbody>
<tr>
<td>Margaret Mead</td>
<td>learning skills, Art school and graduate school, Jewish</td>
<td>Creative Expression years... Painter, figurative and abstract expressionistic, intuitive, figurative paintings, energetic, sensual Carver, installations Collaborative projects, taught in hospitals and schools early and later organized community projects</td>
<td>Worked in area with many artists for many years, showed works, successful, moved to another part of country and continued as artist, exhibitions Interest and some work on Jewish branch in ancient history of people</td>
<td>surgery and to be near family, 5 years ago, no recurrence Difficulty of new environment and losing support system of friends as needed assistance with recovery Gradually got back to exercise in gyn and women’s group and continued working on art as energy would permit, scale was , but prolific , had to change media from oil to water color on mylar Being in nature was healing, the cycles, sounds</td>
</tr>
<tr>
<td>Artemisia</td>
<td>Rural upbringing... sent away for educational opportunity, College and graduate</td>
<td>Painter, portrait painter, installation, performance Arts organizer of collaborative project College professor for 25 years Workshops leader</td>
<td>Moved to NY in early 1970s a, involved with other artists... “It was a small art world then.</td>
<td>“I have my anxieties.” “I’ve been sick a lot ... and have had many ... surgeries ...”</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Change with or not with Illness “I have had a lot of stress... and depression....”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Maintained teaching and working with reduced energy and assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Disruption of 9/11 and loss of parent Surgery and radiation treatment – for breast cancer took a year + no recurrence in 11 years She regained her sense of self as an artist and called her doctor and said she wanted to do a video</td>
</tr>
</tbody>
</table>
Muriel
French-speaking came to US for college after significant art training from early age Recognized by teachers, Scholarships Parents encouraged Catholic, not practicing Drawing and painting are focus, yet photography, dance, performance were/are part of the artist exploration sensual and intuitive knowing It took a long time to integrate philosophical, scientific theory with visual expression Abstract paintings and works on paper Few women in college in US Did not expect to be able to show work as no women did, only later did she show extensively Clearly recognized in domain Early success and mentoring by significant art world male mentors Exhibitions sales Recognized in Field of her surgery and the whole emphasis changed into an orchestrated performance that she directed instead of being overwhelmed and fearful. [the art video] was a distraction from anxiety which was making me worse. That is an important lesson to share."

Sienna
Early identification with mother, encouraged in arts and culture, loss of mother at 17, chose art as a path, Divorced, one child College-studio art Major and Graduate School University and art school professor, numerous residencies Leadership positions in arts organizations Early success and mentoring by significant art world male mentors Exhibitions sales Recognized in Field Surgery, chemotherapy for breast cancer, remission, metastatic cancer in bone after 11 years and passed after 12 years later in 2011.
Faye

Early trauma in car accident, trauma with death of father during college
Encouraged early in dance by mother
Divorced
Remarried
4 step-children
Protestant

Career Path

Ballet school and competitive entrance into special schools
Dance in college and graduate school
Traumatic accident and injury changed dance possibilities
and she took direction of modern dance and formed her own company

(continued)

Dance world was more centered on female she said and therefore not as subjected to women being excluded from opportunity
She showcased other artists, travelled nationally performing Raising money was the issue and determined how far one could go Recognized in her field

Change or Not With Illness

Surgery and chemotherapy for ovarian cancer, recurrent type died in 5 years. Chemotherapy treatments were so physically debilitating and caused memory loss that work and travel were difficult, she did complete a final choreographed piece of the [...] geometrically based, meditative] Series which was performed during her lifetime. She passed away in 2011.

Augusta

Mother still living and two siblings
Loss of father whom she cared for and

Career Path

Self-taught from manual and on spot learning in industry.
First woman cinematologist hired by a major network, Documentary film

(continued)

First woman hired to do professional work and requested and hired by directors
Travelled extensively world wide

Change or Not With Illness

Diagnosed with Parkinson’s and had to give up camera work due to illness and stability Active in her family and with child
Early/ Family

identified with sense of history and displacement of Jewish people as father’s family had immigrated to SA from Rumania, Father became MD and PhD in Europe where met mother who was Spanish/Arabic descent. Parents came to US as university professor recognized in science.

Husky Raised in Europe and US, parents in two countries, city and mountains. Father died when she was 21, followed by death of only sibling. Early art landscapes of mountains and villages. Studied art in high school (collage, surrealist infl.) and college. ...inspiring, influential teachers. Lived in alternative arts environment with artists in 1980s and 1990s....

Childhood problem with internal organ recurred 40+ years later, and again five years after that. P: Oh, I know that because I have trauma from when I was in the hospital when I was six. Surgeries have now corrected the problems.

(continued)
<table>
<thead>
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<th>Early Environment/Family</th>
<th>Career Path Creative Expression</th>
<th>Cultural Context</th>
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<tbody>
<tr>
<td>who died tragically in her early 20s</td>
<td>After several years in Europe, wanted a community of artists and moved to NYC urban setting in NY East Village scene. Exhibited paintings. Paintings with religious themes and forms. Wooden panels, arches, tondos based on Renaissance altar pieces and Giotto influenced also by naive painters, as well as art history and artist environment of East Village of New York in 1980s. Work became more abstract and organic, resembling human organs. Not factual or correct, very colorful shapes and forms on white backgrounds. Small drawings and large, dynamic, frontal paintings and blown up images full of life, rhythm and movement.</td>
<td>‘I mean I knew that I had to keep at it.’ And I, somehow I always had that in me—the perseverance to offer a way to address mourning and grief and difficult ambiguous emotions. She found her voice. Two illnesses in last 7 years. Time off from painting to write stories of early illness and book on lost sibling. Got back to paintings which did change forms in drawings and paintings, which became abstractions of organic forms in bright colors... Small drawings and large canvases.</td>
<td>Paintings do change with death of sibling... religious themes and forms... and seemed to offer a way to address mourning and grief and difficult ambiguous emotions... From painting to write stories of early illness and book on lost sibling... Got back to paintings which did change forms in drawings and paintings, which became abstractions of organic forms in bright colors... Small drawings and large canvases.</td>
</tr>
</tbody>
</table>
## Descriptions of Participants’ Artwork

<table>
<thead>
<tr>
<th>Participants</th>
<th>Subject Matter of Art</th>
<th>Medium</th>
<th>Researcher’s Formulated Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria</td>
<td>Self-exploration, meditative practices, dance improvisation</td>
<td>Her body: identity, about unconscious/mental, intuitive (sleep), movement, repetitive actions, endurance, inquisitive</td>
<td>Questions self in environment, self as interacting with environment and self-knowing, Confident in exploration yet talks about doubt Feels stress was a factor in illness, unexpected, reprioritized family over career, adjusted scale of work to what she could handle with few assistants, yet 15 years later very successful international career</td>
</tr>
<tr>
<td>Gloria</td>
<td>Physics, cellular interest, abstraction prior documentary work</td>
<td>Photography, computer manipulations in digital prints, collage, mixed media, light and dark contrast, travel inspires some work</td>
<td>Change in work from reality—e.g., in photographic environments, portraits—to abstraction and unrecognizable forms in black-and-white Doesn’t want to directly relate images in work to illness, but intuitively thinks it is linked Five years since early illness and minimal treatment needed, forging onward in career</td>
</tr>
<tr>
<td>The Wanderer</td>
<td>Education, teaching and devising new programs for international students, focus on creative learning Ceramics in forms of vessels and bowls, abstract</td>
<td>President of international educational institution with emphasis on cultural narratives in creative expression and learning language and gaining practical experience in foreign country. She uses the arts personally and in educational enhancement.</td>
<td>International traveler, wide experience with cultures and people, taught art, creative writing, English language Artwork: ceramics Personally, very active, inventive, has been open to new options Proactive in searching out expert in her unusual cancer, defies all odds in positive attitude, hard work, and involvement in life</td>
</tr>
<tr>
<td>Dragon Fly</td>
<td>Documentary photographs</td>
<td>Camera, art materials,</td>
<td>Sensitive, embodied responses</td>
</tr>
</tbody>
</table>

(continued)
<table>
<thead>
<tr>
<th>Participant</th>
<th>Subject Matter of Art</th>
<th>Medium</th>
<th>Researcher’s Formulated Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nona</td>
<td>Experimental, strong influence of nature and sense of place, figurative and abstract, sensual</td>
<td>Paintings, collage, transparent watercolors on translucent paper, layered, rubbed and sanded, built up and taken away leaving traces</td>
<td>Inclusive of people and places in her life, absorbs the surroundings and embodies forms, movements, rhythms in her paintings. Life experiences are part of artwork</td>
</tr>
<tr>
<td>Margaret Mead</td>
<td>Imagery, people, landscapes, still lives, abstracted from visual reality, light and dark contrasts, obscured, mesmerizing color veils</td>
<td>Paintings, drawings in oil and gouache on paper and canvas</td>
<td>Sensitive to lights and emphasizes contrasts for dramatic effect, dolls depicted and suggest human relationships for which they are surrogates</td>
</tr>
<tr>
<td>Artemisia</td>
<td>Portraits of friends, family, and commissions, representational ... Conceived and organized community projects of sociopolitical significance</td>
<td>Paintings in acrylic and oil, photographs, autobiographical series in video, self-portraits, and self image collaged onto other forms</td>
<td>Involved in human relationships which are incorporated in her art forms giving them a life sense...</td>
</tr>
<tr>
<td>Muriel</td>
<td>Abstract geometric forms in their own space which echo infinity</td>
<td>Paintings, watercolors, gold leaf, pure pigments</td>
<td>Highly evolved and refined forms of color which are involved with physics and mathematical situations. Transcendent quality of light and color</td>
</tr>
<tr>
<td>Faye</td>
<td>Mandalas of movement, choreographed pieces which draw from meditative practices and offer that state to viewers.</td>
<td>Inspired by geometric patterns, choreographed performances with eight dancers that spin and turn in trance-like states... Performances are held (continued)</td>
<td>Meditation and yoga were fundamental personally and became the work of the last ten years. ballet and modern dance became individualized the forty years of dancing and then directing a small company which became part of her family...</td>
</tr>
</tbody>
</table>

Researcher’s Formulated Meaning:

- Art is a way of finding and telling the story .. her own..
- Professional skills and ways are being incorporated in personal work which has shifted from commercial work to new found profession which uses art therapeutically
<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Art Form</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augusta</td>
<td>Documentary and commissioned photographic films</td>
<td>Camera woman, cinematologist, on her own and part of a team at times</td>
<td>Parkinson’s disease made it impossible to hold a camera and career ended abruptly and health became main issue and child</td>
</tr>
<tr>
<td>Husky</td>
<td>From representational work which embodied loss of family members and avant-garde art of it’s time to more abstract, organic forms tending toward imagined medical depictions</td>
<td>Paintings, collage, drawings</td>
<td>Art has been a way to incorporate emotional material and to express it in visual form... longing, mourning, grieving, and celebrating... Art has been a way of finding voice and making it known...</td>
</tr>
<tr>
<td>Sienna</td>
<td>Landscapes seashores, mountains, representational, yet imaginative choices</td>
<td>Large oil paintings, drawings, watercolors.. small and large, vibrant colors</td>
<td>Art was discovered and encouraged early and a way of staying connected to mother who died young... art was focus or all and she felt depicted her cancer before it was known..</td>
</tr>
</tbody>
</table>
Table 7

<table>
<thead>
<tr>
<th>Participant</th>
<th>Life Before Diagnosis</th>
<th>Diagnosis and After Treatment</th>
<th>Researcher’s Formulated Assessment and Similarities and Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria</td>
<td>Early success, pressure to make work, stressed, doubted herself as not prepared for attention and demands of art world. She uses self and character in work.</td>
<td>Early thirties, breast cancer diagnosis, totally unexpected... stopped artwork and took on diagnosis as she would an art project: researched, found out options and doctors she could trust, followed treatment regimen ... also researched more and did visualization, yoga, meditation, diet, retreats, and had lots of family support. She reprioritized life, questioned her career path and what success demanded as pressured and very stressful. Readjusted priorities, read widely in other religious traditions and incorporated non-Western spiritual ways and created own rituals... that included ideas, movement, and senses in experience and learning. Thought of art-making as a “devotional path...” Seventeen years later, no further incidence of illness. She has a very successful, international art career and is a art professor at a major university. She spoke of “body knowing” and parallel process i.e. dance and movement of the body parallel to making sculpture. The repetitive acts lead to the unconscious, which revealed a level other than intellect.</td>
<td>Took control, proactive, became knowledgeable, accepted help, researched fully in medical first and additional therapies. Trusted doctors and was open to healing through many avenues for self nurturance... Reevaluated and changed her personal career goals and demands in light of stress and found ways to use the body to know more than just intellect.. Regained her sense of self and direction by being with her body and going through and with the healing process during and after.. Began to make work again by continuing works started before, seeing differently works done before in light of “having gotten sick” and embodied psychological changes in her views and ways of interacting in art world. She said, “yes, my art changed.. how could it not have?” Creative process is experienced through different –multi senses and on an intuitive level.. improvisational dance.</td>
</tr>
</tbody>
</table>
| + Faye - kinesthetic and visual, dancer, choreographer
<table>
<thead>
<tr>
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<tr>
<td>Gloria</td>
<td>Six months after being diagnosed and lumpectomy with no further treatment, work changed and became abstract and black-and-white. The forms in the high contrast ink jet prints were “cellular,” “wavelike forms which were organized into patterns. These came about through experimentation with glass beads and light intuitively made. After an artist retreat of a month, these works became associated with quantum physics in a free association. An exhibition followed and subsequently a retrospective, which featured the new works and earlier collaged, often overlaid images on aluminum panels. In six years since diagnosis, she has had numerous exhibitions of the new work. A rare cancer caused her to seek a specialist and treatments and her own methods have defied all odds. She continues her active life of almost eighty years. She</td>
<td>+ Muriel- participated in early happenings and musical and dance performances</td>
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<td>+ Nona- always danced and attuned to music, does tango now</td>
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<td>+ Faye, Husky, Gloria does yoga regularly</td>
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<td>Medical issues were dealt with practically and quickly without much difficulty or disruption of life. on the outside... except psychological awakening. Life is full and moving with richness and enjoyment.</td>
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<td>+ Augusta, Dragonfly used photography as basis and camera became main tool and means of gathering images and stories which were all important.</td>
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<td>+ Muriel, Maria, Dragonfly, Faye, Artemisia, Gloria intellectually engaged in new learning and researches as part of creative process</td>
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<td>The Wanderer</td>
<td>Difficulties early with loss of mother at young age and later a divorce with minimal support for several children. Teaching and later</td>
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<td>Participant</td>
<td>Life Before Diagnosis</td>
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<td>Dragonfly</td>
<td>remarriage opened up travel opportunities, which had been part of her family life. Widowed, she lectured widely on a variety of political and cultural issues and served the government and still heads a nonprofit organization. Leader in cultural and educational exchange.</td>
<td>reflected on making art, ceramics, during difficult periods of her life and has used that with teaching students and being psychologically oriented naturally and before there was a field of art therapy. She is president of a school for foreign students and uses creative story to bridge national differences.</td>
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<td>Divorce and having a reoccurrence of breast cancer eighteen years later called for a major move across the country and a new career track in art therapy, which she learned about on a cancer retreat. She has become involved with a major physician in facilitation of retreats and groups. Since that time she has been working on her graduate degree in art therapy. She is working with patients in a psychiatric hospital and making her own artwork, which relates to her illness which is of a personal nature. She lives in a beautiful, quiet rural setting.</td>
<td>She has ability to sense and construct a whole scene, staging and props for TV and theatre... and carry that experience now into her personal art-making and with patients in her second career in art therapy. She is intuitive, flexible, and lets artwork evolve during the process... she speaks of the flow state as do others: +Maria, Faye, Artemisia, Gloria, Husky, Muriel, Alicia, Margaret Mead, Sienna</td>
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<td>+ Maria, Faye who do installations and performances, thus costuming is integral to mood and scene</td>
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<td>+ Husky who has made small tableaux which hold story, personal narratives as does Maria on a larger scale.</td>
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<td>+ Nona does personal performances about natural environment, and history of her people</td>
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<td>+ Gloria, Augusta use</td>
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<tr>
<td>Participant</td>
<td>Life Before Diagnosis</td>
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<td>Nona</td>
<td>Full life with several marriages, children early and life in the East and the West where she exhibited widely and interacted with the different traditions within the communities. She worked in hospitals and with patients using the creative arts before there</td>
<td>Brain tumor necessitate quick move across country for treatment and family. With abrupt change of location, She lost support system and friends who could have aided her in time of need. Being self-sufficient and self-reliant, she was proactive in getting slowly back to health through exercise and rest.</td>
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Researcher’s Formulated Assessment and Similarities and Differences

Leaving home and moving to a totally new environment was difficult and left Nona alone which was more difficult for recovery. Almost five years.. later she is energetic, dancing, and just had a retrospective of her artwork which covers works from the last fifty.
<table>
<thead>
<tr>
<th>Participant</th>
<th>Life Before Diagnosis</th>
<th>Diagnosis and After Treatment</th>
<th>Differences</th>
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<tbody>
<tr>
<td>Margaret Mead</td>
<td>was a field of art therapy more that fifty years ago.</td>
<td>Did small works until able to do larger ones based on natural surroundings</td>
<td>years. + Muriel- has been making art for 60 years</td>
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<td>+ Sienna, + Maria- Nature is a source of renewal</td>
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<td></td>
<td>Unpredictable family life, art in college and graduate school</td>
<td>Multiple surgeries and health problems which are still taking a tool.. she speaks of stress..</td>
<td>+ Maria, Faye, The Wanderer, Sienna, Nona, Augusta spoke of stress which is continuous.</td>
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<td>+Sienna, Artemisia, Nona, Husky, Gloria, Maria had traditional art school education and training.</td>
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<td>Muriel</td>
<td>Traditional art education and painted figures, still life, landscape, portraits, drawing</td>
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<td>Head of major university art department and professor</td>
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<td>Successful art world career of forty plus years with numerous exhibitions</td>
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<td>Her talent was recognized early by teachers and went to art schools all the way through college. She was far from country of origin and support system. Participated in avant-garde dance and performance with contemporaries. Married and divorced early, which necessitated supporting self and child. She said she came to her unique art form slowly but surely and has had a long successful career of sixty or so years. She is recognized for her contribution as an artist by peers, art world and public.</td>
<td>Breast cancer and additional trauma in environment, 9/11, took years from her active life. A long healing after treatment and worked smaller due to fatigue. Now enjoying recognition with a recent retrospective exhibition and reviews</td>
<td>+ Faye, Sienna, Augusta felt trauma of 9/11</td>
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<td>+Gloria, Artemisia, The Wanderer, Sienna single mother with child or children when divorced</td>
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<td>+ Maria, Margaret Mead, Sienna, art world</td>
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<td>+ Sienna, Faye, Dragonfly, Husky, Artemisia, Maria, Gloria, Augusta, Margaret Mead, Nona, Augusta, The Wanderer recognized for accomplishments.</td>
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<thead>
<tr>
<th>Name</th>
<th>Life Before Diagnosis</th>
<th>Diagnosis and After Treatment</th>
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<tbody>
<tr>
<td>Artemisia</td>
<td>Curious and open to the world, she found school abroad to be exciting and educational in many areas. Focused on art in graduate school and talent for drawing and portraiture which became a means of financial success and a way to interact with people which she sees as integral to doing portraits and gaining insight into sitters being.</td>
<td>Breast cancer in her 60s yet continued to teach and participate in activities. Filmed her surgery and in retrospect saw work at time a premonition of illness. Work has extended to social activism and subtle, artist response to war and loss of life. Current artwork has incorporated self and aging process and healthcare. + Gloria did portraiture of children early in career. + Maria, Dragonfly, Sienna has used self in work, especially since illness. + The Wanderer, Maria, Gloria, Sienna, Faye, Muriel, Margaret Mead, Nona has taught and enjoyed involvement with students. + Artemisia, Maria felt that work held premonition of illness.</td>
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<td>Sienna</td>
<td>Identification with mother who died young from breast cancer. On mothers death chose art as focus and landscape as her subject as her mother had been interested in botany. She had art world mentors in graduate school and early success with her work.</td>
<td>Breast cancer at same age as mother, 47 years old, disrupted relationships yet continued career teaching and selling well her work in major galleries. Eleven years late bone cancer appeared and demanded a great deal physically for more than ten hard, debilitating years until it took her life. She continued to teach and be involved in community organizations and with friends. + Maria used nature as a source for art. + Maria, the Wanderer, Husky, Nona, Dragonfly, Artemisia, Augusta took an active role in researching and finding specialists, doctors, and medical care.</td>
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<td>Faye</td>
<td>Found her way to dance early and followed her passion and talent. As a child experienced unusual near-death experience and trauma of loss. Focused on traditional ballet fostered discipline and kinesthetic and visual-spatial sensibilities in college and graduate school. A traumatic accident abroad in</td>
<td>She was diagnosed with ovarian cancer just after one of many successful performances and reviews in a major museum setting. Immediate surgery and chemotherapy changed her life over the five short years she had left. Although she did all treatments available and some medical alternatives, the cancer was recurrent. Dearly mourned by all of those who knew her, her (continued) + Maria sensed knowing through body + Maria, Muriel, Dragonfly, Nona, Margaret Meade, Dragonfly work came intuitive place + Nona, Artemesia, Husky, The Wanderer,</td>
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<td>Participant</td>
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<td>Augusta</td>
<td>which her ankle was crushed changed her options yet not her determination and social skills. modern dance of her own design became her lifelong work still as a dancer and eventually solely as a choreographer of her own company. She started her own school, brought other dance companies in view in her series, and travelled nationally and occasionally internationally.</td>
<td>dancers stood by her for final performances of a series of mandalas, trance-like meditative pieces that she had been making over a period of ten years.</td>
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<td>Husky</td>
<td>Traveled extensively on commissioned documentary film projects usually with social content. Worked for major networks and free lanced. Adopted a child and involved with the school in teaching after school film class.</td>
<td>Diagnosed with Parkinson’s Disease’ which made it impossible to hold a camera steady and therefore had to terminate career. Taught some classes and focused on raising child as single parent. Amazing person and extremely intelligent but physical limitations limit life.</td>
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<td>Early life was lived bi-continental, rural and urban. Illness as a young child and hospitalization was formative. Studied art in schools and in Europe. She sought community of artists and lived, evolved her art, and showed work in midst of active, avant-garde moment in major art city. Tragic loss of only sibling became embodied in work at that time with religious references in vernacular of day.</td>
<td>As an adult two related emergency surgeries dealt with internal issues successfully. Artwork changed and reflected a organic preoccupation as the paintings done during this time were large, brightly colored imagined organ shapes. She describes these as joyful and has a fascination with her subject, which is her life expressed through internal shapes. She has also written about her experiences when not painting</td>
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REFERENCES


Arts in Psychotherapy, 29, 245–251.


Classen, C. C., Kraemer, H. C., Blasey, C., Giese-Davis, J., Koopman, C.,


doi:10.1348/135910708X310200


Grushka, K. (2005). Artists as reflective self-learners and cultural communicators:


breast cancer. In S. Hogan (Ed.), Feminist approaches to art therapy (pp. 49–64).

PA: Jessica Kingsley.

Malchiodi (Ed.), Handbook of art therapy (pp. 351–361). New York, NY:
Guilford Press.


cohesion on rehabilitation outcome in cancer survivors. Psycho-Oncology, 17,
917–925.


cancer online. Retrieved from http://www.healthline.com/galecontent/breast-
cancer-2

McNeely, M. L., Campbell, K. L., Rowe, B. H., Klassen, T. P., Mackey, J. R., &
Courneya, K. S. (2006). Effects of exercise on breast cancer patients and
survivors: A systematic review and meta-analysis. Canadian Medical Association
Journal, 175(1), 34–41.


Routledge & Kegan Paul.


National Cancer Institute. (2006, 2013). *Surveillance epidemiology and end results fact*
sheets (SEER stat fact sheets: Breast cancer and ovary cancer). Retrieved from

http://seer.cancer.gov/statfacts/html/breast.html and

http://www.cancer.gov/cancertopics/types/breast


http://www.nlm.nih.gov/hmd/greek/greek_asclepius.html,

http://www.nlm.nih.gov/hmd/greek/greek_intro.html,

http://www.nlm.nih.gov/hmd/greek/greek_rationality.html, and


Oster, I., Svensk, A. C., Magnusson, E., Thyme, K. E., Sjodin, M., Astrom, S., &


doi:10.1080/10400410802060059


Sternberg, E. M. (2011, October) [via Skype]. Healing spaces: The science of place


Thewes, B., Meiser, B., Tucker, K., & Schnieden, V. (2003). Screening for
psychological distress and vulnerability factors in women at increased risk for breast cancer: A review of the literature. *Psychology, Health, & Medicine, 8*(3), 289–304. doi:10.1080/135485003100035731


doi:10.1002/pon.1722

