

**Making Art: A qualitative study of personal and group transformation
in a community arts studio**

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Abstract

Art-making as personally meaningful activity, as opposed to a form of therapy, has drawn interest as a potential means to improve health and well-being. This paper will present findings from the qualitative portion of a mixed methods participatory study that explored the experiences of community members, people with and people without mental illness, who came together to do art in the context of an inclusive arts studio. Objectives of the project were to understand the effect of an integrated arts studio on the lives of participants. We sought to examine how involvement in the studio impacted social isolation, stigma, and discriminatory beliefs. Twenty individuals participated in this year-long ethnographic study. Ten of the participants self identified as having mental illness, and their diagnoses were varied in severity and description; the other ten participants reported no mental illness. Methods included semi-structured in-depth interviews, participant-observation, journal keeping, and document review. A key finding of the study was that art-making acted as a scaffolding on which the participants could build new identities and roles, and that through engagement in mutually meaningful activity, in this case making art, a community of artists developed. Art was also seen as a bridge creating access to the larger community. These findings add further evidence for the power of art-making as a practical strategy to affect the health of individuals with psychiatric disabilities as well as other members of the communities in which they reside.

Introduction

Although a great deal of optimism was associated with initiatives several decades ago to “de-institutionalize” people with mental illness , advances in treatment and changes in care delivery have not fully translated into meaningful opportunities for these individuals to become accepted, well-integrated members of society. Social isolation, stigma and discrimination, inadequate insurance coverage, and limited financial resources are but a few of the barriers that often compound the already formidable obstacles that mental illness can impose. These barriers can profoundly affect the individual’s quality of life, self esteem, and recovery (Corrigan, 2005; Davidson, Hoge, Merrill, Rakfeldt, & Griffith, 1995; Link, Struening, Neese-Todd, Asmussen, Phelan, 2001; Penn & Martin, 1998; Segal & VanderVoort, 1993; US Surgeon General Report, 1999).

Many programs exist for people with mental illness that focus on symptom reduction and treatment. However well-intended these programs might be, they do not generally address the needs of people to become meaningful members of their community, nor do they provide avenues for connecting with others. Too often, people with mental illness live in isolation with few prospects for interacting with others outside of the mental health system (Wallace, 1984). Opportunities for social participation in activities of interest, with the concomitant development of meaningful life roles and relationships, are often nonexistent. The supported socialization program described by Davidson et al. (2001) is one example of a program that seeks a new means of approaching an old problem. This program occurs within a natural (community) versus a

contrived (institutional) context and addresses the need for social inclusion through the development of friendships and social partnerships.

Art and health

Art making is another approach that has been used to improve the health and well-being of program participants. A growing body of experience and research is examining the transformative and healing power of art (Cleveland, 1992; Kaye and Bless, 1997; Rogers, 1993; Young-Mason, 2000). Although much has been written about artistic creativity and contributions to the visual arts by people with mental illness (Jamison, 1993; MacGregor, 1989, Waddell, 1998), there is increasing interest in the synergistic effect of art making not only on the health and well-being of individuals but also on the communities in which they reside. Jermyn's (2001) review of the arts and social exclusion explores the impact of the arts. She notes that although there is not always hard evidence to substantiate claims, numerous positive benefits are identified in the literature at both the individual and community level, and there is inter-connectedness to these benefits.

A review of the literature on the use of art with individuals who have physical or psychiatric disabilities finds that art making is used both as a form of therapy in clinical settings (Webster et al, 2005) and as a means of healing and promoting health (Goldie, 2006; Jeffries, 1999; Matarasso, 1997). The art therapy literature is divided in its approach to the use of art with one camp subscribing to art as an evaluative tool, a form of psychotherapy, and the other school viewing the creative process as the primary focus with healing and creativity as the goal (Allen, 1995; Ulman, 2001).

Reynolds (2003) and Reynolds and Prior (2003) studied women with chronic physical illnesses such as multiple sclerosis and arthritis who engaged in textile art. Their findings demonstrated that making art helped the participants to reclaim their former identities or establish new ones as well as enhance their sense of self. Heenan's qualitative study of an arts program in Northern Ireland for people who have experienced mental health problems demonstrated that participants experienced a change in their self confidence as a result of making art (2006). These studies point to the importance of considering art, or any other activity that is meaningful to the individual, as a medium for reconstructing a sense of self or reclaiming a former positive identity (Christiansen, 1999).

Art is also used throughout the world as a mechanism for raising awareness, combating stigma, and creating social capital (Parr, 2006; Tillyer & Accordino, 2002). The evidence for the value of arts to promote health, recovery, and social inclusion is in its early stages; however, it's potential to create change broadly appears striking (Hacking et al, 2006; Jermyn, 2001).

This paper will explore the experience of community members, people with and people without mental illness, who came together to do art in the context of an inclusive arts studio. We sought to broadly understand the effect of participation in the studio and, more specifically, to explore how making art in this context affected social isolation, stigma and discrimination.

We will describe the development of the studio and the research project, report key findings from in-depth interviews, and explore implications for the future use of art making.

Methods

This study used a participatory research approach with ethnographic methods to examine the experience of participants in a community arts studio. The research took place over the period of one year and occurred simultaneously with the opening of the studio. The proposal was approved by each of the institutions where the primary researchers are employed.

Program description:

The studio concept derived from a psychosocial rehabilitation clubhouse. Board members of the clubhouse adopted a participatory approach to determine future directions of the organization. Groups of stakeholders met to discuss their interests and ideas about potential future programs, and the concept of a community arts studio evolved from these meetings. As the art studio concept evolved, the idea of a research study that examined the impact of the studio experience of the lives of participants emerged simultaneously.

The decision was made to move from the clubhouse location to one more suited to doing art. The studio was situated on a busy street in a mid-sized Midwestern city, at the edge of a thriving downtown area that was developing an artistic presence. It was housed in a small one story building containing a gallery at the front entrance, with work/studio space just behind the gallery and a small office area at the rear. The gallery displayed work by both local artists and by studio artists.

By design, the studio offered classes, workshops, and open studio time for all members of the community. The classes, taught by established, recognized artists, covered a variety of topics including mosaics, printmaking, watercolor, basic drawing,

and mixed media as well as workshops on encaustic painting, felt making, and introduction to wood engraving to name a few. Classes varied in level of difficulty with the majority being beginner level. Tuition scholarships afforded members of the community without financial means an opportunity to participate.

The research team

The research team for the project consisted of four primary researchers: a practitioner in recovery, a psychiatrist, and two occupational therapists, both of whom had worked in psychosocial rehabilitation. In keeping with a participatory approach, other individuals with psychiatric disabilities actively worked on the project in its early stages, helping with the design of the project. Each of these individuals was offered an opportunity to continue on as a member of the team but declined for various reasons. All four primary researchers were involved in data collection and analysis.

Study Participants

Inclusion criteria required that participants be adults, reside in the county where the art studio was located, and report an interest in art. Of the twenty participants, many had previous experience in art classes and a few identified themselves as artists. Some of these artists were actively making art at the time of their interview, and others had stopped producing art years before. Participants ranged in age from 24 to 75 with a mean of 47.2 years. Eighteen of the participants were Caucasian, one was African-American, and one was Indian. Ten of the participants, 4 men and 6 women, self-identified as having mental illness. Their diagnoses were varied in severity and description and included bipolar disorder, schizophrenia, major depressive disorder, and post traumatic stress disorder. The other ten participants, 3 of whom were men, reported no mental

illness. Of the ten participants reporting mental illness, 4 worked at paying jobs outside their homes, 2 had volunteer positions, and 4 did not work. Five of these individuals lived alone in supported living, two lived with their partners in their own homes, and three lived alone or with roommates in an apartment.

Recruitment of all participants occurred through advertisements placed in local newspapers, publications of mental health associations, and notices posted at bus stops, in church bulletins, and in coffee shops. Participants were also recruited through snowball sampling. Because the research began simultaneously with the opening of the studio, all study participants were new to the studio although three had been members of the clubhouse that closed. Each participant gave written informed consent and was aware that the studio was designed to provide art space for all members of the community, specifically including people with mental illness. As a benefit for participating in the study, participants received free art classes and studio time for the duration of the project (up to one year).

The participant-artists involved in the study were but a small portion of the larger group of people from the community who made art at the studio. Study participants independently chose from the array of studio offerings that were of interest to them, resulting in wide variation in the groups of people who participated in each class or workshop. People attending the studio but not participating in the project were informed of the study taking place and acknowledged in writing their awareness and consent to the presence of researchers.

Data Collection

In order to ensure trustworthiness of the data we used multiple data collection methods, sources, and researchers (Giacomini and Cook, 2000; Lincoln and Guba, 1985).

Individual in-depth interviews

The first author conducted all semi-structured interviews with participant-artists at the location of their choosing, usually their homes. Interviews occurred prior to involvement in the art studio and again at the conclusion of the study. The interviews generally lasted from one and a half to three hours. A total of 20 entrance interviews and 14 exit interviews (8 individuals with and 6 individuals without mental illness) were completed. Reasons for the second interviews not being completed included illness (1), moving to another state (1), refusal (2), and failure to return to the studio after attendance at only one class (2). In the initial interviews, all participants were asked about their interest and experience in art, their views about life in the community and their experiences with mental illness. The response to the later question consisted of a range of answers from people acknowledging personal experiences with illness or having a family member with illness to those who were anxious and fearful of people they perceived as mentally ill. Participants were encouraged to share these stories and elaborate on their experiences. Exit interview questions also addressed these same topics but focused primarily on the individual's experiences while a participant in the studio. Knowledge gleaned from the analysis of the initial interviews provided direction for the exit interviews.

Participant Observation

Participant observation was a primary method used to collect data. This prolonged and shared experience of learning about and making art together informed the second tier

of interviews as well as the data analysis as we reflected on our experiences. Our understanding of the context and the participants' experience was enriched by seeing the everyday "doing" at the studio. Many individuals commented in their second interview that after the initial class they forgot the first author was a researcher, viewing her instead as another student trying to enhance her artistic skills.

Prolonged engagement occurred as three members of the research team as well as graduate students participated in art classes and open studio time over the one year period. Hundreds of hours were spent "hanging out" in the studio and working on art, helping in the gallery and interacting with other studio participants. Field notes were recorded after each observation, describing setting, participants, key conversations, and interactions as suggested by Sanjek (1990). Personal journals that reflected the thoughts and experiences of the researchers were also kept. Further analysis of the field notes is ongoing and will be discussed in a subsequent paper. Documents collected and reviewed included class schedules, attendance sheets, newspaper reports of the studio, artwork, mission statements and other board documents.

Data Analysis

This paper is based on analysis of both initial and exit interviews. We used qualitative content analysis within a participatory framework to work with the transcribed interviews (Sandelowski, 2000; see also Dickie, 2003; Schwandt, 2001). The material in the interviews was not dissected immediately. Rather, each of the four researchers immersed themselves in the stories being told, independently reading and rereading in an attempt to understand the experience of the story's author. We individually coded interviews and then reviewed the transcripts as a team in our twice weekly meetings to

develop categories and themes. This was done by consensus and it was during our discussions, while comparing and labeling text, that points of contention sometimes arose and ultimately lead to insights about the data. The codebook we constructed contained detailed descriptions of each code and was refined at group meetings as the research progressed. Additional codes were added based on the reading of the interview text and agreement on the meaning of the text by the coders. The categories were compared across all interviews and between the two groups, not to evaluate but rather to explore similarities and differences and “to compare in order to see” (Wolcott, 1994, p.180). The method used to analyze the data was consistent across all interviews and the themes identified in this paper were found in the stories of participants with and without psychiatric disabilities.

Strategies used to assure trustworthiness included prolonged engagement in the field, triangulation of coders with different backgrounds, triangulation of information, peer debriefing, and member checking. Themes were shared with a group of participant-artists during a presentation, and they confirmed their accuracy.

Results

As we immersed ourselves in the data during analysis of the exit interviews, it became evident in the stories we read that art was the vehicle that participant-artists used to create personal change, as well as the means by which a community developed within the studio. Whether participants identified themselves as having a psychiatric disability or not, their words clearly demonstrate the power that making art had in their lives. The themes that follow, although varying in degree from individual to individual, were common to both groups irrespective of psychiatric status.

Personal transformation

Participant artists described reconstruction of their lives through art making and building of new identities. In some instances, these changes were dramatic. In her exit interview, one participant recollected the way she had spent time prior to being involved in the studio and remarked on how she had transformed her daily world with the inclusion of art.

I remember that I was in a funk at the time when I talked to you (entrance interview a year before) and that going to classes took me out of it...it totally saved me. It got me out of the house, which was very important. It got me into, um, back into my imagination...it got me around positive people, it got me away from home...it gave me another life.

Another individual told a story about ongoing struggles with depression that led to feelings of hopelessness and challenged her desire to live. Following her most recent discharge from the hospital, this woman required temporary housing in a more structured setting in a neighboring community. In order to get to the studio she had to walk to the bus station and then take two buses. As she described the journey that she made she shared how she, too, had used art to reconstruct her life.

Well, you know this time last year, even after I started the studio, I went to the hospital. I was really depressed just before then and then I had another episode. So, anyway, after two times now, two times of kind of coming to the brink and trying to deal with 'ok, what do you need to feel good?' I think that art is there. For other participant artists the personal change they experienced was more related to a change in their perceptions of themselves. Specifically, they began to see themselves as

“artists”. The development of this new identity was spoken of by a number of people across groups, and it changed how they engaged in the community. The artwork they created and the responses they received, including the purchase of a piece of their work, acted as a validation of the self as skilled and competent. This experience is echoed clearly in the words of one participant-artist,

Before the courses I thought of myself as artistic but not as an artist. But actually having your art exposed for everyone to see...it moved beyond being artistic and to the point of ‘yes, I am an artist’. It was just the exposure of actually being out there and having people see the stuff and comment on the stuff that I was able to say, ‘I’m an artist’.

A community of artists

Because we did not distinguish or identify in any way those who had a mental illness from those who did not, participants experienced anxiety and attempted to categorize others. In exit interviews, people acknowledged that their initial focus was on ascertaining who might have a mental illness in their class or worrying that someone might think it was them. This desire to know was described by all participants- those with a mental illness, and those without. Ironically, errors were made in all directions. One participant shared his experience of “guessing wrong” when he found out that an artist he admired in the studio had a mental illness, just as he did.

I definitely had my three camps- the ones I knew were [mentally ill], my undecideds, and the ones I thought probably weren’t...she was definitely in the ‘camp thought least likely [to have mental illness]’. And, this was a revealing

moment for me too; I revealed one of my stigmas, because she was far and away the best artist in the class.

Art making came to symbolize connection to the participants and enabled the building of a community of artists and an accepting culture within the confines of the studio. Key factors in the evolution of this culture were a sense of trust that developed and a place of belonging that the people experienced and spoke openly about in their interviews. They described the studio as a “good space” and a “safe place” in which to create art and develop their artistic potential.

The emergence of a community of artists within the studio came about over time. Not only was “good space” conceived of as essential, but the nature of the interactions within the group was described as vital. Critique of one’s work was deemed as crucial, and the critical nature of receiving feedback was repeated time and again in their stories. People came to expect feedback not only from the instructors but also from their peers. The studio became a place that offered validation to the participants of their developing skills and their identity as artist. Although they described it differently, this sense of community is reflected in the words of two individual artists from the studio.

It’s not like I have a set of people here that I party with afterwards but generally there’s a few of the usual suspects here and I’m pretty comfortable with that. I can take feedback from these people, I can give it as well and it’s not brutal. So, I think to that end, you know, within the physical place, I think I’ve developed a bit of rapport with people.

Another artist describes her experience:

It's a community of artists and I know they think I'm good. And so, if I do something that isn't very good, they don't think, 'she's no good' ...it's just an atmosphere where I feel really accepted and approved of.

This sense of community that developed replaced initial anxieties and the need for participant artists to categorize each other. As people described the process whereby their connections with each other began to change, it was striking to note that the catalyst for this change was the making of art in concert with others. Discriminatory attitudes began to fade and people focused on the art being made around them. The pronoun use in the following quote is reflective of this change.

It's a safe environment where you can intermingle with other people, be artistic and enjoy, you know, a common place to be...just like when I started the course and I was looking at people at the very beginning and you're wondering, 'well, is that person the person that has a problem?' In the same situation, I think that if the community was able to mingle more in a place like this you won't be worried so much...Instead you are looking more at what is that person doing. You know, it's interesting that they decided to use all different shades of blue on their painting...it allows you not to worry about the individual... you're more of a, well, yeah, we're a group, you know, and we're all the same.

Art as a bridge

Although they wanted to broaden the scope of their lives, many participant-artists reported encountering barriers that limited their participation in the larger community during their initial interviews. They described past experiences of feeling excluded and stigmatized when they had attempted to engage in other art classes or attend cultural

events. In exit interviews, they regarded art as an avenue for moving into the community and, in turn, a mechanism for wooing the community into the studio. The metaphor of art as a bridge was often employed by these individuals and is particularly fitting as it conveys bidirectional movement. One participant elaborated:

It's exposed me to more artists in the community which I really like and never really pursued before...it's kind of like a bridge for me between something I've wanted to do, which is be involved, especially with other women artists, and just not really feeling comfortable doing that. So, I feel a little better about doing that now. It's been a great place for me emotionally...I feel more creatively free than I've ever felt in my life.

Other participant-artists reported similar movement beyond the studio such as taking college art classes or offering their art for exhibition at other galleries- something they would not have previously risked doing.

Two key methods for promoting connection to the larger community were identified by participant-artists: the gallery and community projects. The gallery was seen as a way of drawing others into the studio:

I think the gallery's crucial...I just love the experience of being exposed to the art. When I come in I always look around the gallery for ten or twenty minutes before I start working on my art. But I think the most important thing for the gallery is just, I think it builds legitimacy. This isn't some program here for people, you know? It's not an art therapy program. This is a legitimate studio and they have the wine and cheese openings and all that stuff and we would have people just come in off the street and want to look at the gallery just like they would any

other gallery in town and so I think it's crucial that way. It just makes it legit to me. It makes it legitimate art.

Community projects were also credited as a valuable method of raising awareness. One of the products of the studio was a large mosaic commissioned by a nearby non-profit organization. This project, a collaborative student effort, was an enormous source of pride for the contributing artists who spoke of the project's worth both personally and as an outreach effort to the community. When asked about his experiences as a student at the studio, one man's first response was to say, "One thing that sticks out in my mind is being a part of public art." Another participant described viewing the piece, "I was proud and took my kids to see it ...I was really happy with the way the community art piece came out...that was probably the first time that I ever associated myself as an artist on any level." The fact that the mosaic was commissioned was important to the artists as it symbolized an appreciation of their work and was an acknowledgement of the art's value.

Discussion

Art has been used as both an evaluative tool and as a form of therapy for people with psychiatric disabilities. More recently, the potential for art-making to directly impact individual recovery and community well-being has begun to be explored.

The findings of this study offer further evidence that participation in art-making has potentially powerful and beneficial effects on individuals and their communities. Participants, particularly those with psychiatric disabilities, discussed dramatic changes in their views of themselves, their roles, and their potential as artists. They found engagement in artistic occupations to be self-validating and in some cases healing. These

changes are consistent with findings previously reported (Heenan, 2006; Reynolds, 2003). Further, art-making afforded the opportunity for diverse members of the community to connect, participate in shared activity, and transform their views of others.

Although the twenty participants in this study differed in many regards, including having or not having a psychiatric diagnosis, both groups spoke of experiencing benefits as a result of making art. The similarity of experience evidenced in in-depth exit interviews was so striking that we elected to not identify psychiatric status when presenting participant voice through quotes reported in this paper.

Throughout the interviews, participant-artists described the doing of art as therapeutic, even spiritual, but it was distinctly not conceived of as ‘therapy’. Many people commented on this fact as an essential aspect of their decision to participate in the program - that is, they were looking for a place to do art, to be students, and not for a place to receive therapy. Moreover, the importance of making credible art was also emphasized. The participants spoke of the need to have quality tools and materials with which to create, to have classes taught by real artists, and to have honest critique in order to improve their skills. According to studio participants with psychiatric disabilities, needs of this kind were left completely unrecognized and unaddressed in formal mental health treatment programs. Product, not just process, was considered important. Thus, although people spoke of the studio as a safe place to be creative, they desired honest feedback about their work, not overprotection. Similarly, participants did not see the art studio as a place to socialize and make friends. Once again, the value of the experience centered upon art and art making; the studio became a good place to connect with other artists.

There were limitations to this study. The findings reflect local cultural factors and the views of those individuals who self-selected to participate. It is likely that individuals with strong negative views about mental illness may not have chosen to participate in an inclusive studio. It is possible that participant drop out from the study reflected individual factors and attitudes that we were unable to elicit. On the other hand, extensiveness of interview and field observation data, participatory approach, and consistency of findings across interviews strengthened the data and led to enhanced trustworthiness.

Conclusion

This study demonstrates the considerable power inherent in doing activities of shared personal interest with others. It was, quite simply, as the participant-artists told us, “all about the art”. Although social isolation, stigma and discrimination, inadequate insurance coverage, and limited financial resources continue to adversely effect quality of life and prospects for recovery for many persons with psychiatric disability, it is encouraging to be reminded that communities can adopt practical local strategies that can help lead to social inclusion and recovery. Particularly encouraging was the organic, self-healing potential of community that was demonstrated in this simple but credible art studio. Thus as clinicians and policy makers continue to struggle with well-intended but inadequate efforts and programs to improve health status of persons with mental illness, communities may elect to take their own lead by listening to the voice of individual stakeholders and creating opportunities for all community members to engage productively in shared, personally meaningful activity. As demonstrated and described in this arts studio, the potential for enhanced well-being applies not just to persons with psychiatric disability, but to the community as a whole.

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