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The role of art-making in identity maintenance: case studies of people living with cancer

Abstract

The aim of this qualitative research was to understand why some people with cancer take up art as a leisure activity, and how visual art-making in daily life might support identity maintenance/ reconstruction. The study forms part of a larger project with people who view art-making as a resource for living with chronic illness. In order to provide a detailed, holistic analysis, the paper focuses on the accounts and artwork of three participants, two women (aged 47 and 59) each with breast cancer, and a man (aged 51) with stomach and lung cancer. The participants turned to art after a process of reflection but did not necessarily reject their pre-illness lifestyles or selves. Rather, art-making afforded many opportunities to retain familiar personal and social identities, and to resist being dominated by labels related to their illness. A practical implication is that people coping with cancer may need not only cognitive and emotional support, but opportunities to find meaningful activities. Such activities can be understood to have a powerful role in maintaining a familiar, positive identity in cancer, and providing a resource for coping.

Introduction

Self or personal identity is an important concept in Western thinking, and it has been conceptualized from many different perspectives (Crossley, 2000). According to narrative psychology, people define themselves through the physical and psychological traits that they choose to value and emphasise, rather than more objective characteristics. For example, they may have a mental representation of themselves as average-looking, good humoured and musical (even if others disagree). Unless a crisis intervenes, the self, or personal identity, has a certain 'unity, coherence and consistency across time' (Crossley, 2000, p20). The person also has several social identities, dependent upon social roles and group memberships. When illness and injury interfere with these identities (e.g. as a mother, wife, sports-person, friend, worker, musician), the person may feel disconnected from familiar sources of self-image and self-worth. Identity loss and

reconstruction are recognized as key challenges for people facing chronic illness (Charmaz 1999).

Many qualitative studies have shown that cancer is experienced as assaulting personal and social identity as well as the physical body (e.g. Carpenter *et al.* 1999; Dreifuss-Kattan, 1990; Mathieson & Stam 1995). Some people regard their cancer as exerting a 'master status' that profoundly affects social interactions (Charmaz 1991, 1999). One participant in the narrative study of Mathieson & Stam (1995; p294) expressed this concern very clearly: 'I don't want to wear a cancer identity...I suppose to my friends I'm Ruth with cancer, not just plain Ruth'.

Life-limiting illness also challenges personal and social identity through bringing about loss of roles (Baker *et al.* 1991). Pain, fatigue and functional problems all too readily interfere with work, home-making and leisure activities. The person with cancer may also feel undermined by others' pity or by the stigma that remains attached to this illness (Frank & Foote 1991, Mathieson & Stam 1995). Hence the cancer experience is often one of disconnection, both from the former healthy self as well as from family and friends (Frank 2001, p354).

Facing the prospect of an uncertain and foreshortened future, the person with cancer may feel that they will no longer be able to achieve their valued goals. Life may seem to have lost its purpose. For many, such doubts remain even when active treatment is complete (Dow *et al.* 1999). Narrative psychologists have emphasised that identity is not simply located in the current stories that we tell about ourselves. A sense of coherence is derived from integrating our experiences over the life course together with our expectations for the future. Corbin & Strauss (1987; p249) argue that 'when a chronic illness comes crashing into a person's life, it cannot help but separate the person of the present from the person of the past...and shatter any images of self held for the future'. This experience has been termed 'biographical disruption' (Bury 1982), and is recognised as a highly stressful aspect of serious illness.

Despite facing an array of challenges, some people with life-limiting conditions succeed in reconstructing their personal and social identities (Mathieson & Stam 1995). They emerge from the initial crisis feeling stronger and more positive about their own capabilities. Yet others regard themselves as essentially unchanged, or ‘stuck’ (Carpenter *et al.* 1999) or preoccupied with loss (Crossley 2000). Identity work during cancer has been described in various ways as re-establishing continuity of self (Becker 1999), biographical accommodation (Corbin & Strauss 1987), self-preservation (Thomas & Retsas 1999), reformulating the self, self-transformation, or self-transcendence (as reviewed by Carpenter *et al.* 1999). Although each author offers a somewhat different perspective, all suggest that people who successfully adapt to illness feel able to retain some of their core identity whilst engaging in personal development. Corbin and Strauss (1987, p.266) argue that the essential process during incurable illness is that people learn to identify ‘what aspects of self remain and can be carried forward to provide biographical continuity, and...what new aspects can be added...to give new meaning to biography’.

Carpenter *et al.* (1999) argue that the process of identity/self transformation is poorly understood. Nevertheless, it would seem that people need considerable resourcefulness, as well as social support (Dirksen 2000). Perhaps it is because cancer sharpens awareness of mortality that it commonly provokes radical reappraisals of self, relationships and life goals (Collins *et al.*, 1990; Carpenter *et al.* 1999; Arman & Rehnsfeldt 2002). Those who succeed in regaining a positive sense of self report increased self-esteem, psychological strength and courage for living with cancer. Ultimately, some people even conclude that life has been enriched by their cancer experience (e.g. Arman, Rehnsfeldt *et al.* 2001; Taylor 2000).

Previous studies have tended to focus on the cognitive, emotional and narrative strategies underpinning identity work. Authentic relationships with others also seem to be helpful for strengthening identity (Thomas & Retsas 1999). Relatively little attention has been given to the role of lifestyle change and valued activities in reconstructing (or maintaining) a positive identity during the cancer experience. Yet some studies allude to participants’ desires to develop ‘new sides’ to life (Arman *et al.* 2001). It has been noted

that some people with cancer re-prioritise work and other activities in order to achieve a more authentic and pleasurable lifestyle (Collins 1990; Arman *et al.* 2001, Arman & Rehnsfeldt 2002). However, there needs to be more examination of how and why people make such lifestyle changes in response to the cancer experience.

This study sought to understand why some people turn to visual art-making after a diagnosis of cancer, and how artistic self-expression might contribute to maintaining or reconstructing a positive identity, or sense of self. Art therapists have described certain ways in which art assists self-expression of experiences that are too stressful to put into words. Individual case studies of art-making by people with cancer suggests that art assists in expressing fears, reducing feelings of helplessness and discovering inner resources (e.g. Minar 1999). Some people with cancer explore the meanings of past, present and future during art therapy, thereby integrating cancer into their life story and giving it meaning (Borgman 2002). Art activities have also been shown to foster group support and mutual understanding among patients with cancer (e.g. Predeger 1996).

Whilst these studies suggest that art can be a powerful nonverbal medium for coming to terms with cancer, the outcomes from art therapy may not be generalisable to art carried out as a leisure activity in everyday life. For example, most published studies focus on patients who are engaging in art therapy in the early stages after diagnosis of cancer, or during treatment, when perhaps feelings of fear and grief are particularly strong. It is also important to recognise that art therapy also brings about change through the therapeutic relationship between therapist and patient in which strong feelings can safely be contained. This therapeutic context is not present when art is enjoyed as a leisure activity.

Qualitative accounts of thirty-five women living with various chronic illnesses (Reynolds & Prior 2003) suggest that art offers a powerful means of regaining a positive self-image when health is poor. Many found that art-making distracted thoughts away from illness and filled daily life instead with meaningful activity. Some had made new relationships through mutual interests in art. All were engaging in personal growth. The study presented a thematic analysis of a large number of interview transcripts and written

accounts, and therefore inevitably had to neglect individual differences. The paper recommended further study to better understand, within the context of the whole life story, why some people turn to art as a means of regaining positive identity in chronic illness. The paper also suggested the need for further enquiry into the role of art-making for people living with life-threatening conditions.

This paper takes up these issues by focusing upon three cases. As Arman and Rehnsfeldt (2002; p291) argue, when presenting four case studies of people living with cancer, this approach to qualitative research aims to situate ‘the phenomenon in its real life context’. Both similarities and differences in the participants’ accounts can be explored in greater depth than with larger samples, and different sources of data are more readily integrated (Yin 1994). Case studies of people living with cancer provide complex insights into the process of identity maintenance and reconstruction, and its grounding in individuals’ characteristic traits, values, and strategies. It is intended to test and further elaborate the findings in a later, larger-scale study.

Research questions:

What experiences encourage some people to create visual artwork in daily life when living with cancer?

In what ways does visual art-making in daily life support identity maintenance/reconstruction after a diagnosis of cancer?

Method:

Because this is a relatively unexplored area of enquiry, a qualitative, in-depth approach was chosen. An interpretative phenomenological approach (IPA) was taken, as this has been demonstrably helpful for understanding people’s experiences of living with illness (Smith, Osborn & Jarman 1999). Guidelines for IPA advocate starting with an in-depth analysis of one or a few information-rich cases in order to illuminate individual

differences in experience as well as commonalities. Case studies enable researchers to combine different sources of information. In this research, participants' biographical data, narratives about living with cancer, samples of visual artwork, and reflections on their image-making were all considered to offer insights into the complexities of identity work during life-threatening illness.

Ethics

The University Ethics committee scrutinised the proposal, information and consent forms, and advertisement, and gave approval. Participants were provided with the main interview questions prior to consent. They were also invited to select specific pieces of artwork which they wished to talk about in the interview. Participants were given opportunities to ask questions prior to the interview and were assured of anonymity, their right to withdraw from the study at any time, and the secure keeping of all materials. Pseudonyms are used for each case study.

Participants

Three case studies are presented, two women and one man. Their ages ranged from 47-59. All were married or living with partners, and had teenage or adult children. They were all White and well-educated, with postgraduate qualifications. Participants all engaged in textile art. Two also engaged in additional forms of visual art-making such as drawing and sculpture. Although a larger sample of people living with cancer is currently being interviewed, a detailed interpretive phenomenological analysis of a small number of cases provides the opportunity to understand the meanings of art-making in the context of each person's life story, and to relate interview themes to the imagery of the artwork that participants selected.

Procedure

Through an advertisement in a national textile arts magazine in the UK, participants with chronic illness were invited to participate in an interview study concerning the role of

visual art-making in their lives. This paper focuses on three participants with cancer who offered rich detailed responses in their interviews. All interviews were carried out by the first author and lasted between one to two hours. They were audio-recorded and fully transcribed. The participants selected artwork that had significance for discussion. The interview was wide-ranging and semi-structured to enable participants to have some control over the interview process. The main interview questions started with a ‘grand tour’ question (Could you tell me about yourself?). Further questions are indicated below, although the exact wording and sequencing varied according to participants’ responses:

2. Could you please describe some of the ways in which your health and day-to-day life have been affected by your illness?
3. How did your interest in the visual arts begin? What were the most important influences?
4. What forms of artwork give you most satisfaction? Can you describe what is satisfying about creative activity?
5. Do you regularly use certain techniques, or a preferred style? Does your work express certain themes? Have these changed over time during your illness?
6. Do you think that your artwork has helped you to express your feelings about your illness - or not? What other themes do you express in your artwork?
7. Do you have any immediate or long-term future plans for creative projects?
8. Do you now consider yourself as an artist - is this an important aspect of your self-image?
9. In what ways has your artistic work helped you to manage/ live with your health problems?

Data analysis

The interviews were transcribed fully, and were read and re-read to sensitise each author to major themes and patterns in the life stories. Based on the guidelines for interpretative phenomenological analysis (IPA), one interview transcript was initially analysed independently for specific meanings and larger themes. Specific experiences were

summarised in one margin whilst larger issues relating to self-image/ identity maintenance were annotated in the other margin. This process of thematic analysis was repeated several times in a continuous reiterative process (Miles & Huberman 1994). The remaining participants' transcripts were analysed with a view to noting both thematic similarities and differences with other transcripts. The authors reached consensus through discussing these analyses. Biographical details relevant to living with cancer and taking up artistic activities in daily life were recorded to highlight similarities and differences among participants. Following guidelines for IPA, the analysis attempts to present an 'insider' view on participants' experiences of living with cancer, yet the researchers' own perspectives also have to be acknowledged.

Findings

Each case is summarized in terms of personal biography, motivation for taking up art and the functions of art-making in supporting and reconstructing a positive identity when living with cancer. Illustrative quotations are given. Some reflective interpretations are offered, following guidelines for IPA, and then general themes from the case series are discussed.

Case 1: Jessica - retaining a view of self as active, sociable and creative

Jessica was 47 years old and was married with three adult children. She had originally qualified as a teacher and then studied to become an educational psychologist. Jessica had experienced spinal problems and chronic pain for almost half of her life, and had not worked for many years. She used a wheelchair when going out although she could walk with difficulty in the home. When she developed breast cancer at the age of 40, she was '*not given good odds*'. A mastectomy was followed by repeated chemotherapy. Jessica took morphine daily at the time of interview. She considered further deterioration as inevitable.

Jessica reported always enjoying arts and crafts since childhood and she had some experience in teaching art to children. She had made occasional sculptures before cancer, but denied being 'artistic'. Nevertheless, art now featured strongly in her life. *'It's a life-saver, I mean it's what I do, it keeps me occupied'*. She started to engage seriously with textile art when she spent three months in hospital after a spinal operation. She had intensified her involvement in art-making since developing cancer. Jessica presented a picture for discussion during the interview that she described as her *'chemotherapy piece'*. It was a cross-stitch image of children and the alphabet. From an interpretive perspective, the imagery may have been significant in establishing a connection with her previous biography as a teacher, giving her a stronger personal identity to withstand the rigours of the treatment. Jessica did not regard the imagery as expressive of illness at all. Rather, she argued that this piece had helped her to cope with treatment by inviting deep concentration. It had provided a welcome distraction from fear and discomfort.

Jessica presented an array of artwork including paintings, embroideries and collaged cards. The artwork had many themes, but none expressed illness. *'I didn't ever paint it or sew it [cancer]...I would find that quite overwhelming really'*. Loss of favoured occupation was openly acknowledged. *'Unfortunately, the sculpture, I can't do anymore. It's too physically demanding, since my last operation. I was going to try small sculpture, but now I stick to even smaller things'*.

Jessica also enjoyed art-making because it brought praise from others, and diverted others' attention from 'cancer talk'. *'I think that by having the art and craft, it gives you that interest that you can talk about. I mean what do people talk about, they talk about their work, their family, their hobbies, their health'*. She described discovering how she could accommodate and alter her mood by changing the art medium. For example, she did cross-stitch when she felt low or lacking in assertiveness or in need of calm. She regarded painting as requiring more *'articulate-ability'*, and self-confidence. Through choice of artistic project, she exerted greater control over her psychological state.

Jessica had built a social network around cross-stitch and card-making, offering classes to others and raising money for charity through sales of cards. These activities could be understood also as a normalizing force in her life and a strategy for limiting the influence of illness upon her relationships and, ultimately, her identity. She emphasized her view of self as active and capable of generating activity in others. *'I can organize things'*. She maintained these aspects of her identity through her artwork, and extended her social roles. *'I run this cross-stitch group once a month and we meet up here. We all do different things, we sit and talk and eat cake and drink coffee and so on'*.

Jessica had an art studio in her home which communicated her busy, artistic way of life. She chose to sleep in this room when particularly unwell, so that she was surrounded by *'beautiful things'*. She appeared to retain a measure of control over her well-being through having such a refuge.

In brief, Jessica did not seem to have avoidant coping strategies, and clearly was not engaged in denial either about her life-limiting condition or the losses that it had brought about. Her artistic occupations appeared to provide her with normal social roles, engaging topics of conversation and positive social relationships grounded in mutual interests rather than cancer. Her choices made sense in the context of her pre-illness biography as a teacher, psychologist, amateur sculptor and 'organiser'. Art offered a sedentary, challenging and meaningful way of expressing her self, allowing her to be more than a 'cancer patient'. Whilst art-making enabled better management of pain and insomnia, it also offered a form of activity which supported her self-concept. Jessica remained fully engaged in the wider social world through, for example, art classes and fund-raising activities.

Jessica appeared to have achieved some acceptance of her illness, believing that this acceptance had released her creative skills, giving meaning to her remaining life and maintaining a positive self-image. *'I think once you've done that [planned the funeral], then you forget about it, because it's already dealt with. I think that the creative side is what you do from day to day'*. Having considered her funeral arrangements, she argued

that it was important to *'live those[last] 6 months or you can spend those six months thinking 'I'm dying', what's the point of that?'*. She chose a mixture of projects, some that could be finished in a short time such as cards, and some that signified optimism about future survival such as a complex embroidered sampler. *'When you're looking at a shorter life span, rather than concentrate on that, you think 'I've got to get this finished' ...I think that helps a lot'*.

Case 2: David - retaining a commitment to personal growth yet putting his family's needs first

David was 51 years old, married and with children in their 20's. He had been treated for stomach cancer four years previously and had recently developed metastases in the lungs. He was taking morphine. Until his cancer, he had worked as a manager of a large company, and he implicated stress in the development of the disease. David understated his feelings and physical discomfort throughout the interview and emphasized the centrality of his family in his life. *'I had my dose [of chemotherapy] and lost my hair, great excitement for the kids, dad losing his hair and that, and everything went well'*. He emphasized that he was *'not a person to complain about things ...you just soldier on...no-one wants to hear every day that you've got pain or things like that'*. He also emphasized that he had been a loyal, productive employee, describing his busy daily schedule prior to becoming ill.

David did not regard himself as creative or artistic, but as a person who enjoyed challenges. Even though teachers had not regarded him as musical in his school days, he had taken up the saxophone at the relatively late age of 45 years. He had waited until he had finished paying for his children to have music lessons, prioritizing their needs over his own. He described this activity as a *'stress release because when you're playing music, you can't be thinking about anything else'*. However, his lung disease now prevented him from playing the saxophone. This loss of valued activity had provoked a search for a meaningful but less strenuous alternative.

David described himself as always enjoying challenges. He had taken several university courses and had made career changes. Hence to take up artwork after the onset of lung cancer was consistent with his lifelong preparedness to adapt to circumstances, and take on new challenges.

Taking up textile art after the onset of lung cancer seemed at the start of the interview to be a chance event. On a recent holiday, David discovered that he could not walk far. In order not to be a burden on his family, he bought a cross-stitch kit from a craft shop and created a floral bookmark. He intended that his family would then be able to go walking and swimming without him, reassured that he was absorbed in this new sedentary activity.

During the interview, he admitted that textile art could be seen as an unusual choice for a man, but pointed to family role models, including his mother, sister and mother's brother who all engaged in tapestry. Despite his colour blindness, he enjoyed working methodically, counting stitches and matching threads by their serial numbers. David selected textile art with floral themes for focus during the interview, as well as showing the interviewer examples of his large collection of floral pottery. He described always having been interested in gardening and botany. Ill-health now prevented heavy physical work but the textile art offered him a means of continuing with his botanical interests and therefore supported his self-image. He was able to express and develop these personal interests despite cancer. David presented himself as a husband and father who had always worked hard on behalf of his family. He was now concerned to protect his family from worry, and he encouraged them to go on with their daily activities. He felt that his family was less concerned about his welfare when he was busy with his artwork. *'They like to see me doing something, doing some activity'*.

David liked to take control, and this was evidenced throughout the interview. He actively managed the interaction, through reading his copy of the topic guide, and deciding when he was ready to move to the next question.

In brief, art seemed to preserve continuity in David's identity, enabling him to express his longstanding interests in plants, to take up new creative challenges, and to protect his family from worry about his physical and mental state. He presented himself as an active, methodical person. That he could display these qualities in his artwork may have protected his identity. Like Jessica, David had found that he could better control pain and insomnia by focusing on his artwork. By having several projects in process at once, he could also exercise choice. Continuity of identity seemed to be expressed through his choice of art medium (cross-stitch and tapestry) which was popular among other family members. He did not explore illness themes at all in his artwork, preferring to focus on the natural world. His focus on 'doing', rather than dwelling on feelings about his illness, appeared to be a coping strategy that fitted with his view that he was 'not a person to complain', and that he always made the most of life's opportunities. *'We always think of the opportunities in life rather than the problems and I said to the wife and kids, I don't want a banner to go round saying that I've got cancer. I've got what I've got and I've got to deal with it myself and life goes on. My wife still goes out and does what she has to do...it's really just making the most of every day'*.

Case 3: Joyce – retaining a sense of competence, and developing an artistic identity after cancer

Joyce was 59 years old, married with adult children. She had been a senior nurse for 38 years but had left her job a year after being diagnosed with, and treated for, breast cancer. *'I thought I'm 56 now and it's time to leave work and do what I want to do really'*. She enrolled on an arts degree and described herself as *'coming home'*, in that she could finally converse about the topics that she was most interested in with like-minded people. Throughout her adult life, she had occupied a demanding position at work, as well as looking after a family, so had enjoyed very little time in which to explore her interests in painting, drawing or textile art. Even so, she had enrolled on a textiles evening course in her 40's, and had developed some advanced skills. *'I thought I would like to carry that*

further but I just carried on going to work'. Prior to illness, she had not felt able to act on her aspiration to become as artist.

Joyce recounted feeling very worried during the chemotherapy, and reflected that her drawings at that time symbolized her fears. *'They were awful...you can see the scariness in there'*. However, as the months passed, Joyce gained a greater sense of mastery by absorbing herself in her artwork. *'I thought I just can't sit down and feel sick with this chemotherapy, and so I just used to shut myself in my room and do textiles all day obsessively'*.

In regard to coping with cancer, Joyce described how she learned to avoid thoughts about her prognosis, by focusing instead upon her various artistic projects. *'I'm focused on being able to look forward, to getting a degree and wondering what I'll do next'*.

With the development of her artistic skills came major changes in self-image. *'I've had to branch out and go big, do big wall hangings, and in that respect it's done me good'*.

Despite her evident talents, evidenced in the displays of her artwork, Joyce was unsure whether to describe herself as creative. *'People say I am, so maybe yes I am'*. She certainly did not want to be defined by her cancer. *'I don't really tell people I haven't met before...that I've had cancer because the times I have done it seems to create a little barrier which I don't like. It puts you on a different footing, so now I don't tell anyone, and I find that a lot easier to cope with as I'm on the same level as they are'*.

Joyce had experienced great worry about her cancer initially, and still lived with thoughts about its possible recurrence. *'My daughter told me last week that she's pregnant with her first child and I thought... where will I be in nine months time?'* Yet she also perceived the illness as having catalyzed positive personal development, and lifestyle change. *'This is my fun time'*. In her various pieces of work, she demonstrated knowledge of Celtic myths, Ancient Egyptian and Christian art, as well as showing a willingness to explore modern art themes. None of her work expressed illness, with the exception of drawings made during chemotherapy.

Joyce described herself as having to prove herself throughout her life. For example, she had returned to full-time work after her chemotherapy *'because I felt I had to go back to prove I could still do it, and I didn't want to leave on sickness grounds... so I went back for a year but I felt really tired. I was glad when the time came to leave. And then I did what I wanted to do'*. Her plans to do a PhD in the fine arts perhaps reflected and reinforced this aspect of her identity, namely her need to feel and be seen as a high-achiever in all of her activities.

In brief, Joyce's pre-illness identity appeared to have been largely defined through her recognized competence at work and her positive relationships at home. Her artistic interests had been largely kept on hold for most of her adult life. Following the diagnosis of cancer, Joyce initially expressed her fears of death through her artwork. After about a year of reflection and re-prioritising, she decided to give up work and develop her artistic potential through formal study. She felt more confident and optimistic as a result, and perceived her illness as having brought about positive personal and lifestyle change. *'I think it [art] was just there waiting for me to have time to do it, and having cancer just made me stop and think what do you really want to do?'*

Discussion

This study has sought to uncover experiences that encourage some people with cancer to create visual artwork, and to identify ways in which visual art-making in daily life contribute to identity maintenance/ reconstruction, and hence subjective well-being. With only three case studies, a more complex, holistic qualitative analysis has been offered than is usually possible with larger samples.

In common with other studies (such as Arman & Rehnsfeldt 2002), the interview data suggested that cancer stimulated participants to reflect upon interests and goals. Such reflection led not only to clarification of their values and priorities but to new

occupational choices. Yet serendipitous experiences (such as passing a craft shop), as well as conscious planning, also appeared to influence participants' choice to engage in artwork.

Both the interview data and participants' artwork suggested that artistic occupations were playing a multi-faceted role in maintaining subjective well-being following cancer diagnosis. Certain common themes can be inferred from the participants' accounts, and these offer some agreement with research outlined in the introduction. For example, all three participants had encountered fears about their mortality, and this had provoked a sense of urgency to make the most of new opportunities. All were concerned that the cancer 'label' might supplant their familiar identities, and restrict social interactions. All were therefore eager to resist being defined by their illness, through engaging in a range of 'normal' activities, including art. Whilst the participants acknowledged the deep anxiety provoked by their state of health, all had found that artistic activities helped to block out negative thoughts and feelings, and enhanced feelings of choice and control (e.g. over pain).

Previous case study research suggests that some people with cancer find themselves questioning their pre-illness self and lifestyle (Arman & Rehnsfeldt 2002). However, only one of the participants described cancer as having catalysed a longed-for lifestyle change. In her case, a decision was eventually made to retire from work and pursue study of the fine arts. However, in two of the cases, there was little evidence that the participants were in any sense rejecting a former way of life or expressing dissatisfaction with the pre-cancer self. Rather, this study illuminated a process of re-establishing a *familiar* identity during cancer, through finding occupations that were meaningful yet feasible within the physical constraints imposed by illness. Participants, through their artwork, maintained previously important aspects of their self-image such as being active, organized, caring for others, not complaining. Art enabled both personal growth yet also the expression of familiar, pre-illness interests (e.g. in gardening), thereby facilitating biographical continuity. The powerful cancer label or identity was resisted through the various social roles that art-making offered (e.g. as charity fund-raiser, student, artist).

Previous research has tended to emphasise the personal review and reflection that enables people with cancer to maintain and reconstruct identity (e.g. Thomas & Retsas 1999). This study has explored how meaningful *activity*, such as art-making, can also play a powerful role in helping people to resist being defined by their cancer, and for supporting other personal and social coping resources such as optimism and reciprocal relationships with others. In previous research, participants with cancer have described a process of biographical work that has taken them 'beyond the cancer identity' to find a way of being that is no longer 'encircled' by cancer (Mathieson & Stam 1995, p300). Arman et al (2001, p198) described how participants 'developed the sides of life that were left'. This paper has explored these strategies in some depth.

As well as sharing some common themes, the case studies also highlight some individual differences. These tend to be glossed over in more conventional thematic analysis of qualitative data from larger samples. Two of the participants had been interested in the visual arts prior to cancer, and had intensified their involvement during and after chemotherapy. The third participant appeared to have discovered an artistic medium almost by chance in order to fill time productively whilst on holiday. However, closer inspection of the narrative suggested that his decision to explore this activity was highly compatible with his self-image as protector of his family's well-being. By engaging in an art project, he enabled his family to continue with less guilt the strenuous activities that he could no longer manage. Biographical continuity was also enhanced through choice of an art medium favoured by other family members. Participants all had distinctive motives for art-making, related both to their state of health and personal factors. For example, the two participants in poorer health appreciated the deep concentration required by art-making. This assisted in pain management, and helped to pass the time during sleepless nights. These benefits were not described by the participant whose treatment was finished.

Biographical, or life history, factors had clear relevance for understanding the subjective benefits of art-making, and the case approach complements previous more conventional

thematic analysis of accounts from a larger sample (Reynolds & Prior 2003). Participants focused variously on staying active, protecting the family from worry, making a contribution to others, creating social relationships based on shared interests (rather than illness), maintaining long-standing interests in new, less physically demanding ways. Art-making seemed to fit into each person's biography, preserving certain familiar aspects of identity whilst allowing further positive developments to occur.

Clearly the study has limitations. It is not possible to generalize from the study and further research with a larger sample is needed. The apparent coherence of the life stories may be an artificial result of 'narrative smoothing' as people edit and select material in order to support a particular social identity with the interviewer (Spence, 1986). Nevertheless, phenomenological researchers propose that interviewees provide insights into their enduring values and experiences, and are not simply engaged in contrived forms of identity presentation (Smith *et al.* 1999) Interviews are inevitably a co-construction of interviewer and interviewee. It is difficult to assess how being interviewed by an apparently healthy person might have influenced participants' accounts. Nevertheless, the artwork on display supported participants' descriptions of their coping strategies. All participants were well educated, financially secure and living with apparently supportive partners. These resources may also have had an important part to play in nurturing a positive identity.

Conclusion

The study showed that some people with cancer maintain a positive identity through engaging in art as a leisure activity. Biographical factors were relevant to discovering or intensifying involvement in art-making after a cancer diagnosis, although serendipitous factors also played a role. Art strengthened personal and social identity in many ways. For example, it helped people to resist being dominated by the cancer label, and promoted relationships based on mutual interests rather than illness. Individuals emphasised certain distinctive motives for art-making after cancer diagnosis, including proving oneself, contributing to others, taking up new challenges and finding a way of retaining long-standing interests. These motives seemed to characterise participants'

familiar identities and ways of living prior to cancer. Whilst participants emphasised the importance of remaining active, they were not engaged in denial. Nor were their accounts of their lives or identities wholly positive, but expressed both gains and losses. There are implications for professionals working with people who have cancer. In addition to counseling support, more opportunity might be given to explore which personally meaningful activities could maintain and develop positive identity, thereby offering a further resource for coping with the considerable stress of life-threatening illness.

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