

Wellness Blankets: Effects of Textile Based Art on Those With (Dis)Abilities

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Abstract

The research question that guides this research practicum is: does participation in a textile based art group aide in an increase in wellness for those with (dis)abilities? The goal was to research the effects of participation in a textile based art group for those who self-identify as (dis)abled. This study used a qualitative, multiple case study method to interview five textile based art participants and their service providers. I used interviews from the participants and the care providers, field notes, researcher observations, observations from Creative Options Regina staff, and the Wellness Assessment results to obtain data. Each participant attended a nine hour textile based art group facilitated by the researcher. These five participants attended one of two textile based art groups that were facilitated. During each group participants created a nine block tie blanket. The service providers were also invited to attend the textile based art group if the participants wished to have them present, of the five participants four service providers did not attend the groups and one attended the group. Therefore information obtained from service providers was mainly from their observations before and after the participant's group attendance and from information participants shared with them. Overall, all the participants and their service providers expressed the feeling that participation in a textile based art group resulted in an increase in positive emotions, increased feelings of social inclusion and an increased sense of pride. Additional effects were identified by some but not all of the participants, and some of the service providers; these effects were stress reduction, increased independence, and the rekindling of fine motor skills.

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Chapter One

Introduction

The creation of cloth-based/textile art forms, particularly by women, has a long standing global history (Reynolds, 2004). Textile based art, specifically quilts and blankets have been observed to be created by women throughout the world. For example, First Nation women created story quilts to tell their past and family history; indentured labourers in the United States of America produced quilts for communication and as a way of having their truths heard, and prairie women created quilts for function and social inclusion. Textile based arts are personal and communal; they serve numerous purposes, both aesthetic and functional. Quilts and blankets are made for warmth, to decorate, to commemorate life events, to express political views, to pass on family history, to gather woman for social means and as a way to express oneself (Lewis & Gerus-Darbison, 2014).

Within the past ten years there has been an increase in the understanding of the effects that participation in art has on people. There has been more research that speaks to the idea that the participation in art and the process of making art is therapeutic. Professionals have begun to understand that making art and the creative process are therapeutic, regardless of the final outcome (Heenan, 2007). Textile based art programs have been developed and implemented with numerous populations to assist in increasing their overall wellness (Michalos, 2005).

The creation of textile arts has also proven to increase positive feelings, increase sense of mastery, improve self-esteem, and create social connections (Michalos, 2005). For those who struggle with (dis)abilities, the creation of traditional art forms such as blankets and quilts may have a positive impact on their overall health and wellness. However, access to these forms of art is not easy for persons with physical and/or cognitive (dis)abilities within Saskatchewan. Social

isolation, physical barriers, program limitation, lack of transportation, societal stereotypes and lack of inclusive and adaptive textile arts program were noted by Creative Options Regina staff and program participants as reasons they have not previously engaged in textile based art.

Textile based art has been studied with diverse populations. There have been positive correlations recorded between the creation of textile arts and numerous populations. Textile based art has been studied in relation to the physical and social impacts it has on persons with chronic illness, terminal illness, and those facing mental illness (Burt & Atkinson, 2011, Lewis & Gerus-Darbison, 2014; Robertson, 2009). For the purpose of this research the use of textile based art will focus on the perceived impacts that participation has on the overall health and wellness of participants who self-identify as (dis)abled. Therefore for this project (dis)ability is defined as “a condition that limits a person’s physical or mental abilities” (Merriam-Webster Dictionary, 2014). Additionally the definition for the United Nations Rights of a Person with disabilities was implemented; this states “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” (UN General Assembly, 2007).

For this research practicum, I worked collaboratively with Creative Options Regina (COR). COR is a non-profit organization that develops personalized support services for people experiencing disability. COR works predominantly with people who have cognitive disabilities. COR is framed within the concept of Gentle teaching. Gentle teaching is a way of serving adults who don’t automatically feel safe within their relationships and environment. The essential belief in Gentle teaching is that relationship is unconditional. This means that those we serve feel that the attitude of the caregivers towards the person does not depend on their behavior. Those

who practice this method of service delivery prescribe to the belief that bad behavior arrives from fear and uncertainty (Van de Siepkamp, 2015). The approach of service delivery provided from COR is grounded in the recognition and celebration of the intrinsic value of each individual (Van De Siepkamp, 2015). In working within the models of service delivery that COR prescribes to I developed and facilitated a textile based art group for their current clients. The aim of the group was supportive and inclusive allowing all participants to create, learn and explore their artistic gifts. The group concentrated on the creation of a nine block tie blanket that the participants were able to keep when they completed the workshop. Basically a nine block tie blanket is a blanket that consists of nine pieces of material that are tied together using basic knots to create the blanket. Within the process of making the tie blanket, participants were also offered the ability to experiment with additional textile art forms such as textile creation, embroidery, applique techniques, hand sewing, beading, and button art.

I choose to complete a research practicum that focused on textile art for two main reasons. First of all I actively participate in numerous forms of textile based art. It is my personal belief that being able to participate in these artistic mediums has positively impacted my overall quality of life and wellness. Art is my stress relief, my hobby, my social connection and a large part of my identity. Not only is textile based art a large part of my life, it is a large piece of the lives of the women within my family. My mother, mother in law, sisters, sister in laws and aunts all actively participate in textile art. However one of my aunts has a physical and cognitive disability. She was another motivating factor in this research practicum. She wants to participate in the textile art groups and classes that the majority of the women in her family attend. However due to her disabilities, the locations within the city that traditionally offer these groups and classes have refused her access. While she is able to participate in textile art with her family she

is not able to attend the more formal classes that the family attends. I have always believed that participation could have a positive impact in her life, if there was an inclusive group she could attend. She provided me with the inspiration to create an inclusive art program.

Case Study research methods were utilized to study the impact that participation had on the participants overall wellness as defined by the Wellness Theory (Myers & Sweeney, 2000). Through interviews, the impact of participation within the group was studied. These interviews were semi-structured, and allowed the ability for participants to express their feelings of the textile based art group.

Finally, there is a discussion about the results of the textile art group and consideration was given as to whether or not the group should be continued. This report concludes with an exploration of the implications for social work and future practice.

Chapter Two

Research Design

2.1 Case Study Research

Case Study Research is a method of research that aims to answer the questions of how or why a phenomenon occurs. Case Study research is a qualitative or quantitative form of research that studies a phenomenon in the “real world” when boundaries between phenomenon and context may not be clearly evident. In case study research, data is collected using multiple forms of data collection, and the information is then triangulated (Yin, 2014). Case study research can encompass numerous cases and the data collection is not limited to quantitative means. Often case study research utilizes mixed methods for research collection (Yin, 2014).

2.2 Origins

Case Study Research has a long history across many disciplines. It has been widely used in social sciences and is popular in such fields as psychology, medicine, law, and political science. The origins of modern case study research can be traced through anthropology and sociology (Creswell, 2013). Case study research can be seen in early anthropological studies and within university sociology departments in the early 1920s (Creswell, 2013).

In modern research case study, the researcher has a vast array of academic texts and numerous approaches to choose from. For example, case study research now promotes the use of both qualitative and quantitative measures (Yin, 2014). Recently, scholars have established systematic procedures for case study research, and have begun to rely further on the multiple case study design (Creswell, 2013).

2.3 Defining Features

Case Study research has several distinctive features that differentiate it from other forms of qualitative research. Initially, case study research must begin with a case or inquiry that can be bonded or described. This case must have certain parameters such as a specific place and time. This case can include a single selected case or a group of related cases that can be compared and contrasted (Yin, 2014). Case Study research has two distinctive classifications that are differentiated by intent. If the intent of the case study is to illustrate one unique case in great detail the study is classified as *intrinsic case*. If the intent of the study is to understand a specific issue, concern, or problem in society, it is called *instrumental case* (Yin, 2014). For my research, I applied instrumental case study research.

A defining feature of a quality case study is that the study provides the reader with an in-depth understanding of the issue being presented. In order for an in-depth understanding to be gained, the case study researcher must collect many forms of data. The data collection methods can include, but are not limited to, interviews, surveys, observations, and audio visual material. Relying on one source of data collection is not typical when completing a case study (Creswell, 2013). The researcher aims to triangulate data. When data is gathered from multiple sources, it corroborates the findings (Yin, 2014). The triangulation of data strengthens the construct validity. For this project I used interviews from the participants and the care providers, field notes, researcher observations, observations from Creative Options Regina staff, and the Wellness Assessment results.

Within Case Study research, the data analysis process is distinct. Data collection occurs with several in-depth in person interviews, and these interviews can vary in length. Additionally,

the number of interviews required with a participant can also vary (Creswell, 2013). Through the analysis of the data, a researcher aims to develop a rich description of the case or cases being studied, and through this rich description, themes arise. Additionally, cross case themes can be described if they arise (Yin, 2014; Creswell, 2013).

2.4 Challenges and Benefits

Like all forms of research, Case Study Research creates a unique set of challenges for the researcher. The goal of this form of research is to develop a rich in depth narrative, which explains the case or cases being studied. The development of this form of narrative is labour intensive. When telling someone's narrative, there is not always a clear end to the research, and for researchers this can create difficulty with understanding when they have received enough information and when their research is finished (Yin, 2014). Additionally, it is important for the researcher to ensure that there is a saturation of data. Saturation of data is a criteria that is used while completing qualitative research, it assists the researcher in knowing when to cease research. Saturation is believed to have been achieved when no new codes, categories or themes are emerging from the data collection process (Creswell, 2013). While new information is developed, a researcher must ensure they receive enough information through the various forms of data collection to ensure a comprehensive understanding is obtained. This can be complicated by broad questions of study and numerous cases (Creswell, 2013).

Often, research aims to generalize its findings to the population at large. However, generalizing from a single case is not reliable. Generalization can be done when the case study question is repeated in numerous studies and has similar themes. Additionally, case study research is more likely to be generalized to a theoretical position and not to the population at

large (Yin, 2014). Often though, this can be difficult as case studies cannot always be replicated and research results are often expected to be generalizable (Yin, 2014).

Confidentiality within Case Study Research can be difficult to navigate for both researchers and participants. Due to the in depth nature in description of the cases, often complete confidentiality cannot be guaranteed. Inadvertently, a researcher may identify a participant with their description (Creswell, 2013).

While Case Study Research has challenges, it also has numerous benefits. Case Study Research provides a rich description; this is a defining feature of the research approach. While this creates challenges, it is also a benefit. It allows the participants to provide the most amount of detail into their insight and experiences. It allows themes and information to emerge and arise that may not if other forms of research were being used. It allows the participant to provide the details and information they believe is central. This form of research provides the researcher with the most in-depth understanding from the participant's perspective (Yin, 2014).

Another benefit from this form of research is the triangulation that occurs through the collection of data from other sources. A researcher participating in case study research can interview other sources to collaborate what is being reported on from the participant. This additional information adds to the rich description that is developed. It also provides additional perspectives to the research. Not only does this triangulation provide additional understandings of a phenomenon, it increases internal validity (Yin, 2014).

Case Study research was chosen for this project due to the benefit of providing a rich narrative from the participant's point of view. I wanted to understand the impacts of participation from the perspective of the participants. The ability to use multiple sources of data was central to

the project. I wanted to be able to gain information from those who are close to the participants, and to use my observations while facilitating the textile based art groups. While I was aware that the results of this study may not be generalizable to all persons who self-identify as (dis)abled, I believed that the ability to provide an in-depth description of the participants' experiences outweighed the inability to generalize.

2.5 Arts Based Research

In addition to the use of Case Study research this project will also implement the basic principles of Arts Based Research. Arts Based Research is not a form of research that is currently widely practiced within American academia; however, it has been gaining acceptance within recent years (Barone & Eisner, 2012). Essentially Arts based research is the systematic use of the artistic process. The creation of the art in any form is used as the primary way of examining and understanding the experience of the participants and the researcher (Barone & Eisner, 2012). When using Arts Based research the researcher is aiming to gain insights to assist in understanding the phenomenon (Sullivan, 2008). While arts based research will not develop a definitive answer to a social issue, if done well, it will create dialogue and conversations (Barone & Eisner, 2012).

Arts based research is, at its deepest level, about increasing awareness and addressing social issues through an artistic approach. Unlike others forms of research, arts based research does not occur in a linear fashion. It is a much more fluid process in which the artist does not follow steps but experiences the phenomena through their observations and the artistic process (Barone & Eisner, 2012; Sullivan, 2008).

When arts based research is successful in its completion, it creates a dialogue about social issues. It assists in elevating that dialogue to a level that has not previously been achieved. Arts based research blurs the lines of the researcher within the project. The researcher engaging in the arts can be simultaneously the researcher, the participant, the onlooker and audience. Unlike other “scientific” forms of research, arts based research has the ability to engage those who would traditionally be excluded from the process of research. Arts based research can extend its audience, beyond academia, to the public at large (Barone & Eisner, 2012; Knowles & Cole, 2008).

While arts based research does not follow the standard scientific process, there is a widely accepted six point criteria for judging arts based research. The six criteria as stated by Barone and Eisner (2012) are “incisiveness, concision, coherence, generativity, social significance, and evocation” (p.148). Essentially arts based research is judged by asking the questions, “Does it get to the core of the social issue?” (Barone & Eisner, 2012, p.148). “Does the research offer a new perspective, in the most concise way?” (Barone & Eisner, 2012, p. 149). “Do the features of the project come together to form a strong statement?” (Barone & Eisner, 2012, p. 150). “Does the work reshape our concept of the issue?” (Barone & Eisner, 2012, p. 151). “Does it have the ability to impact the lives of people within society?” (Barone & Eisner, 2012, p. 152). Finally, “does it evoke feelings in those who experience the research?” (Barone & Eisner, 2012, p. 153).

Barone and Eisner (2012) believe that arts based research should not replace more traditional forms of qualitative research; however, it should be used in tandem with traditional methods of research to diversify the researcher’s ability to address social phenomenon.

Additionally Sullivan (2008) had a similar view stating that arts based research and traditional

research method need to create a complementary relationship. As the main goal of arts based research is to raise significant questions, it can aid in gaining meanings and understandings that are lost with other measurements. For these reasons, Case Study Research methods and Arts Based Research methods were both employed during this research (Barone & Eisner, 2012).

Chapter Three

Review of the Literature

3.1 Art Therapy

The art therapies have their origins in 20th-century psychiatry, and arts based interventions have focused on the psychotherapeutically oriented forms of art therapy. Art therapy is strongly associated with verbal psychotherapy (Heenan, 2007). However, within the last 20 years there has been an increased understanding and interest in the idea of art as a health initiative. The belief that participation in art and the creative process itself has therapeutic value has emerged (Heenan, 2007). The idea that art itself is therapy has grown in popularity, and for this project, the idea that the creative process is therapeutic is central.

The idea of art as therapy has led to the creation of several arts based groups ranging from sand trays, to painting, to music, to dance and textile based art (Anderson & Gold, 1998). Textile art and needle craft have roots dating back centuries; however, they have begun to re-emerge in western society. Textile based arts have seen an increase in popularity; historically, textile based art was popular due to its functional nature. This research focused on the creation of blankets, and therefore, the remainder of the literature review will focus on research about both quilting and blanket making. Quilting is the process of sewing two or more layers of material together to create a thicker material. Traditional quilting consists of three layers, quilt top, batting, and backing. Blanket making is any process that is used to make a blanket. A blanket is defined as a rectangle textile used as a covering for warmth. Blanket making does not require a specific number of layers of material or a specific method to create them.

Quilts and blankets are functional and beautiful; they could be created independently or within a communal group setting. Quilts and blankets can be created from new material or from reused and repurposed items. Historically quilting was a creative process, and this holds true in modern society (Anderson & Gold, 1998). With the popularity of textile arts on the rise, the use of textile based groups as therapy have also been on the rise (Robertson, 2009).

3.2 Art and Research

The effects of textile based art have been researched with numerous populations. Specifically research articles have spoken to the influence participation in textile based art has had on the subjective well-being of persons with chronic/terminal illness and those diagnosed with mental health concerns. The reason and process for implementing textile based art programs with these populations has been varied, however research findings have been consistent. All reviewed research has reported a positive correlation between participation in textile based art and subjective wellbeing (Reynolds, 2011). It is important to note that participants in previous studies focusing on chronic health concerns and mental health concerns may have also qualified for participation within my studies given the participation restrictions of my research. Therefore these studies may have similar results to the research project I am completing. Research within each group of participants, those with chronic illness, and those with diagnosed mental health will be reviewed for process and outcome.

Francis Reynolds has completed three notable studies in regards to effects of textile based art for those living with chronic illness. Some of these studies spoke specifically to participation in textile based art while others spoke to participation in art in the greater sense. These studies were completed and published in 2006, 2010 and 2011. Reynolds (2006) explored the

relationship between women with cancer who engaged in art as a leisure activity. In 2010, Reynolds interviewed women with advanced skills in textile art and long term health problems, and finally in 2011 Reynolds reviewed the experiences of textile art making for those with chronic health conditions. Each of these will be discussed in further detail in subsequent paragraphs.

In 2006 Reynolds studied the effects of art on the subjective wellbeing of women with cancer. For this research 12 women ranging in age from 24 to 74 were interviewed. (Reynolds, 2006). The findings of these interviews were analysed thematically and four major themes arose. This study did not focus solely on textile based art, and looked at the artistic process across art forms. The four main themes that arose, first participants discussed that while participating in the artistic process participants were able to focus on positive experiences and they experienced relief from the negative effects of their illness. Secondly they experienced an increase in feelings of self-worth and identity, thirdly they believed and felt that participation in art enabled them to have an identity separate from their cancer and diagnosis, and finally a subdivision of the participants described art making as enabling them to process and express feelings and emotions associated with their diagnosis and treatment (Reynolds, 2006). The findings of this study suggests that participation in the artistic process may provide a therapeutic outlet and resources that assisted in elevating wellbeing during a cancer diagnosis, and treatment. In 2010 Reynolds continued to explore the effects of art however this article looked at chronic illnesses, this included cancer however was not limited to those diagnosed with cancer (Reynolds, 2006).

In 2010, Reynolds looked at the effect of textile art on persons with long term health issues such as multiple sclerosis, arthritis, cancer and auto immune disorders (Reynolds, 2010). The participants within this study previously participated in one or more forms of textile art and

had advanced skills in their art form. Twenty four women were interviewed for this study and were living with a varying range of long term illness and their age range was between 29 and 72. They came from different life situations and backgrounds. This work explored the creative process for those with chronic illness and their perceptions of how their illness influenced their art work. Participants in this study spoke to how they believed that their illness not only inspired their art but alter the forms of art used and how they completed their project. Participants perceived that art heightened and enhanced their emotional abilities, and helped them to confront deeper life issues. This article did not specifically address how making art contributed to the self-management of their health. However participants did note that they believed the creative process associated with textile based art has positive impacts on their wellness and illness management (Reynolds, 2010).

In 2011, Reynolds interviewed seven persons engaged in textile based art to further reflect and learn about specific themes that had arose in previous research. The participants included six women and one man all in their fifties, and self-identified as having long term or chronic health conditions. The participants discussed the same themes that have arose in previous research, these themes were that textile art helped them cope with negative symptoms that correlated with their illness, and they perceived that participation in textile based art assisted them in regaining positive well-being. The participants within this study believed that textile based art assisted them in gaining positive well- being by increasing positive emotions, improving self-esteem, creating autonomy , learning new skills that increased sense of personal development and increasing positive social relationships, and networks (Reynolds, 2011). The overall findings of the study were that participation in textile based art assisted in nurturing well-being for those with chronic illness. In addition to research completed with persons who self-

identify as having a chronic illness research has also been completed with those who self-identify as living with mental health concerns.

Those who self-identify as living with mental health, specifically depression, have also been involved in researching the effects of textile based art on their overall wellness. However before I review this literature it is important to note that those living with a mental health diagnosis could also participate in research for persons with chronic illness or persons who self-identify as disabled. In 2007, Deirdre Heenan completed research in Northern Ireland facilitating a textile based art group for those with mental health concerns. The study implemented arts programming within a day program for persons diagnosed with mental health concerns. Heenan then studied the perceived effects of participating in the arts based aspect of the program. Within this research three main themes arose that the participation in textile based art was perceived by the participants to have increased self-esteem, the group dynamic provided a safe space for persons to heal and address fears associated with the diagnosis, and that through the creation process participants felt empowered (Heenan, 2007). In 2011 Kelly, Cudney and Weinert developed a computer based intervention program for rural woman. This program was meant to connect woman, public conversation within this group moved to quilting and textile based art (Kelly, Cudney & Weinert, 2011). While the group initially had no plans to discuss art, this is the medium that the women used to connect with each other (Kelly *et al.* 2011).

In the 2011 study the researchers stated that the online forum that was initially meant to connect isolated woman became a quasi-quilting group spontaneously (Kelly *et al.* 2011). The women began to support each other in their artistic endeavours and would speak on the forum about the effects that participation had on their health and well-being. They spoke of art as a way of coping with symptoms, improving their quality of life through relaxation and an increased

sense of worth through giving their creations as gifts. This study appears to show the relevance of art in the healing process as without prompting the women within the study the conversation turned to discuss quilting and textile based art; the women bonded over this common hobby instead of defining themselves and bonding due to their diagnosis (Kelly *et al.* 2011).

Through this literature, we can see that several similar themes arise for the participants when working on textile based art and more broadly visual art in general. We can also see from these studies that it is possible for participant overlap, as someone with a mental health concern may identify as having a chronic illness, and a disability. . However it is important to note that none of these studies specifically focused on the creation of a tie blanket. For this reason, it must always be considered that textile based art is an overarching umbrella term, and the effects that participants experience may change greatly depending on the specific form of textile based art they participate in and the scope of the project they create (Reynolds, 2011) .

3.3 Theoretical Model - The Wellness Model

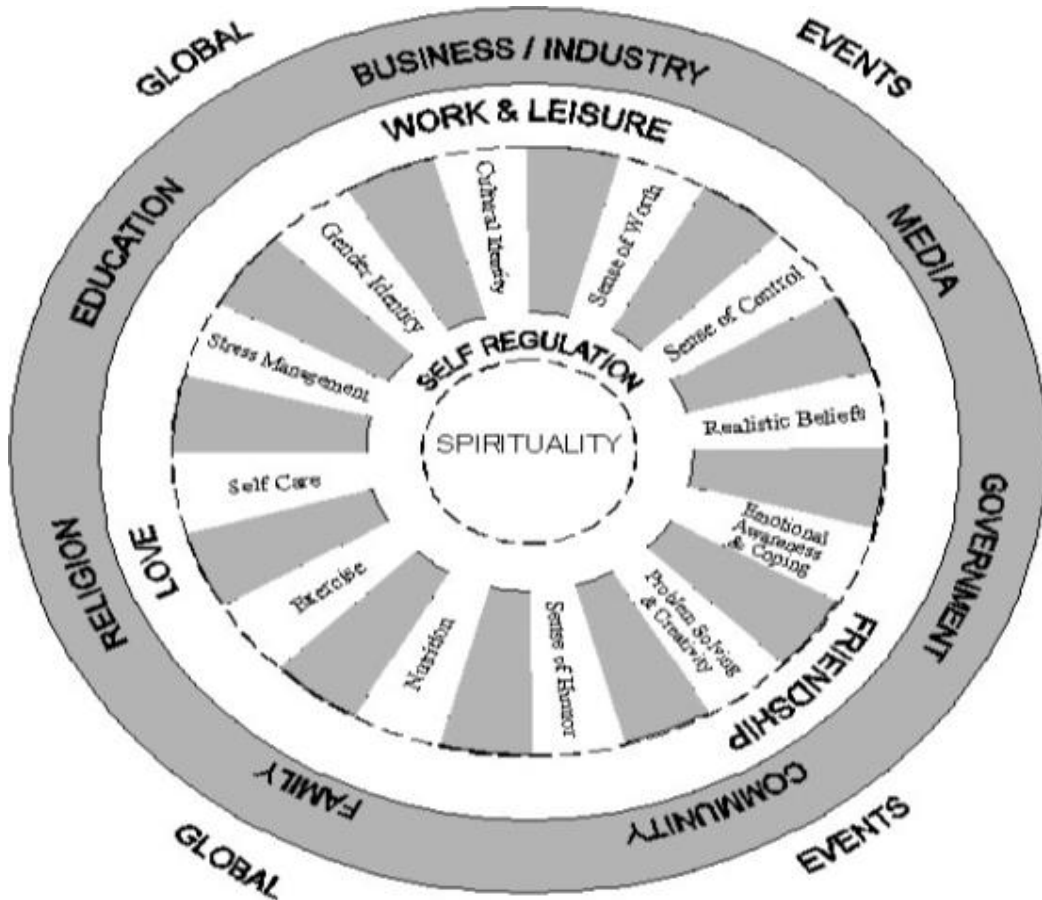
The World Health Organization defines wellness as not just the absence of illness, but a state of complete physical, emotional, and social wellbeing and it is this definition that the Wellness Theory was built upon (Roscoe, 2009). The Wellness Theory of practice is a holistic model for treatment and prevention (Myers, Sweeney & Witmer, 2000). This theoretical model was first presented to practitioners in the early 1990s. The theory was based in both psychological theory and empirical data on the characteristics of a healthy person. The theory was developed by Witmer and Sweeny (1992), who incorporated cross disciplinary research that focused on the characteristic of health, longevity and quality of life. The theory built on existing research from such areas as personality, social, clinical, health and developmental psychology,

stress management, behavioral medicine, psychoneuroimmunology, ecology, and contextualism (Roscoe, 2009). The authors themselves defined The Wellness Theory as “a way of life oriented toward optimal health and well-being in which the body, mind, and spirit are integrated by the individual to live more fully within the human and natural community” (Myers *et.al.*2000. p. 252).

The Wellness Theory is visually depicted using the Wheel of Wellness (refer to Figure 1). This theory and the wheel theorize that there are five main life tasks that are interrelated and interconnected. These five main tasks form the spokes of the wheel in the visual depiction and are: spirituality, self-regulation, work and leisure, friendship, and love. Additionally, the life task of Self – Regulation is comprised of 12 subtasks which are sense of worth, sense of control, realistic beliefs, emotional awareness, problem solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity. The Wellness Theory states that these 5 life tasks and 12 subtasks interact with numerous life forces. The theory states that those life forces that affect tasks are family, community, religion, education, government, media, and business and industry. These life forces are then further impacted by overarching global events (Myers *et.al.* 2000).

Figure 1:

Wheel of Wellness



The theory's position is that changes in any one of these areas, either life tasks or life forces, will affect the other areas, as all areas are interrelated. The theory states that these changes can be either positive or negative in nature. Therefore, it is believed that an intervention that positively affects one area of the wellness model can have positive impacts on other areas, and an overall positive impact on the person as a whole. My research project was designed on the belief that creating a positive impact on life tasks would have an overall positive impact on the wellness of the person. My project focused on impacting both the life task categories and subcategories. To better understand which life tasks my research aimed to impact, one must look

closer at each of the life task categories and sub categories. The major life tasks are spirituality, self-regulation, work and leisure, friendship and love.

Spirituality is defined as personal beliefs that are practiced as part of the understanding that humans have more than material aspects of mind and body. This category includes the belief in higher power, hope, optimism, worship, prayer, meditation, purpose in life, moral values, and a sense of oneness with the universe (Myers *et.al.* 2000).

Self-regulation is defined as the manner in which an individual regulates, disciplines, and directs their self in daily activities, and in the pursuit of life goals. It relates to a sense of mindfulness in all we do and an intentionality and ability to meet major tasks of life successfully (Meyers *et. al.*, 2000).

Work and leisure are defined as being satisfied with one's work and time spent in recreation and leisure, having financial security, feeling that one's skills are used, feeling that you can manage your expected workload, sense of job security, feeling appreciated in all one does, having relationships, ability to cope with life stress and an overall feeling of satisfaction (Meyers *et. al.* 2000).

Friendship is defined as social relationships that involve a connection with others individually and in a community, but which do not have a marital, sexual, or familial commitment. It includes having friends in whom one can trust and who can provide emotional, material or informational support when needed. It also includes not being lonely and being comfortable in social situations and having the ability to trust, feel empathy, feel understood and interact with others in a positive manner (Meyers *et.al.*2000).

Love is defined as having faith that one's well-being will be respected in relationships with others. The ability to be intimate, trusting, and self-disclosing with another person: the ability to accept others without conditions, to convey caring with respect and to have at least one secure relationship that is committed and feeling sexually satisfied in one's life (Meyers *et.al.*2000).

There are twelve sub tasks of self-regulation. A sense of worth, is accepting who and what one is and one's positive qualities. A sense of control is the belief about your competence, confidence and mastery, and belief you can achieve your goals. A realistic belief is the ability to process information accurately and to perceive reality accurately. Emotional awareness is being aware of or in touch with one's feelings. Problem solving and creativity are being mentally active, open minded and having the ability to create and experiment. Sense of humor is being able to laugh at one's own mistakes and the unexpected things that happen, and the ability to laugh appropriately at others. Nutrition is eating a nutritionally balanced diet. Exercise is engaging in sufficient physical activity through exercise. Self-care is taking responsibility for one's wellness through self-care and safety habits that are preventative in nature. Stress management is the general perception of one's own self-management and regulation, seeing change as an opportunity for growth rather than threat. Gender identity is satisfaction with one's gender, and feeling supported in one's gender. Cultural identity is satisfaction with one's cultural identity and feeling supported in one's cultural identity.

In analysing the definitions of all seventeen life tasks while considering my research project, one can see that the project has the possibility to directly affect several of the life tasks. These life tasks are self-regulation, self-worth, creativity, self-care, work and leisure and

friendship. Therefore, it was anticipated that participation in my textile based art group had the potential to have a positive impact on the overall wellness of the participants.

When working within the Wellness model there is a Wellness Assessment that is an evidence based tool for measuring wellness and analysing a person's Wellness within each domain (Myers *et.al.* 2000). While this specific tool was not used within my research the questions and the basic structure of the wellness assessment was used to guide the creation of my interview guide. The Wellness Assessment or WEL is broken into sections that correspond to each section in the wellness model and the participant's answers to each question are used to score wellness in each section. Each section has a varying number of questions in each section. By adding the numeric score from each section you then receive an overall wellness score. The WEL assessment has a total of 176 questions in total. For my participant interviews I asked questions related to each section to assess what areas the textile based art group may have effected (Myers *et.al.*, 2000).

Chapter Four

Research Methods and Design

The purpose of this practicum project was to explore whether or not participation in a textile based art group had a positive impact on the overall wellness of those with (dis)abilities. Before this could be investigated, a textile based art program needed to be developed that was appropriate for those with varying abilities. As little research into the effects of textile art with this population had previously been completed, I had limited knowledge to draw from while attempting to develop the group. Therefore, while in the development stage of this program, I looked to prospective participants, caregivers and the staff at Creative Options Regina to assist me by sharing their expertise into the skills, abilities and interests of perspective participants.

I decided that the art group would focus on the development of one large project that could be worked on through several sessions. I believed this would be most beneficial for the participants as previous research spoke to the positive effects that occur when people work towards a large goal and are able to successfully accomplish it (Burt & Atkinson, 2011). I decided that the final project would be the completion of a blanket for each participant. I came to the decision that a blanket would be the textile based art project for several reasons, some based on previous research, and some based on personal interest.

On a personal level, I am an avid quilter and the creation of quilts and blankets is something I have a personal connection with. I find that the medium of quilt and blanket making is something that persons with varying levels of skills and expertise are able to successfully complete. Additionally, blanket making is not an art form that is wide spread, therefore, for many people it would be a new experience. As a participant in textile arts, I have discovered that

it is not a hobby that is accessible to people with varying abilities within the city of Regina. The local fabric stores place their bolts of material so closely together that persons confined to a wheel chair would not be able to shop in the stores. Also, the local establishments that offer courses in quilting and blanket making are not inclusive. Their classrooms do not accommodate wheel chairs which some of my participants required and the facilitators of the classes will not allow persons who required the assistance of caregivers or services providers to register for classes due to fear of “disruption”. For these reasons I believed that this would be an art form that would not be easily accessible for those with (dis)abilities. As an agency, Creative Options Regina aims to expose their clientele to as many new opportunities as possible; therefore, the chance for their clientele to experience blanket making appealed to them as an organization and made my project a natural fit in the agency.

For the project, I decided that the creation of a tie blanket would be a successful fit. I determined this after careful consideration of the logistics of facilitating a group and the barriers that existed. It was not feasible to create a blanket that required sewing machines, as this was a financial barrier for not only myself in facilitating this project, but also a barrier to the participants continuing to engage in the art form after the project was concluded if participants wished. Also, the project needed to be one that would fit with varying levels of cognitive and physical abilities. I wanted the art form to be complicated enough that no one would become bored or not be challenged. However, I did not want it to be so difficult as to exclude participation. A tie blanket seemed to fit these criteria it required only fabric, and no specialized supplies. It could also be tailored to almost any ability.

A tie blanket is created by using fleece, a non-fraying fabric that does not require sewing. The fabric is bound together by tying knots. Each piece of material has a two inch fringe

surrounding it and this fringe is tied to the fringe of the adjacent piece of material. For my project specifically I decided on a nine block blanket of 12 by 18 inches. The front of the blanket consisted of nine solid colored squares of fabric tied together, and the back of the blanket was one solid piece of patterned material tied to the front portion of the blanket.

Each of the nine blocks that create the face of the blanket was decorated and adorned by the participants. The rationale behind the decision to decorate each of the fabric blocks that would create the front of the blanket was twofold. First of all, it allowed the participants to further customize and be creative with their blanket, and secondly it provided the participants with the opportunity to experience multiple forms of textile based art. The participants were provided with several mediums to decorate their blocks; this included but was not limited to fabric paint, fabric markers, fabric glue, appliques and applique materials (felt), sequences, buttons, beads and embroidery material (yarn, thread, and ribbons).

After these decisions had been made and the foundation of the art project had been determined, ethical approval was obtained through the University of Regina, Research Ethics Board. The Certificate of Approval is located in Appendix G. During the ethical approval process careful consideration was made to the ethical concerns of the project. Several of these concerns have been previously spoken to. Additionally as a researcher I was also careful to be aware of the power imbalance that would be created through the researcher participant relationship. As with all research we must remember and consider that participants may feel obligated to answer questions in the way that they believe the researcher wants. For that reason through the ethical approval process careful consideration was paid to how questions were going to be asked to participants. Additionally when completing research with participants of differing cognitive abilities additional ethical considerations are required. As a researcher I aimed to

ensure that all the participants were able to comprehend the project and the questions being asked. To ensure this I used plain language and provided additional explanations when required. Also when researchers are working with persons with differing cognitive ability you must ensure that boundaries are clearly set and maintained, as participants may construe the researchers position. After receiving ethics approval I believe it was important to involve the participants of COR, the staff at COR and the caregivers, to ensure the group development was on the right path before attempting to implement the group. Additionally, I wanted their input into determining length of sessions, length of group, and whether the group should be more or less structured in terms of decorating the blocks. To gain this information I facilitated a one night, one and a half hour in-service at an art group that COR was facilitating.

For this one night in-service I attended a currently facilitated COR art group. Each participant at this art group was asked to decorate blanket blocks and their blocks were then tied together to make one large communal quilt that remained at COR. The participants were given the option of decorating one block or multiple blocks. For this in-service, I provided the participants with all the mediums to decorate their quilt and they were not given any direction on how to decorate their square. This one hour in-service proved to provide me with several insights that then guided the details of my group design.

My first observation during this group was that an hour and a half appeared to be too long of a time frame per session. The participants worked on their block for 45 to 60 minutes and were then requesting to leave the group and were stating they were “finished.” For this reason it was determined that my group would run for only one hour at a time to ensure full participation throughout the group session. Also each participant required the full 45 minutes to decorate one blanket block and declined the offer to decorate a second block. For that reason it was

determined that at each session the participants would only decorate one block and could then spend any remaining time tying their completed blocks together. This then meant that my group would require nine individual sessions for a participant to complete their blanket. In consultation with the staff at COR, it was determined that my group would be facilitated once per week for nine weeks. The professionals at COR believed this would be best as their clientele had additional activities they participated in and once per week would fit best within their schedules.

For this in-service I had pre-cut all the fabric due to the one night time constraint. Since cutting of the fabric is a labour intensive and tedious process, I decided that for my group I would pre-cut all the fabric. If the participants were expected to cut their own fabric squares the length of groups would have been greatly extended. Also, because of the tedious and slow nature of cutting fabric, it would have limited the participants' ability to experience the different decorative mediums. Although I do believe all of the participants within the groups I facilitated would have been able to successfully complete the cutting process as they each utilized scissors to cut the fabric appliques. The cutting of the fabric appliques required more difficult detailed cutting than the process of cutting the blanket squares.

The one week in-service was facilitated from 7:00pm to 8:30pm. During this time several of the participants noted that they were tired. One of the participants even requested to leave early as she was "too tired to do this." After observing this, it was determined that my group would be facilitated earlier in the day to ensure that participants would enjoy the group. Again, in consultation with the staff at COR, it was determined that my group would run from 4:00pm to 5:00pm. This time did not interfere with the daytime programming of many of the participants and was not too late in the evening for participants to not find it enjoyable.

Finally, a determination was made about the level of structure that would occur in each group. I had initially believed that it would promote creativity if each participant was provided with all the decorative mediums, such as beads, buttons, felt, ribbon, fabric markers and fabric paint. The participants were not provided with direction on how to decorate their blocks. This was not necessarily the most successful plan. First of all, providing all mediums at one time led participants to only briefly use each medium in an attempt to get all the mediums used. They used each so briefly that they were unable to get the feel for the medium and create a determination about whether they enjoyed it or not. For this reason, it was decided that one medium would be used each week, to truly give the participants a chance to experience and explore each medium. When participants did not want to use a specific medium, they were provided with fabric markers. Fabric markers were present at each session as an alternative medium.

Also during the group, the participants were asking what their “theme” was. When they were informed there was not a theme, many noted they “didn’t know what to do.” This led to the participants requiring several suggestions from myself. I decided that each block would have a “broad suggested theme” so those who required some direction would have it, and those who did not want to follow the theme did not have to. After speaking with COR staff, broad positive themes were decided on. These included, but were not limited to: things I like, happiness, stuff I’m good at and stuff I love.

The one week in-service provided me with valuable information that assisted in the final creation of the group. Additionally, it exposed several participants to the art form and allowed them to determine if they would be interested in participating in my group. The community blanket they created was given to COR. After this group, I was able to finalize a schedule and

design for my group which both I and my partners at COR believed would best serve the participants.

The first group was facilitated over nine weeks, with one, one hour session a week. It was structured with one block created per week. Each week had one medium that was used and one design theme (see Appendix A for schedule).

4.1 Redesign

After the facilitation of this first group some suggestions were provided to make the group more successful. I decided that a second group would be designed and facilitated differently. While the hour did allow the participants enough time to complete one quilt square with full engagement, it did not allow participants to interact and socialize with each other. They needed all the provided time to simply create their square. Therefore, it was determined that the second group would be facilitated in longer time periods of three hours.

Secondly while the initial group took 9 weeks to complete the project, that time period proved to be too long for participants. The participants began to get excited to take their quilts home at the six week mark. At this point, some of the participants no longer wanted to participate in creating more squares they just wanted their quilt to be completed and headed home with them. For this reason it was determined that the second group would take three weeks to complete in the hopes that participants would want to complete all nine squares.

Finally, late afternoon is the busiest time for paratransit, and some clients who wanted to participate were unable to attend due to lack of transportation. Also, late in the afternoon was difficult for some clients as after a busy day they were ready for a quieter evening and found that their energy level was low. I consulted with paratransit to determine a time that they would be

able to provide transportation for participants. Paratransit in Regina informed me that on weekends they found themselves better able to facilitate transportations. For this reason the second group would occur on the weekends. Next I spoke with caregivers to determine time when clients would not be tired. It was recommended that Saturday afternoons are the best time for the potential participants.

4.2 Second Group

For the second group, I applied the feedback from the first group. First, all the sessions would be longer, and have regular breaks to transition from one square to the next. The clients decorated three squares in this time period and had 15 minute breaks in between each square to have a snack and socialize.

Next, the group would only be three weeks long. This would allow the clients to take home their quilts after three weeks. This change was made in hopes that the participants would not get impatient and want to take their quilt home before it was fully completed.

This schedule and group design appeared to be most successful out of the two groups. It appeared to address the concerns that arose after group one such as lack of time, lack of transportation and taking too long to create the quilt. If I were to run this program again I believe I would use this format. However, one must always consider the participants they wish to reach, and geographical location before determining if this structure would work.

4.3 Sampling

The sample of participants for my group were accessed through my collaborative partnership with Creative Options Regina (COR). I firmly agree with the principles and

philosophies of inclusivity; therefore, as a researcher not employed or known to the agency or the participants, I placed only one limitation on participation within my program. This limitation was the participants must receive services or have an affiliation with COR. My group was advertised within the COR summer programming guide and all interested participants were accepted. I initially planned to complete the project with six participants. However I had nine individuals express interest and did not believe that there was a fair or equitable way to choose who participated and who did not. All nine participants were accepted into the first group and COR provided me with the assistance of one of their staff members. All participants were voluntary participants within the COR programs.

At the start of my project, 9 participants wished to participate in the group. These participants originally registered for the group. However, only four participants attended due to transportation difficulties. The sample size proved to be quite positive. The sample for the first group consisted of 1 female and 3 males. The ages of participants ranged from 29 years old to 54 years old. Throughout the nine weeks of this group two participants resigned from the group. Therefore at the end of nine weeks, only 2 participants successfully completed a blanket.

The participation requirement for the second group was limited to 4 participants due to the fact that I would not have assistance from a COR staff member. For the second group, 3 participants registered. The group sample consisted of 3 participants, 2 female and one male. The ages of the participants ranged from 29 years old to 44 years old. After the facilitation of two groups, the total sample size was 7 participants with 5 completing the project and 2 discontinuing participation. The small sample size and lack of restriction for participation restricted and complicated the ability to generalize the project findings.

The minimal restrictions to participate in this research study created a diverse sample. My sample consisted of persons with varying cognitive abilities, differing physical limitations and chronic health conditions. With this diverse group of participants it would not be possible to generalize the results to all persons who are active participants in COR or assume that all persons who self-identify as (dis)abled would experience the same outcome. I designed the project to be easily tailored to anyone's level of ability to ensure inclusion. Excluding participants seemed to be incongruent with the nature of the project. The results are not generalizable to all persons who self-identify as (dis)abled.

4.4 Data Collection and Analysis Process

As per the standard of Case Study Research, data collection occurred in numerous ways to ensure a full understanding of the effects of participation were gained. The main method of data collection was interviews.

Following the completion of the group each member participated in an independent semi-structured interview to determine if the group had positive impacts on the participants. The WEL assessment tool was utilised as a guide to the creation of the interview questions. The interviews were semi-structured; and each participant was asked the same questions. When the participants presented additional information to the interviewer, that area was investigated. It was important to understand the participant's perception of how the group affected them (Interview guide - Appendix C).

When a research participant raised a topic area of discussion that was not previously addressed within the interview questions, it was investigated by the researcher. This occurred to ensure I had a complete understanding of the participatory effects. After the completion of the

textile based art group, those close to the participants were interviewed with the participants consent. This included but was not limited to case managers, parents, caregivers and services providers. These interviews occurred both in person, via email and as phone interviews. The questioning process was in regards to notable changes observed in the participant during group participation (Interview guide attached as appendix D). Finally, participants and secondary contacts were provided with a contact e-mail, so if additional information arose after the initial interview then they had a means to contact the researcher and provide this information to the project. The collected data was coded into major and minor themes that are discussed in the following chapter.

Chapter Five

Data Analysis

5.1 Findings

The results of the research project were obtained through five interviews with participants, and seven interviews with caregivers. Additionally the researcher's observations during group facilitations were also utilized. Several themes emerged in relation to the effects that participation in textile based art had on the participants. Three major themes were identified by all participants and caregivers. These themes were an increase in positive emotions, increased feelings of social inclusion and increase in self-esteem. These three themes will be discussed in depth, and it is important to note that the three themes were identified by all five of the participants. Additionally, minor themes were identified by some of the participants. The minor themes that emerged were stress reduction, increased independence and the rekindling of fine motor skills. Finally, all themes will be discussed in relation to the Theory of Wellness and their applicable life tasks. All persons interviewed for this project have been assigned pseudonyms, these pseudonyms will be utilized throughout this section to ensure confidentiality.

5.2 Positive Emotions

All the participants and their caregivers identified strong positive emotions associated with participation in the group. Behavior specific observations by the researcher and the caregivers support this finding. The emotions that were identified surrounding group participation were fun, happiness and excitement. These emotions were identified both throughout participation and during the concluding interviews.

While participants were working on their blankets they would spontaneously inform the researcher that they were “having fun”. I never asked questions during the group and was informed of this without prompting. During the second session of the second group, I was informed by one of the participants,

I had so much fun last week I went home and told my support workers, we are going to do more crafts in my house. I told them we needed to get art supplies. I think it will be much more fun to spend free time doing crafts, rather than staring at the television.

(Robin, participant, pseudo name)

Another participant would ask the researcher at the end of each session, how many weeks were left. She would confirm that the group would be occurring again the following week. When she was informed that it was the last week and we would not be meeting again she stated “but I have so much fun, can we do it all again?” (Natalie, participant). When asked if another group of a similar nature were to be facilitated and would they like to participate, participants informed me that they would.

The participants also openly spoke about being “happy” while at group. On one occasion a participant arrived late. She appeared to be upset, and stated that she was frustrated and angry. After joining the group, she stated “this makes me happy, even though I was mad, now I’m happy” (Robin, participant). She continued on to participate in the group and did not discuss the difficulty she faced earlier.

The support workers and caregivers who worked with the participants also noted that the participants were excited to attend the group. Support workers identified that participants began to talk about attending the group the day before. One support worker noted that the participant

reminded her numerous times that “tomorrow was quilting.” During one of the sessions; only one participant attended. She had expressed that she had a stressful day but still wanted to attend because she enjoyed the activity.

On one occasion a participant who had previously attended to group with a walker attended without a walker. When asked where her walker was that day, she stated that she had forgotten to bring it. She stated, “I was so excited to get on the bus and get here, I completely forgot to get my walker” (Natalie, participant.)

5.3 Social Inclusion

Throughout participation and the interviews, an increase in social inclusion was directly and indirectly described by both the supports and the participants. The increase in social inclusion was described to have been experienced in two different ways. Several of the participants expressed an increase in social inclusion through being a group participant and building their social network; while others reported a feeling of social inclusion into society by the act of participating in an activity that they were previously excluded from.

The first element of social inclusion is that the participants expressed decreased isolation and increased social relationships from participating. The participants directly expressed that they gained feelings of “being part of something” (Natalie, participant) from being with people, meeting new people, and socializing. While the participants varied greatly in the number of social activities they were involved in, outside of my textile based art group, they all reported that they enjoyed the social aspect of the group. Several of the participants noted that they liked being part of a group.

While meeting with one of the participants prior to the sessions beginning, she expressed that she “loves to be around people and visit” (Natalie, participant). She stated that often she is not able to participate in groups as she does not “get picked” (Natalie, participant). She expressed that she just wants to be with people and be “part of a group” (Natalie, participant). During her participation, she repeatedly stated that she was happy to be “part of the group”, she also reported she enjoyed meeting new people and visiting with her new friends.

There was also a participant who did not previously engage in group activities that had been offered to him but reported liking this group. He attended all sessions and interacted with the other participants. His support workers were asked why they believed this group was different for him. They stated that they believed the quiet calm nature of the group was positive, and the fact that interaction was not the sole goal of the group worked well for him. They felt it was positive that the participant could concentrate and work on his blanket if he did not want to socialize. It appears that the nature of this group allowed social participation for persons who often do not participate in group activities.

The second aspect of social inclusion that was experienced by the participants was the feeling of inclusion into the larger society. By being able to participate in an activity that previously had not been available to them they experienced increased feelings of social inclusion. The participants often face barriers that exclude them from participating in activities that others in society participate in. It appears that by removing barriers, participants had an increased feeling of belonging to our community.

A participant stated to the researcher “I feel so great, this is amazing, it’s something people like us don’t get to do” (Robin, participant). She explained to me that often she is

excluded from being a member of a group or trying something new because people look at her and believe that she is not capable. She stated that because of her disability, people would assume she could not make a blanket. Now that she has the chance to make one, she is a quilter and no one can change that (Robin, participant). By simply giving the participant the opportunity to try a new activity, it appears that their perception about their social position changed and their feelings of social isolation reduced.

The project created an opportunity for social interaction which increased the participant's social inclusion in society. One can theorize that an increase in social interaction and social inclusion would have an impact on several of the life tasks and sub tasks of the Wellness Model. An increase in social interaction and inclusion has the ability to create positive feelings in work and leisure, friendship, love, and self- regulation. This result also has the ability to impact the sub tasks that correlate with self-regulation.

5.4 Sense of Pride

The final major theme that was noted by all participants and all caregivers was that the participants exhibited an increased sense of pride that positively impacted their self-esteem. The participants verbally noted an increase in feelings of pride, and the participant's support workers and caregivers were able to provide behavioral specific examples of the increase in feelings of pride. Additionally, it was noted that during the blanket making process, the participants displayed increased feelings of pride; however, the largest impact to their self-esteem appears to have occurred once the blanket was completed.

The increased sense of pride seems to have been derived from three main factors of the textile based art group. The factors that appeared to have impacted the participant's sense of

pride were trying and succeeding at something new, the completion of a large useable final project, and showing others what they made and having them respond in a positive manner.

During this researcher's initial meetings, all participants noted they had never made a blanket before. Three of the participants noted they had completed some small sewing projects while in high school. Each participant that had sewed before noted that they have not completed any sewing in approximately 10 years. During these interviews each participant expressed that they were excited to participate however, they feared that they would not be able to complete the blanket. One participant questioned how she would be able to complete the knot tying with her physical limitations.

During the initial sessions the participants expressed that they were nervous and were "scared" to make a mistake. However with prompting and reassurance from me, each participant completed their first blanket square. After the completion of the first square, the participants gained confidence. One participant stated

Look at how nice this is, I have never done this, this is all new, but I can do it.

(Natalie, participant)

As the group continued, I observed the hesitation subsided, when the participants were asked to attempt a new medium, they were eager to try. One participant stated "I can do that, I can do anything" (Robin, participant). Participants also began to show pride in each square they made, by showing the squares to me and present support workers. One participant stated, "I am really good at this" (Ray, participant).

The participants increased sense of pride also seemed to be related to the size and usability of the blanket. All participants noted that they had never made anything “this big or that took this long” (Leah, Participant). One support worker confirmed this. Since the participant was in high school, he never completed a project that took several sessions and was this large in nature. Another participant spontaneously stated to me

Megan I don't know if you know but I have worked very hard for a very long time on this blanket and it has been very hard to make. I am going to be so proud of myself when I am done this. (Ray, Participant)

When each participant was asked how taking their blanket home made them feel, they stated that they were “happy and proud”. The support workers and caregivers also felt that each of the participants was proud of what they created. Each support worker and caregiver was also able, to provide behavioral examples of why they believed the participant was proud of what did. The participants were eager and excited to show people their creation, talk about the motivation behind each square and display their creation where friends and family could see what they had created. Throughout the group I observed the participants to take pictures of each square they created. They informed me that they were doing this so they could send their friends the pictures so they could see the blankets' progress. One employee of Creative Option Regina stated that the participant

was excited to share her creations. She was proud and beamed with excitement in talking about her successes that day! She eagerly sent me photos of each square and then contacted me by facetime to tell me all about the class! She talked about each square and the inspiration behind them! Robin* was proud!

She feels she has accomplished something that she would not have had the opportunity to try before. Each square tells a story and she proudly shares it with everyone. (Michael, COR Employee)

Other service providers and caregivers informed me that the participants were excited to show them the quilt when it was completed. One participant left the quilt on the couch so that his caregiver would see the quilt when they returned home. Another participant had a family function following the final group. Her caregiver informed me she took the quilt so she would be able to show everyone at the family function what she had created. When I attended to the participants' homes two weeks after the project each participant still had their quilt, and was eager to show me where their quilt was displayed. Some participants had their quilts hanging on their walls, others were on their living room sofa, and the remaining participants were using their quilts on their beds.

If considering the perceived increase in pride and self-esteem it should relate to improved self-regulation and, specifically, the sub task self-worth. When applying the results to the Wellness Theory, participation in the textile based art group, increased their self-worth and their overall wellness.

Minor themes arose, while not experienced by all participants. These minor themes were stress reduction, increased independence, and the rekindling of fine motor skills. Stress reduction was noted as a benefit by one participant, increased independence was noted by 2 support workers, and rekindling of fine motor skills was noted by one participant and that participant's caregiver.

5.5 Stress Reduction

During participation in the group, one participant noted that the group was “so relaxing” (Robin, participant). When I inquired into what she meant she stated that she thought the blanket making was a good “stress reliever” (Robin, participant). She stated that while she was with friends making her blanket she was not worried about anything. She stated that between the fabrics, colors and decorating the squares, she was feeling very calm. She believes that when she was feeling stressed or when stressful things were going on in her life, she thinks that blanket making would be a good stress reliever.

While this theme was only noted by one participant, stress reduction has been noted in the research literature (Reynolds, 2004). Considering stress reduction in relation to the Wellness Theory and the participant’s overall health and wellness, this minor theme could have a substantial impact for those who experience it. In the Wellness Theory, stress relief falls in to the life task of self-regulation, with the sub tasks of self-care, emotional awareness and coping. For the participants who experience stress reduction, it would have a positive impact on their overall wellness.

5.6 Increased Independence

The next minor theme that emerged was described by two of the caregivers of the participants. They described the group as having a positive impact on the participant’s independence and perceived independence. The first caregiver described the process of attending the group as having an outcome of independence building. The caregiver stated that the participant got on paratransit by herself and attended the group independently. After the group, she got back on paratransit and came home independently. The caregiver reported that going to

and from the group independently built independence. She also believed that making something she could bring home while independent further built her sense of independence. She believed this because the participant was not only going somewhere without assistance, but creating something by herself. The caregiver stated that the group not only gave the participant the ability to practice skills needed for independence, but gave the participant a sense of being successful while independent.

Another support worker believes that textile art group created a sense of independence for the participant not through the attendance to the group, but through the creation of something that belonged to the participant. She believes that the client creating a blanket that belonged to her created a sense of ownership. The support worker believes the increased sense of ownership related to an increase in independence. She believes it has been beneficial for the participant to have her own blanket, which lies on her sofa.

5.7 Use of Fine Motor Skills

The final minor theme was physical health and the use of fine motor skills. The caregiver believed the most beneficial aspect of the group was “the use of fine motor skills” such as drawing, coloring with markers, writing with fabric paint and using scissors. The participant is very active on a daily basis; however, he gravitates towards playing sports and participating in sports that involve his gross motor skills. The client does not participate in activities that give him the opportunity to practice his fine motor skills. She had worried that he may lose these skills if they were not used. With participation he had the opportunity to use many fine motor skills.

5.8 Barriers

As with any research project, there were unforeseen difficulties that arose through the process. External barriers created difficulties in the project that needed to be addressed before the project could move forward. I believe it is paramount to discuss some of these difficulties, because if similar research or groups are completed in the future, they too will face the same difficulties. I would like to discuss what changes should be considered if similar research were to occur.

The first external barrier that arose and has already been spoken to briefly within the document was lack of transportation. Several people who wished to participate in the textile based art group were unable to participate due to lack of consistent transportation to and from the group. While the City of Regina does have a paratransit service to assist with transportation, this service appears to struggle to accommodate all requests for service. Potential participants were unable to access the services during the times the initial group was facilitated.

For the participants who were able to access paratransit, some additional concerns still arose. These concerns were in regards to the extended period of time it took them to get to and from the group. For one client in particular, taking paratransit to and from group added an additional hour to her activity. While she maintained a positive attitude towards the extended bus ride, she did on one occasion state that she is “very tired” (Natalie, participant) by the time she returns home, and she wished it was easier for her to get to and from groups.

For one participant the concern arose around pick-up and drop off times. On one particular day, she was dropped off by paratransit 45 minutes early to group and was not picked up until 30 minutes after her scheduled pick up. Additionally, she was 30 minutes late to the next

group. Paratransit picks up each individual at their home, so exact pick up and drop off times are hard to estimate. This inaccuracy causes difficulties for clients. Not all facilities would be able to accommodate clients attending early or remaining late. Also, some programs cancel if clients are not on time for attendance. As a group facilitator, I would never want a client missing a group due to transportation or to have to wait outside because their transportation dropped them off early. In Saskatchewan winters, this could lead to serious safety concerns. As a community, workers must ensure that lack of transportation options for persons with (dis)abilities is not causing social isolation or further marginalizing a population.

The second external barrier was lack of a physical space to facilitate the group. For my group, I had offered to run the group and to provide all required supplies so that the activity would be of no cost to participants; however, I struggled to find a building to run the group. While COR has a facility, it is the central hub for all operations and was not an ideal space to facilitate a textile based group. Most of the groups that COR facilitates occur in community centers', however, these are at a cost for COR and are often fully booked well in advance.

For my group, I was able to locate space in a commercial building; however, this was not the ideal location and was offered on a one time basis only. The lack of a physical location can stop projects before they even start. While there is no simple answer, workers must consider the physical locations. Workers need to consider how they can efficiently build relationships that create access to physical locations to offer services.

I believe that if similar textile based art groups were to be facilitated in the future, there are several changes that should be considered. I believe that small changes could be made that would provide the participants with a richer experience. I provided the participants with an

option of 9 different patterned materials to choose. However the participants reported enjoying the process of picking the material. One participant “wanted to pick her fabric from the store” (Natalie, participants). A group outing to pick fabric would be an enjoyable experience. However often fabric stores are not optimal for persons who require the assistance of wheel chairs or walkers. This option needs to be carefully explored and planned to ensure it is a positive experience.

Due to the structured nature of the project, and the limited time frame, participants needed to remain on schedule. Due to time, the participants did not do the cutting for the blanket. Additionally, if they had an “off” day and did not want to complete a square, they had one square that was not adorned. A drop in structure would feel like a traditional quilting bee, where each participant was not necessarily working on the same square at the same time. The participants could work at their own pace. However, this structure could be difficult to organize, facilitate and assist each participant.

5.9 Implications for Social Work

I believe this project offers positive implications for social workers. This project should not only impact the way workers create case plans with persons who self-identify as (dis)abled, it should also impact group creation and formation. Finally, the findings raise awareness that social isolation is still a concern for those with (dis)abilities, and social workers need to continue advocating for a truly inclusive society.

In a crisis driven profession, workers aim to assist their clients in meeting their basic needs. Our case plans often center around ensuring safety and maintaining a standard of living that ensure the most basic of needs. However, as practitioners working with already marginalized

clients, workers should aim to assist in the creation of wellness. This means meeting needs beyond the most basic of necessities and ensuring that a person is satisfied with their achievement in all five life tasks as outlined in the Wellness Theory.

Professionals must aim to ensure their clients are able to access services that provide them with a positive quality of life. To provide this increased quality of life workers need to seek services that impact numerous areas of wellness. This may mean activities that are not traditionally provided to those who self-identify as (dis)abled. In assisting clients to find the highest quality of life, workers need to look toward creative services. Clients need to be provided with the options for participation in programs that they have historically been excluded from.

Clinicians should use creativity and innovation in their case plans. Workers need to move past traditional methods of therapy and traditional services. While these therapies are beneficial for some, they may not work for all persons. Our case plans need to be custom tailored to each person. Participation in textile based art is shown to have a benefit for participants, and services of this nature should be considered for participants. The textile based art group was able to impact numerous areas of wellness. It moved beyond just providing for the basic needs of participants, and impacted their quality of life.

Throughout this project an overall increase in perceived wellness and the participation in textile based arts was observed. There were no services in the City of Regina that provided access to textile based art to those who self-identify as (dis)abled. Traditionally, this demographic of the population would not be able to access this form of art. Service providers need to reconsider how they (re) design services and groups.

Groups need to be created that meet the expectations of the clients and do not require the clients to meet the expectations of the group. Groups and activities need to be flexible. Groups need to allow persons with varying abilities to be successful. Creation and implementation of art based groups is a good fit. Arts groups, specifically textile based arts, allow participants to be part of a group, and create an independent product. While creating art, persons with different artistic abilities can all successfully create the same project.

This textile based art project enabled the participants to work over several classes to develop one large project. Comments made by participants and support workers, noted that they had never created items that took several sessions to complete. One support worker noted that she had subconsciously assumed that the participant would not be able to create such a large project and, therefore, had never given them a chance to attempt something this large. Service providers must be careful that they are not designing groups with preconceptions of what the clients can do. Groups need to allow participants to succeed and expand. Creating groups, where participants create a large project that is broken into small manageable pieces, seems to be a successful model. The large nature of the finished project allows for optimal positive impact on self-esteem and feeling of self-worth. Having it broken into small manageable sections allows for success.

Finally workers need to expand past standard activities and allow our participants to diversify their activities. Groups should be created and designed that allow clients to experience new things and participate in new activities. Clients should not be limited to activities that have traditionally been facilitated. Clients stated that they enjoyed the opportunity to do something new. Inclusion and creativity need to drive our programs.

Social workers often find funding difficult for the most basic of services, and finding funds for arts based programming may be a large barrier. However workers must work to attain funding for clients who wish to participate in arts programs. This project demonstrates the positive impact textile based art had on the participants.

Social workers need to begin to seek more creative ways of accessing additional funding. Partnerships that could be formed with private organizations and retail businesses, businesses and private organizations could be approached to provide one time funding or donations of goods. As many textile based arts can be created with second hand material, organizations could attempt to forge relationships with second hand establishments to take donations of clothing and textiles. Having donated materials would greatly reduce the cost of textile based art.

This project demonstrates the social division many clients face. Social exclusion and stigmatization was the driving force behind the creation of this research practicum. Social justice and change have always been the corner stones of the profession and professionals need to continue to develop an inclusive society. They need to break down the boundaries that exist for those labelled as “disabled.” During my research, a caregiver said to me “we are still a segregated society there are activities for people with disabilities and those for people without the two never seem to cross over” (Lanna, Caregiver).

Being in a textile based art group led to a greater feeling of social inclusion in my participants which in part led to a positive increase in perceived overall wellness. Professionals need to create social inclusion in every avenue of our society, to increase the wellness of everyone. If one group can increase social inclusion and have a positive impact on wellness, imagine what a fully inclusive society could do.

Chapter Six

Summary

There were two main objectives of this Research Practicum. The first objective was to develop and facilitate a textile based art group for persons with (dis)abilities. The second objective was to research the effects that participation have on the overall wellness of participants. To facilitate this research practicum, I partnered with Creative Options Regina, a program that works to support persons whose daily needs are not being met by other services.

Throughout this partnership, I developed and facilitated two textile based art groups. These groups focused on the creation of a tie blanket that the participants were able to keep at the end of the group. While creating the tie blanket, participants were able to experiment with different types of textile based art mediums to adorn their blankets. There were five participants who successfully completed the quilt making group and participated in the research.

The research findings were collected through my observations during the groups, participant interviews, caregiver interviews, support worker interviews, and COR staff interviews. After the data collection process, the information was coded into themes and three major themes arose. These themes were noted by all five of the participants and several service providers or caregivers. These themes were: increase in positive emotions, increase in social inclusion, and increased feelings of self-esteem and pride. When these findings were analysed in respect to the Wellness Theory, one can see that the participation with in a textile based art group positively affected many of the life tasks that create overall wellness. It appears that participation in textile based art has a positive impact on the participants overall wellness.

In addition to these major themes, three minor themes were identified. While these three themes were not experienced by all of the participants, it is relevant to discuss them due to the limited research that exists on this subject. The minor themes that were identified were: stress reduction, increase in independence, and rekindling of fine motor skills. These experiences also have a positive impact on many of the life tasks defined within the Wellness Theory. Therefore, the participants' experiences with textile based art had a positive impact on the participants' overall wellness.

The study has implications for Social Work practice. The findings should impact our case planning and for creative interventions. These interventions should provide an elevated quality of life and improved overall wellness. Changing how workers case plan will also require changes to funding. Our clients cannot participate in the rewards of textile based arts, if programs are not funded.

Workers need to develop projects that meet the expectations of the participants, and not limit inclusion by expecting participants to be able to meet the expectations of the project. However, the most important thing that I learned is that society fails to be inclusive. It segregates and isolates those with (dis)abilities. The Social Work profession needs to advocate and fight for a truly inclusive society for all, with no limitations, or exceptions. Textile art has a positive impact on the overall wellness of persons with (dis)abilities. It is a path to making society more inclusive for these marginalized people; we can all do more.

References

- Anderson, L., & Gold, K.. (1998). Creative connections. *Women & Therapy*, 2(4), 15-36, DOI: 10.1300/j015v21n04 02.
- Barone, T., & Eisner, E. (2012). *Arts based research*. Thousand Oaks, CA: Sage publications. ISBN: 978-1-4129-8247-4.
- Burt, E., & Atkinson, J. (2011). The relationship between quilting and wellbeing. *Journal of Public Health*, 34(1), 54-59. doi: 10.1093/pubmed/fdr041.
- Collie, K., & Kante, A. (2011). Art groups for marginalized women with breast cancer. *Qualitative Health Research*, 21(5), 652-661. doi: 10.1177/1049732310383989.
- Creswell, J. (2013). *Qualitative inquiry and research design, choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage publications. ISBN: 104129-1607-0.
- Dickie, V. (2010). Experiencing therapy through doing: Making quilts. *Occupational Participation and Health*, 31(4), 209-215. doi:10.3928/15394492-20101222-02.
- Heenan, D. (2007). Art as therapy: An effective way of promoting positive mental health. *Disability & Society*, 21(2), 179-191. doi: 10.1080/09687590500498143.
- Kelly, C., Cudney, S., & Weinert, C. (2012). Using creative arts as a complementary therapy by rural woman coping with chronic illness. *Journal of Holistic Nursing*, 30(1), 48-54. doi: 10.1177/0898010111423478.
- Knowles, J.G., & Cole, A.L. (2008). *Handbook of the arts in qualitative research: Perspectives, methodologies, exemplars, and issues*. Thousand Oaks, CA: Sage Publishing.

- Kowalski, K. (2005). Arts-based research as an alternative lens: Rethinking current scientific models of physical self-concept. In N. Denzin (Ed.), *First International Congress of Qualitative Inquiry* (pp. 211–212). Urbana-Champaign: University of Illinois.
- Kuthy, D., & Broadwater, K. (2010). Sorting, cutaways, and binding: quilt-making as arts based practice for social justice teaching. *Art Education*, 27-33.
- Lewis, J., & Gerus-Darbison, K. (2014). Managing illness through creative engagement: women, HIV and the stiches doll project. *The Qualitative Report*, 19(32), 1-23. [Http://www.nova.edu/ssss/QR/QR19/lewis32.pdf](http://www.nova.edu/ssss/QR/QR19/lewis32.pdf).
- Michalos, A., (2005). Arts and the quality of life: an exploratory study. *Social Indicators Research*, 71(1), 11-59. DOI: 10.1007/s11205-004-8013-3.
- Myers, J., Sweeney, T., & Witmer, M. (2000). The wheel of wellness counselling for wellness: A Holistic Model for Treatment Planning. *Journal of Counseling and Development*, 78, 251-266.
- Reynolds, F.(2000). Managing depression through needlecraft creative activities: a qualitative study. *The Art of Psychotherapy*, 27(2), 107-114.
- Reynolds, F. (2004). Textile art promoting wellbeing in long- term illness: some general and specific influences. *Journal of Occupational Science*, 11(2), 58-67. DOI:10.1080/14427591.2004.9686532
- Reynolds, F. (2010) Contribution of visual art- making to the subjective well-being of women living with cancer: A Qualitative Study. *The Arts and Psychotherapy*, 34, 1-10. Doi :10.1016/j.ai[.2006.09.005

- Reynolds, F. (2010). Conversations about creativity and chronic illness II: textile artists coping with long term health problems reflect on the creative process. *Creativity Research Journal*, 16(1), 79-89. DOI: 10.1207/s15326934crj1601_8.
- Reynolds, F. (2010). Colour and communion: exploring the influences of visual art- making as a leisure activity on older women's subjective well- being. *Journal of Aging*, 24, 135-143. DOI 10.1016/j.jaging.2008.10.004.
- Reynolds, F. (2011). Textile art promoting well-being in long term illness: some general and specific influences, *Journal of Occupational Sciences* 11(2), 58-67. Doi: 10.1080/14427591.2004.9686532.
- Robertson, K., (2009). Threads of hope: the living healing quilt project. *English Studies in Canada*, 35(1), 85-107. DOI 10.1353/esc.0.0166.
- Roscoe, L.. (2000). wellness a review of theory and measurement for counselors. *Journal of Counseling and development*, 87, (216-226).
- Sassen, G., Spencer, R., & Curtin P. (2005). Art from the heart: A relational cultural approach to using art therapy in a group of urban middle school girls. *Journal of Creativity in Mental Health*, 1(12), 67-79. DOI: 10.1300/J456v01n02_07.
- Sitzer, D., & Stockwell, A. (2015). The art of wellness: A 14 week art therapy program for at-risk youth. *The Arts in Psychotherapy*, 45(1), 69-81. [Http://dx.doi.org/10.1016/j.aip.2015.05.007](http://dx.doi.org/10.1016/j.aip.2015.05.007).
- Sullivan, G. (2005). *Art practice as research: Inquiry in the visual arts*. Thousand Oaks, CA: Sage.

- Sweeney, T. J., & Witmer, J. M. (1991). Beyond Social interest: striving toward optimum health and wellness. *Individual Psychology*, 47, 527-540.
- UN General Assembly, Convention on the Rights of Persons with Disabilities: resolution / adopted by the General Assembly, 24 January 2007, A/RES/61/106, available at: <http://www.refworld.org/docid/45f973632.html> [accessed 1 January 2016]
- Van de Siepkanp, P. (2015). Gentle Teachings. Gentle Teaching Foundation Netherlands. www.gentleteaching.nl.
- Wikstrom, B., (2005). Communicating via expressive arts: the natural medium of self-expression for hospitalized children. *Pediatric Nursing*, 31(6) 480-485.
- Witmer, J. M., & Sweeney, T. J. (1992). A holistic model for wellness and prevention over the lifespan. *Journal of Counseling and Development*, 71, 140-148.
- Yin, R.K. (2014) *Case study research, design and methods (5th Ed.)*. Thousand Oaks, CA: Sage publications. ISBN: 978-1-4522-4256-9.

Appendix A

Schedule for group one:

	Themes for square	Medium to decorate the square
Session 1	Square #1 – All about me	Fabric markers
Session 2	Square #2 - Things that I am good at	Fabric paint
Session 3	Square #3- Things that make me happy	Felt applique
Session 4	Square #4- My Hobbies	Fabric paint
Session 5	Square #5 – Important people	Felt applique
Session 6	Square #6- Happiness	Beads, markers
Session 7	Square #7 – Love	Embroidery, or paint
Session 8	Square #8 – Favorite time of year	Buttons, fabric flowers, and sequences
Session 9	Square #9 – Free square	Appliques

Additionally it should be noted that fabric markers and paint were provided to participants if they requested, or did not wish to use the provided medium.

Appendix B

Schedule for group two:

	Themes for squares	Medium to decorate the square
Session 1	Square #1 – All about me Square #2 - Things that I am good at Square #3- Things that make me happy Square #4- My Hobbies	Fabric markers Fabric paint Felt applique Fabric paint
Session 2	Tie square #1 through #4 Square #5 – Important people Square #6- Happiness Square #7 – Love	Felt applique Beads, markers Embroidery, or paint
Session 3	Tie square #5 through #7 Square #8 – Favorite time of year Square #9 – Free square Tie final squares and backing	Buttons, fabric flowers, and sequences Appliques

Additionally it should be noted that fabric markers and paint were provided to participants if they requested, or did not wish to use the provided medium.

Appendix C

Interview questions for those who participated in textile based art group:

First of all I would like to thank you for meeting with me today. I was hoping that we could first begin with some general questions about yourself and then discuss the blanket making group you participated in, would that be alright?

To begin today I have some personal questions to ask you, and if you do not feel comfortable answering them, you do not have to, do you understand?

What is your current age?

At this time what is your living situation, where do you live and who resides with you?

Also I know that you are connected with COR, would you be able to explain to me the supports you receive from COR?

I was now hoping you could explain to me about your medical condition; I know this can be a difficult topic so please just tell me what you are comfortable with me knowing?

Thank you for answering those difficult questions for me, I do have a few more questions about you. Can you explain to me what some of your hobbies are that you enjoy participating in?

Can you explain to me how you normally spend your free time?

Again Thank you for answering those personal questions. I would like to talk a bit now about your motivation to join the textile based art group. Is that okay?

Can you explain to me what made you want to participate in the group?

Would you be able to inform me about what you were hoping to gain from the group when you decided to join, what were your expectations?

If you wouldn't mind would you be able to explain to me your general feelings about the group as a whole now that it has been completed?

Do you believe that for yourself personally the group had any effect on your overall wellness and please explain why you feel that way?

Do you believe that the group impacted your mental health or emotional wellness and please explain why you feel that way?

Do you believe that the group impacted your physical health and please explain why you feel that way?

Do you believe that the group impacted your social health and wellnesses please explain why you feel that way?

Can you explain to me the general impact that participation within this group had on yourself?

Thank you for sharing that information with me, do you believe that there are any other areas of your life that the group impacted that you would like to tell me about?

Do you feel in the future you would participate in a similar group again, and can you explain why or why not?

Is this a form of art you would like to participate in regularly?

Do you think this is a form of art you will continue to participate in, in the future?

I would like to ask you some general questions now about what you liked and disliked about the group. This is so that we will be able to make the group more enjoyable for participants in the future if a similar program is run again, so please be as honest as you can with your answers.

Did you have a favorite part of the group that stood out to you personally?

Was there anything about the group that you did not enjoy or disliked?

Is there anything about the group or the blanket making process you would change and what would it be?

Do you feel that the size of the group was appropriate or should there have been More/less people?

Thank you so much for meeting with me today and sharing all this valuable information. Is there anything you would like to share with me in regards to your participation in the group?

Appendix D

Interview questions for those affiliated with group members:

Thank you for meeting with me today, I understand that you are close with someone who participated in the wellness blanked art group, is that correct?

I would like to ask you some questions about the person and their participation in the group, please feel free to share as much information as you are comfortable sharing with me.

How do you know the participant, and how long have you know them for?

What do you know about the group that the participant was participating in, and where did you receive that information from?

Would you be able to inform me about the information the participant shared with you in regards to the group (if any)?

Did you observe any changes in the participant before or after their attendance to the group?

Did you observe any emotions surrounding participation in the group?

Do you believe participation in the textile based art group had an impact on the participant and can you explain that to me?

I know it can be difficult but would you be able to provide me with some behavioral specific examples of why you feel the group had that impact on the participant?

Did you observe any changes to mental or emotional wellness in the participant while participating in the group?

Did you observe any changes to the participant's physical health or wellness?

Did you observe any changes to the participant's Social health or wellness?

Were there any other significant changes with in participant while participating in the group?

Thank you for your time today it is greatly appreciated. Do you believe there is anything else I should know about the participant or their participation within the blanket making group.

Appendix E

Budget and Required supplies per person

Supply	Amount	Cost	Total Cost
Fabric	3 yards per participant	\$11 per yard	\$33
Scissors	1 pair per participant	\$5.99	\$5.99
Fabric paint	12 bottles	\$1.25	\$15
Felt	12 Sheets	\$0.99	\$11.88
Ribbon	5 rolls	\$0.99	\$4.95
Beads	1 mixed package	\$3.00	\$3.00
Buttons	1 Mixed Bag	\$4.95	\$4.95
Appliques	2 sets per participant	\$2.00	\$4.00

Total cost per person \$82.77

Additional group supplies

Supply Amount	Cost	Total Cost
Embroidery thread	1 package	\$2.99
Fabric glue	1 package	\$3.49
Glue gun	1 gun	\$9.99
Embroidery needles	1 package	\$1.97

Additional Cost \$ 18.44

Appendix F

Participant Consent Form

Project Title: Wellness Blankets

Researcher: Megan St. Hilaire, Masters of Social Work Student
University of Regina, Faculty of Social Work
Megan.Sthilaire@uregin.ca or Meg_z_17@hotmail.com

Supervisor: Douglas Durst Phd.
University of Regina
Faculty of Social Work Professor
Doug.Durst@uregina.ca
306-585-4577 (office)

Purpose and Objective of the Research:

- The purpose of this case study research will be to understand how participation in a textile based art project affects those who self-identify as having a (dis) ability.
- The data collected during this research will be used to complete a Master's of Social Work Practicum project Report.

Procedures:

- Each participant who consents to participate in the research will partake in a 9 week textile based art group that will meet once per week for 2 hours. During this textile based art group participants will create a blanket.
- Prior to commencement of the group each participant will complete The WEL, an assessment designed to measure overall wellness as defined by the Wellness Model. It is anticipated completion of this assessment will take a maximum of 45 minutes.
- After completion of the group each participant will again complete the WEL, this is again anticipated to take 45 minutes to complete. Additionally they will participate in an interview with the researcher. This interview will be audio recorded. The interviews will occur in person at a location of the interviewee's choosing, and is anticipated to take 60 to 90 minutes. The completed blankets will be photographed. These photographs will be used during the project presentation and thesis, to enhance understanding of the project.
- Additionally support persons of the participant may be interviewed with consent of the participant. These interviews are expected to take 60 minutes to complete.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Risks:

- There are no known or anticipated risks to you by participating in this research

Potential Benefits:

- There are no known or anticipated benefits to participating in this research.

Confidentiality:

- All names and identifying information will be altered to ensure confidentiality.
- If participants or alternative contacts choose to contact the researcher through email it should be understood that the information sent through email cannot be guaranteed secure, and there for the confidentiality of information provided through email may have compromised confidentiality.
- The research and creation of art will occur in a group setting, which may compromise complete confidentiality due to others being present.
- However due to a limited number of participants and the creation of art that will be photographed complete confidentiality cannot be guaranteed.

Storage of Data:

- The collected Data will be secured by the researcher for a period of five years. The information will be secured within locked cabinets at the University of Regina to ensure confidentiality.
- When the data no longer required, the data will be destroyed

Right to Withdraw:

- Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort.
- Whether you choose to participate or not will have no effect on how you will be treated.
- Should you wish to withdraw, data that has been collected to the point of withdraw will not be used.
- Your right to withdraw data from the study will apply until September 1st, 2016. After this date, it is possible that some results have been analyzed, written up and/or presented and it may not be possible to withdraw your data.

Follow up:

- To obtain results from the study, please request a copy of the final report from Creative Options Regina.

Questions or Concerns:

- Contact the researcher using the information at the top of page 1;
- This project has been approved on ethical grounds by the UofR Research Ethics Board Any questions regarding your rights as a participant may be addressed to the committee at (306-585-4775 or research.ethics@uregina.ca). Out of town participants may call collect. OR

Consent

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

Name of Participant	Signature	Date
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Researcher's Signature	Date
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A copy of this consent will be left with you, and a copy will be taken by the researcher.

Secondary Contact Consent Form

Project Title: Wellness Blankets

Researcher: Megan St. Hilaire, Masters of Social Work Student
University of Regina, Faculty of Social Work
Megan.Sthilaire@uregin.ca or Meg_z_17@hotmail.com

Supervisor: Douglas Durst Phd.
University of Regina
Faculty of Social Work Professor
Doug.Durst@uregina.ca
306-585-4577 (office)

Purpose and Objective of the Research:

- The purpose of this case study research will be to understand how participation in a textile based art project affects those who self-identify as having a (dis) ability.
- The data collected during this research will be used to complete a Master's of Social Work Practicum project Report.

Procedures:

- Each contact who consents to participation will meet with the researcher after the participants have completed the 9 week textile based art group.
- During this meeting contacts will be interview in regards to their observations of the effects participation in the group had on the participants. This interview is anticipated to take 45 to 60 minutes to complete.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Risks:

- There are no known or anticipated risks to you by participating in this research

Potential Benefits:

- There are no known or anticipated benefits to participating in this research.

Confidentiality:

- All names and identifying information will be altered to ensure confidentiality.
- If participants or alternative contacts choose to contact the researcher through email it should be understood that the information sent through email cannot be guaranteed secure, and there for the confidentiality of information provided through email may have compromised confidentiality.
- The research and creation of art will occur in a group setting, which may compromise complete confidentiality due to others being present.
- However due to a limited number of participants and the creation of art that will be photographed complete confidentiality cannot be guaranteed.

Storage of Data:

- The collected Data will be secured by the researcher for a period of five years. The information will be secured within locked cabinets at the University of Regina to ensure confidentiality. When the data no longer required, the data will be destroyed

Right to Withdraw:

- Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort.
- Whether you choose to participate or not will have no effect on how you will be treated.
- Should you wish to withdraw, data that has been collected to the point of withdraw with not be used.
- Your right to withdraw data from the study will apply until September 1st, 2016. After this date, it is possible that some results have been analyzed, written up and/or presented and it may not be possible to withdraw your data.

Follow up:

- To obtain results from the study, please request a copy of the final report from Creative Options Regina.

Questions or Concerns:

- Contact the researcher using the information at the top of page 1;
- This project has been approved on ethical grounds by the UofR Research Ethics Board Any questions regarding your rights as a participant may be addressed to the committee at (306-585-4775 or research.ethics@uregina.ca). Out of town participants may call collect.

Consent

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

Name of Participant Signature Date

Researcher's Signature Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix G

University of Regina
Research Ethics Board
Certificate of Approval

REB #
2016-095

Investigator(s) Dr. Douglas Durst
Department Faculty of Social Work
Title: Wellness Blankets, the effects of textile based arts for those with (dis) abilities
Co-Applicant: Megan St. Hilaire

APPROVED ON:
July 7, 2016

RENEWAL DATE:
July 7, 2017

APPROVAL OF:

Application for Behavioural Research Ethics Review
Participant Consent Form
Wellness Evaluation of Lifestyle (WEL) form
Wellness Evaluation of Lifestyle Questionnaire Form
Wellness Evaluation of Lifestyle Scoring Key
Application Interview questions
Secondary contact consent form
Project presentation script

FULL BOARD MEETING

X DELEGATED REVIEW

The University of Regina Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol, consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions:
<http://www.uregina.ca/research/for-faculty-staff/ethicscompliance/human/forms1/ethics-forms.html>.

Dr. Larena Hoeber, Chair
University of Regina Research Ethics Board

Please send all correspondence to:

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Regina, SK S4S 0A2
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