COLLAGE: A TOOL TO PROMOTE HEALTHY OCCUPATION AND WELL-BEING IN RETIREMENT

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Abstract

Background:
In the UK, there are now more people over state pensionable age than there are children. With the UK Government’s plans to raise state pension age in line with increasing longevity, many older people may need further paid employment into what would formerly be termed their retirement years. The concept of retirement is becoming an unknown entity that brings challenges and uncertainty. It is a UK Government priority to address the need for cost-effective, innovative initiatives to promote health and well-being of older people, preparing them effectively for their retirement years. Occupational therapists are ideally placed to collaborate with such individuals to attain optimal levels of health, functioning and life satisfaction through meaningful occupation.

Purpose:
This research returned to the foundational arts and craft philosophy of the profession of occupational therapy, which established its creative roots. The purpose was to explore the use of a creative medium, represented here with collage, as a means for occupational therapists to encourage retirees to examine and learn about the occupational nature of their lifestyles and how occupations impact upon health and well-being.

Methodological Approach:
The research took a narrative approach, with an evaluative focus. Meaning and understanding was co-constructed from data comprising of evaluation questionnaires and semi-structured interviews with twelve retirees, following group collage sessions. Thematic and narrative analyses coupled with poetic transcription fostered the development of meaning and understanding of the collage process from the perspective of the retirees and determined the outcomes eighteen months later. The researcher was situated within the research and a reflexive approach taken throughout.

Findings:
The creative aspect of constructing a collage about one’s occupational life, inspired participants to ‘do’, ‘visualise’ and ‘feel’. Subsequent discussions regarding their collage encouraged participants’ to ‘explain’ and ‘reflect’ upon their lifestyle and to ‘anticipate’ their future retirement. Two key outcomes emerged from the collage process: ‘meaningful continuity’ - where some participants expressed satisfaction with their occupational choices and daily routines; and ‘impetus for change’ - where others felt the urge to make occupational changes to their existing lifestyles.

Implications:
The collage process can be valuable in helping some retirees and prospective retirees to consider and pursue suitable healthy lifestyle choices in terms of meaningful occupation. From a public health perspective, this research demonstrates that collage used in this way could be added to the UK Government’s health promotion initiatives whilst simultaneously raising the profile of occupational therapy’s special contribution to health promotion.
Contents

List of Boxes .........................................................................................7

List of Tables .......................................................................................8

List of Figures .....................................................................................9

Acknowledgments .............................................................................10

Author’s Declaration ..........................................................................11

Author’s Note ....................................................................................12

Chapter 1 ............................................................................................13

1  Background to the Research ............................................................13
1.1  Introduction ..................................................................................13
1.2  My Personal Journey to the Study ...............................................13
1.3  Rationale for the Study .................................................................19
1.4  The Aims of the Study ................................................................19
1.5  Outline of the Thesis ..................................................................20

Chapter 2 ............................................................................................22

2  Literature Review ...........................................................................22
2.1  The Ageing Population .................................................................23
2.2  Retirement and Health .................................................................25
2.3  Psychosocial Theories of Ageing ..................................................29
2.3.1 Activity Theory .......................................................... 29
2.3.2 Continuity Theory ....................................................... 32
2.3.3 Gerotranscendence Theory ........................................... 33
2.3.4 Disengagement Theory .................................................. 35
2.4 UK Government Healthcare Policy ........................................ 37
2.5 The Relationship between Occupation and Health and Well-Being ........ 39
2.6 Occupation-Based Health Promotion ...................................... 41
2.7 Why Collage as a Tool to Promote Healthy Occupation and Well-Being in Retirement? ................................................................. 44
2.8 Summary ......................................................................... 47
2.9 Research Question ............................................................. 48

Chapter 3 ............................................................................... 49
3 Methodology and Methods .......................................................... 49
3.1 Introduction ......................................................................... 49
3.2 What is My View of the World? .............................................. 50
3.3 Positioning My Worldview in Healthcare ................................. 53
3.4 Incorporating My Worldview into the Research Process .......... 55
3.5 How Do I Ensure Trustworthiness? .......................................... 60
3.5.1 Credibility ..................................................................... 61
3.5.2 Transferability ................................................................ 63
3.5.3 Dependability and Confirmability ...................................... 63
3.5.4 Reflexivity ..................................................................... 64
3.6 Gaining Access and Ethical Permission .................................... 64
3.7 Sampling ............................................................................. 66
3.8 Recruitment ......................................................................... 68
3.8.1 Participant Profile ......................................................... 70
3.9 Methods of Data Generation .................................................. 71
3.9.1 The Collage Sessions ...................................................... 75
3.9.2 End-of Session Evaluation Questionnaires ......................... 81
3.9.3 First Interviews ............................................................... 82
3.9.4 Second Interviews – Eighteen Months Later ....................... 83
3.10 Transcribing the Data .......................................................... 84
3.11 Participants’ Confirmation of the Data ................................................................. 85
3.12 Gaining Meaning from the Data ............................................................................. 85
  3.12.1 Stage One - Poetic Transcription ................................................................. 86
  3.12.2 Stage Two - Thematic Analysis ..................................................................... 87
  3.12.3 Stage 3 - Narrative Analysis .......................................................................... 93

Chapter 4 ..................................................................................................................... 97
4  Presentation of Findings ............................................................................................. 97
4.1 Poetic Transcriptions ............................................................................................. 99
  4.1.1 Jackie .................................................................................................................. 99
  4.1.2 Jane ..................................................................................................................... 101
  4.1.3 Claire .................................................................................................................. 103
  4.1.4 Wendy ............................................................................................................... 105
  4.1.5 Eileen .................................................................................................................. 108
  4.1.6 Anita .................................................................................................................... 110
  4.1.7 Brian ................................................................................................................... 112
  4.1.8 Bob ...................................................................................................................... 114
  4.1.9 Sandra ............................................................................................................... 116
  4.1.10 Alan ................................................................................................................... 118
  4.1.11 Cathy ............................................................................................................... 120
  4.1.12 Colin ................................................................................................................ 122
4.2 Thematic Findings: Stage One of the Collage Process ...................................... 124
  4.2.1 Do ....................................................................................................................... 124
    4.2.1.1 Creative ....................................................................................................... 124
    4.2.1.2 Engaging ..................................................................................................... 129
    4.2.1.3 Enjoyable .................................................................................................... 130
  4.2.2 Visualise ........................................................................................................... 131
    4.2.2.1 Stimulates the Imagination ....................................................................... 131
    4.2.2.2 Makes You Remember ............................................................................. 132
    4.2.2.3 Unlocks Hidden Thoughts ....................................................................... 135
    4.2.2.4 Puts Lifestyle into Perspective .................................................................. 137
  4.2.3 Feel .................................................................................................................... 140
    4.2.3.1 Enables a Sense of Release ....................................................................... 141
    4.2.3.2 Provides Optimism for the Future ............................................................. 142
4.3 Thematic Findings: Stage Two of the Collage Process .................143
  4.3.1 Explain .............................................................................143
  4.3.2 Reflect ............................................................................146
    4.3.2.1 Encourages Deeper Thinking ........................................146
    4.3.2.2 Enhances Awareness of Health and Lifestyle .....................149
    4.3.2.3 Generates Needs ..........................................................150
    4.3.2.4 Gives Confirmation ......................................................151
  4.3.3 Anticipate .......................................................................152
    4.3.3.1 Enthuses .....................................................................152

4.4 Narrative Findings: Stage Two of the Collage Process ...............153
  4.4.1 Sandra ...........................................................................153
  4.4.2 Eileen ............................................................................156

4.5 Thematic Findings: Outcomes of the Collage Process ..................159
  4.5.1 Meaningful Continuity .....................................................160
  4.5.2 Impetus to Change ..........................................................160
    4.5.2.1 Pursuit .......................................................................161
      4.5.2.1.1 Successful Achievements ........................................161
      4.5.2.1.2 Disappointing Discoveries ....................................164
      4.5.2.1.3 Obstacles Encountered ..........................................164
    4.5.2.2 Inactivity .....................................................................165

4.6 “Not One Glove Fits All” ......................................................167

4.7 Summary of Key Findings .....................................................169

Chapter 5 ..............................................................................170
5 Discussion ............................................................................170
  5.1 Outcomes of the Collage Process ...........................................171
  5.2 Making the Collage ............................................................176
  5.3 Talking Through the Collage ...............................................190
  5.4 Limitations of the Study and the Collage Process ......................201
  5.5 Contribution of the Thesis to Knowledge .................................204
  5.6 Implications for Practice .....................................................206
List of Boxes

Box 1 – The Narrative Space........................................................................................................58

Box 2 – Ethical Considerations..................................................................................................66
List of Tables

Table 1 - Braun and Clarke’s Phases of Thematic Analysis ........................................89
Table 2 - The Narrative Syntax ..........................................................................................94
Table 3 - Themes Representing Stage One of the Collage Process ..........................124
Table 4 - Themes for Stage Two of the Collage Process .........................................143
Table 5 - Themes Representing Outcomes .................................................................159
List of Figures

Figure 1 - The Setting ................................................................. 76
Figure 2 - Magazines ................................................................. 77
Figure 3 - Art Media ................................................................. 77
Figure 4 - Collage Displays ....................................................... 78
Figure 5 - The Collage Session – Browsing Magazines ................. 79
Figure 6 - The Collage Session – Cutting and Gluing .................... 79
Figure 7 - Bricolage ................................................................. 80
Figure 8 - The Collage Process .................................................. 98
Figure 9 - Collage Flow Chart ................................................... 175
Figure 10 - Gibbs’s Model of Reflection (Gibbs, 1988) ................. 196
Figure 11 - Kolb’s Learning Cycle (Kolb, 1984) .......................... 199
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Author’s Declaration

I declare that the research contained in this thesis, unless otherwise formally indicated within the text, is the original work of the author. The thesis has not been previously submitted to this or any other university for a degree and does not incorporate any material already submitted for a degree.

Signed

Sally AH Martin-Young

Date
Author’s Note

All the original photographs presented in this thesis are in colour.
Chapter 1

1 Background to the Research

1.1 Introduction

This chapter introduces my personal journey in the development of this study. In order to assist the reader to understand the overall perspective of its origins, key elements are briefly discussed. The chapter concludes with a rationale for the study, the study’s aims and an outline of all the chapters. As this thesis adopts a reflexive approach (outlined in section 3.5.4) to make explicit how my beliefs, experiences and assumptions have shaped this research, I write in the first person.

1.2 My Personal Journey to the Study

I embarked upon the professional doctorate in Health and Social Care at the University of Brighton in 2003, with ambitions of researching and developing occupational therapy practice in the emerging field of occupation-based health promotion for those in retirement. The journey to the doctorate and my thoughts surrounding occupation-based health promotion first commenced during my employment as a community occupational therapist in the rehabilitation of older people suffering from neurological trauma, physical and/or mental health conditions.

Since becoming an occupational therapist, my personal and professional belief is that purposeful and meaningful occupation is essential for human existence and healthy living. Occupations give us reasons to live and aid us to realise who we are and what we able to achieve. There is no universal definition for the term occupation but the World Federation of Occupational Therapists Position Statement on Human Rights (2004, p. 2) defines occupations in the widest sense as “everyday activities that people do as individuals, in families and with
communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do.” Occupational therapists tend to group occupations into those of self-care, productivity (paid, voluntary and household work) and leisure. Fundamentally, participation in such occupations optimises our health and well-being throughout our lives (Clark et al., 1991; Law et al., 1998; Yerxa, 1998; Wilcock, 2007a). However, within my community practice, I observed the difficulties many of my clients faced in continuing to participate in meaningful occupations. Mountain (2004) describes how some life changing events such as retirement, disability or death of a loved one can cause some older people to refrain from taking part in their everyday activities and even life and society as a whole. This inactivity can lead to ill health and functional decline (Powell et al., 1987; Steinmeitz & Hobson, 1994; Hu et al., 2003; Wilcock, 2007a). As a result, such individuals go on to require help and support in the form of care and can be left feeling dependent and worthless; thus affecting their well-being as a whole (Mountain et al., 2008). All too often I witnessed this within my own practice.

As a community occupational therapist, I was chiefly concerned with developing, restoring and/or maintaining people’s functional capacity, health and quality of life through meaningful occupation. Following a referral to occupational therapy I would conduct an initial assessment of the client’s occupational needs in partnership with the client. By exploring the occupations that were most valued by the client, their past and present roles and routines and their levels of functional performance and skills, I would tailor interventions to enable the client’s re-engagement in meaningful occupation (Kielhofner, 2007). Essentially, individuals need to be able to engage in a wide range of meaningful occupations to enhance their overall health and well-being (Wilcock, 2007a). However, I found myself challenged in fulfilling that role. There was simply not enough time or resources available to be able to empower clients to explore, learn about and participate in meaningful occupation, particularly leisure and social occupation. I could only ensure that clients had the ability to perform those fundamental daily activities needed to remain at home safely such as getting in and out of their armchair and their bed, going to the toilet, washing and dressing and preparing a meal and a hot drink.
Within the National Health Service (NHS) in the UK and its associated rehabilitation units and intermediate care facilities, there is an atmosphere of pressure due to the rises in admissions and shorter periods of stay. Bed shortages are significant and demands are placed upon staff to discharge patients quickly or to process them through the system swiftly to accommodate new admissions. This results in individuals being discharged with minimal or incomplete occupational therapy intervention. Occupational therapists are often under pressure to meet the demands for reductionist, remedial interventions that have lessened the use of and value given to occupation (Wilcock, 2007a). As a result, it seems this has misled others and even occupational therapists themselves, away from the potential contributions occupational therapy can make in promoting occupation-based health and well-being (Wilcock, 2007a). My enthusiasm and efforts to encourage meaningful, occupation-based interventions into my departments were often thwarted due to budgetary, staffing and time restrictions. I often felt disheartened with the limited services my teams were able to provide. It was far from my perceived ideal of the occupational therapy that had inspired me during my education. Perhaps I had been naive to the potential constraints on occupational therapy services through political and inter-professional pressures within the NHS.

I found some resolution in my Masters studies where I encountered the emerging field of health promotion in occupational therapy and in particular, the notion of occupation-based health promotion to ‘well populations’. I deepened my understanding of health from an occupational perspective and critically appraised the potential role of occupational therapy in health promotion for older people; especially during the retirement phase of their lives. I became inspired by the work of occupational therapist, occupational scientist and public health researcher Ann Wilcock. From an evolutilional and historical analysis of occupation, she has extensively substantiated how occupation can positively influence health and how occupational therapy has the potential to be a primary, health promoting profession (Wilcock, 1998, 1999, 2001, 2007a, 2007b).

I was further encouraged by the publication of the World Health Organisation’s international policy whitepaper ‘Active Aging: A Public Policy Framework’ (World Health Organisation, 2002). Akin to the principles of occupation-based health
promotion, the framework recognises there are many factors to active and healthy aging. According to the World Health Organisation’s Policy Framework (2002), being active involves “continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force” (p.12). Active ageing enables individuals “to realise their potential for physical, social and mental well-being throughout the life course and to participate in society according to their needs, desires and capacities” (World Health Organisation, 2002, p.12). This multifaceted concept of active aging became further recognised by the UK Government as the most favourable approach to achieve optimal health and well-being in retirement (Department of Health, 2005). Considering my specialist interest and work in the field of rehabilitation of older people, the notion of occupation-based health promotion and the promotion of active aging with this client group whilst they were ‘well’ was of great relevance. It seemed to me that occupational therapists would be ideally placed to facilitate such approaches. However, this move towards more ‘upstream’ practice, or preventative occupational therapy, would mean changes to the role and practice of occupational therapists (Scriven, & Atwal, 2004). Any innovative approaches and interventions in this emerging field would also require research evidence.

I went onto spend time with the Life Academy; a national charity that provides life and retirement planning and financial education to both individuals and companies. I wished to determine if and how active ageing was already being promoted to well retirees. I also attended a number of pre-retirement courses provided by corporate organisations to explore the nature of any health messages being relayed. These pre-retirement courses did consider health and well-being and encouraged people to remain active in retirement but I felt the theory and reasoning behind this education was somewhat limited. For example, in one of the sessions that I attended, participants were given ten minutes to share with the person sitting next to them what they would like to do with their time in retirement. Individuals came up with ideas such as trampolining, yachting and going travelling. Little consideration was given to the meaning or relevance of such occupations, their implications and the short and long term impact on health and well-being. Even though pre-retirement planning has been found to smooth retirement transitions (Anderson & Weber, 1993; Sharpley & Layton, 1998), I was left
wondering what impact the health promotional aspects covered on these courses actually had. Were the occupations the individuals had selected to discuss in that short space of time really that purposeful and meaningful? Would the individuals go on to pursue them? How much retirement time would these pursuits actually take up? I was compelled, from an occupational perspective, to consider how retirees could be encouraged to give more time and consideration to their occupational health and well-being. Could occupational therapists assist such individuals to explore, select, plan and instigate healthy occupational behaviour in retirement? Were there other means whereby important health messages could be relayed and lead to positive changes in occupational behaviour? It was these deliberations that led me to pursue professional doctoral study.

Encouragingly, health policy rhetoric calling for cost-effective, innovative initiatives to promote active ageing was announced over the course of my doctoral study (Department of Health 2004, 2005; Wanless, 2004). In fact, it became a UK Government priority to improve the general health and well-being of those approaching old age as there were more and more people above state pensionable age than there were children under 16 years of age from around 2007 (Department for Work & Pensions, 2009). Now, the UK Government’s latest strategy ‘Building a Society for All Ages’ (Department for Work & Pensions, 2010) sets out specific ways in which older people can prepare for their retirement and how they can access help at times of need, in order to maximise their independence and quality of life.

Also, early on in my doctoral studies, the College of Occupational Therapists (COT) produced a briefing paper suggesting ways in which occupational therapists could help improve “the patient’s experience and quality of service delivery” (COT, 2005, p.6). This action was prompted by the Department of Health’s policy document ‘Ten Key Roles for Allied Health Professionals’ (Department of Health, 2003) calling for all therapists to broaden their scope of work, to acquire new skills and to introduce more innovative practices in their places of work in order to become part of a more modernised, flexible workforce. Of particular relevance to this thesis, the College of Occupational Therapists (2005) highlighted the need for occupational therapists to be at the forefront of health promotion; encouraging
them to develop health promotion opportunities and activities for engagement. I specifically wanted to make a contribution in expanding and enhancing the understanding of the nature of occupation-based health promotion; not only through its delivery in occupational therapy but also within the wider context of upstream health promotion in the public, private and corporate sectors. The College of Occupational Therapists briefing paper inspired me to pursue my goal of devising some sort of intervention to facilitate occupation-based health promotion in practice.

My research journey then arrived at the use of collage as an idea for an occupational therapy health promotion tool for those retired from full-time employment. I was introduced to collage in a practical seminar on interprofessional relations during the preparatory, stage one of the doctorate. Collage is described in more detail in the following chapter but, in this instance, magazines were provided from which to select pictures to glue onto card as an alternative means of exploring and communicating perspectives about one’s own profession. I found myself completely at ease with this means of communication as I tend to think in a vivid and colourful format and I take time to collect my thoughts before sharing with others. Making the collage afforded me the opportunity to really think about myself and my profession and to speak more assuredly to the others in the cohort. This experience provided the inspiration behind the idea of collage as a potential means of self-examining one’s perspective about one’s own health and occupations and as a means of learning and communicating in a novel way. It was also highly stimulating to be able to return to the foundational arts and craft philosophy of occupational therapy that once established its creative roots (Friedland, 2003). Sadlo (2004) describes the innate need for individuals to engage in creative occupations to establish meaning in their lives. The close alignment of collage as a creative occupation, with its potential use as an occupational therapy health promotion tool to increase awareness about the significance of occupation, made it a powerful feature in the context of this doctoral study.
1.3    Rationale for the Study

The purpose of this research was to examine the use of collage as means by which individuals, who have retired from full-time employment, could explore and learn about the occupational nature of their lifestyles and how occupations affect their health and well-being.

Collage is a creative activity that is currently used as a therapeutic medium within art therapy; used to enhance inter-professional understanding in education; and to facilitate interview questioning in market research. Collage is alleged to uncover hidden meanings and emotions (Chrzanowska, 2003) that have the potential to facilitate learning (Bligh, 1992; Parsell et al., 1998). It is also deemed useful in eliciting thoughts and feelings from individuals who find it difficult to converse in a verbal interview (Boddy, 2005). There has been very limited investigation to date in the application of collage in any field. Neither has there been any research seeking evidence of the use of collage as a health promotion tool.

This qualitative study examined the occupational and health promoting nature of the collage process from the perspective of a group of retirees. Meaning and understanding of the collage process was constructed in partnership with the participants; the outcomes, determined eighteen months on from making the collages, were further explored.

1.4    The Aims of the Study

1. To ascertain whether collage facilitates retirees to become more aware of how their chosen occupations impact health and well-being.

2. To explore if and how collage has the potential to engage retirees and stimulate learning and planning for the future.

3. To discover whether collage can promote occupational behaviour change.
4. To explore whether collage has potential as a health promoting tool from the participant's perspective.

It is important to elucidate here that the intention of the fourth aim is not to evaluate the 'effectiveness' of the collage process. The critical assessment of the effectiveness of healthcare services or interventions usually emphasises objective measurements of the process, service quality and/or outcomes such as health improvements (Smith et al., 2005) which are more indicative of quantitative research (Sines et al., 2009). The final aim of this study refers to an exploration of the potential collage has, as a useful health promotion tool in terms of occupational lifestyle awareness from the participant's perspective. This qualitative research aims to capture the complexity of the collage process and its worth through the analysis of the participant's subjective experiences and their constructive feedback.

With its core focus on health and occupation, the holistic and client-centred practice of occupational therapy is entirely in keeping with current UK Government health strategies (COT, 2008). In particular, given that the traditional concept of retirement has become more ambiguous in today's demographic climate, with individuals being encouraged to work for longer (Department for Work & Pensions, 2006), there is a need for time and cost-effective, evidence-based health promoting activities that meet health care policies (Wanless, 2004). In this context the research presented in this thesis is both apposite and timely.

1.5 Outline of the Thesis

Chapter 2 reviews the literature predominately surrounding retirement, ageing and occupation-based health promotion. The chapter sets the scene by first considering the current demographic trends of older people in the UK. The impact of retirement upon health is explored in conjunction with the psychosocial theories of ageing. The most recent UK Government health promotion policies for older people are examined in relation to the emerging field of occupation-based health promotion. An appraisal of the literature surrounding collage as a means to be a
potential health promoting tool in retirement leads to the unfolding of the research question.

A detailed appraisal of the methodology and methods employed in this study is provided in Chapter 3. This section explains how the social constructivist, qualitative approach to the research interrelates with the evaluative and narrative methods of data generation and analysis that I have applied.

Chapter 4 opens with poetic transcriptions that capture each participant’s reflective voice in relation to their collage experience. The chapter goes onto present the thematic findings and narrative exemplars that strengthen and underpin the constructed themes that explicate the collage process and the outcomes which were defined eighteen months after.

The evidence emerging from the research that the collage process is a useful occupational therapy tool to promote healthy occupation and well-being in retirement is discussed in depth in Chapter 5, in addition to the limitations of the study, contribution to knowledge and implications for practice.

Chapter 6 concludes the thesis with a synopsis of the purpose, process and outcomes of the research and future implications.
Chapter 2

2 Literature Review

This literature review sets the research in context by first considering the current demographic trends of older people in the UK and provides details on the circumstances surrounding the Default Retirement Age in this country. The impact of retirement upon health is explored prior to a critical evaluation of the psychosocial theories of ageing. The latest UK Government health promotion policies for older people are further examined in relation to the emerging field of occupation-based health promotion. Finally, an appraisal of the literature surrounding collage as a therapeutic medium in art therapy and as a means of data collection in market research provides the conceptual foundations to support the potential use of collage to promote healthy occupation and well-being in retirement. A detailed and comprehensive literature review was undertaken during the initial stages of the doctorate; the most relevant papers have been selected for the purpose of this literature review to provide a research-based story that leads to the unfolding of the research question.

Literature searching strategies involved an electronic search of the following databases:

- MEDLINE (which focuses on the fields of medicine, nursing, dentistry, veterinary medicine, allied health and preclinical sciences, as well as topics relating to biomedicine and health care)
- CINAHL (a comprehensive resource for nursing and allied health literature).
- PsychINFO (provides abstracts and citations in the fields of psychological, social, behavioural and health sciences)
- Cochrane Collaboration (an international collection of systematic reviews of healthcare interventions)

A manual search of University of Brighton library textbooks was also conducted and of the British Journal of Occupational Therapy and OT News publications as
they were available locally and most relevant in terms of UK developments in occupation-based health promotion. References from the most relevant journal articles and textbooks were followed up. Websites were also examined for pertinent material and publications produced by organisations such as the College of Occupational Therapists, the UK Government and Age UK. On-line news sites were continuously monitored to keep abreast of evolving retirement and healthcare policy in the UK. The overall search centred on various combinations of the following phrases, both with and without Boolean terms:

- Health/well-being/retirement/unemployment
- Health/well-being/older people/seniors/ageing
- Health promotion/occupation/activity/occupational science/occupational therapy
- Collage/theme board technique/projective techniques/arts-based research

2.1 The Ageing Population

The estimated resident population of the UK was 61,792,000 in mid-2009, with life expectancy at 77.4 years for men and 81.6 years for women (Office of National Statistics, 2010a). In 2007, for the first time in the UK, there were more people who were retired than there were children under the age of 16 years (Department for Work & Pensions, 2009). Inevitably, this ageing population will increase financial pressures and competency upon the NHS and Social Services. The consequences of current employment practices and associated pension schemes bear heavily on the UK economy with major implications for those in or nearing retirement. These demographic changes have been attributed to the ‘baby boom’ that occurred after the Second World War, a decline in birth rates in more recent years and increased life expectancy due to improved diet, lifestyle and healthcare (Department for Work & Pensions, 2006). The children born immediately after the Second World War have now reached or are reaching retirement age. With current state pension rates not being sufficient to sustain accustomed lifestyles, these older people will become increasingly dependent on a relative, declining working population (Department for Work & Pensions, 2006). This suggests there will be
ensuing health and lifestyle implications for retirees due to a predicted mass poverty into old age which will, in turn, will have an adverse effect on healthcare services (Scales & Scase, 2000).

The main solution may be for people, who are capable, to continue in some form of paid employment into what would have been termed their retirement years. However, increasing the age of retirement is a contentious issue. In the UK, a compulsory retirement age of 65 years was introduced under the 1908 Pensions Act. At that time, life expectancy was around 50 years of age (Scales and Scase, 2000) which meant a moderate retirement population. In subsequent years, state pensions and company pension schemes changed the concept of retirement into a well-earned rest at the end of working life and people began retiring earlier. At present, the current UK law does allow employees the right to request working beyond a date when the employer wishes them to accept retirement, but the employer can refuse such a request without giving any reason for that decision. However, the UK’s new Coalition Government has just announced that it will abolish the Default Retirement Age from October 2011 and raise the State Pension age in line with increasing longevity to enable people to work for longer (Department for Work & Pensions, 2010).

In its consultation document ‘Phasing Out The Default Retirement Age’ (Department for Work & Pensions, 2010, p.4) the UK Government advises that individuals will need to “move away from linear career progression and early retirement, towards more flexible working practices, regular job moves and even changes in occupation”. People will be able decide to retire at a time that is right for them and continue to work if they so wish. Conversely, if work becomes a major part of older people’s lives, what will be the effects of continuing employment upon ageing, health and productivity? It is accepted there is an increasing need for cost effective care for older people with long-term ailments. To ensure the future health and well-being of those nearing old age, the necessity then arises to provide for improvements in their general health and well-being, leading up to old age, in an affordable, financial environment (Holmes, 2008). It is essential that society supports older people in their new employment roles proposed by the UK Government and opportunities are matched to capability and
preference in order to promote and maintain health and well-being. The question begs, how do we do this? In order to explore how older people's health and well-being can be supported through these modern day retirement initiatives, it is necessary to examine the potential impact of retirement upon health.

2.2 Retirement and Health

In this section, research papers evaluating the effects of retirement upon health and well-being are critically appraised. The most recent and important published work on retirement by American Occupational Health Psychologists Zhan et al. (2009) suggests that giving up work entirely, on retirement, is not beneficial for one's health. In their longitudinal study, the researchers analysed data taken from 12,189 people who were aged between 51 and 61 years at the start of the study in 1992. Over a period of six years, the participants were interviewed every two years about their health, employment history, finances, and their working or retirement lifestyle. Only medical conditions that had been clinically diagnosed over the course of the study were used to measure the participants' health. They found retirees who took on temporary, voluntary or part-time work had fewer major diseases and demonstrated better functional abilities in day-to-day activities. More notably, the findings showed that people reported better mental health if they continued to work in a job that was related to their previous employment, compared to those who ceased work entirely. Similarly, there were no improvements in mental health for those who took on a completely different post to their career speciality. The researchers propose that working in a new environment, with a different set of job conditions may raise stress levels thus making it harder to adapt. Although this study provides evidence that health can deteriorate when one retires, it implies that cessation of employment – occupation in the wider sense - is the primary cause. The anticipation of job change and job insecurity has also been associated with relative deterioration in self-reported health status compared to those remaining in secure employment (Ferrie et al., 1995). These findings raise interesting issues for occupational scientists.
So what may be the reasons for the decline in health following retirement or anticipated retirement from an occupational perspective? Clark et al. (1996) report a statistical U-shaped pattern in relation to job satisfaction and age that shows how job satisfaction is often at its peak in later years of employment. Belsky (1999) proposes a higher level of satisfaction occurs as one develops experience, knowledge and expertise within their role. Highly skilled or more senior positions allow room for more creativity and autonomy which can result in positive feelings such as contentment and happiness (Loscocco & Roschelle, 1991). DePoy et al. (1992) identified several characteristics of employment that may be lost when work ceases such as role, position, identity, self-confidence, self-worth, feelings of achievement and levels of independence and autonomy. From an occupational perspective, the physical and mental capacities kept alive through occupational participation could also diminish. Networks of colleagues and friendships associated with work could slowly start to drift and individuals may no longer feel valued as an active and effective member of society.

Many retirees struggle to adjust to retirement and have difficulty in coming to terms with the transition (Bosse et al., 1991). Negative effects such as boredom, inactivity and feelings of worthlessness can even lead to clinical depression and suicidal ideation (Marshall et al., 2001). Kim & Moen (2002) conducted a five year longitudinal study with 762 randomly selected men and women, exploring the relationship between retirement transition and psychological well-being. Their findings suggest that morale is higher in males following the first two years of retirement, but they become at risk of developing symptoms of depression after this period if they are “continuously retired” (Kim & Moen, 2002, p. 212-222). Tuomi et al. (1991) posted health questionnaires to retirees four years after ceasing employment and discovered an increase in musculoskeletal and cardiovascular disease amongst men who had previously worked in roles requiring higher cognitive functioning. Such studies bring a lot of research questions to occupational therapy.

Equally many studies have found no adverse effects of retirement upon health (Ekerdt et al., 1983; Midanik et al., 1995) and some have even found benefits (Mein et al., 2003). Ekerdt et al. (1983) rated the findings of physical health
examinations of men who were either retired or who continued to work, at baseline and at four years follow-up. Whilst physical health gradually declined in both groups, there found no negative effects of retirement upon health. Midanik et al. (1995) used health behaviour questionnaires and, similarly to Kim & Moen (2002), discovered that retirees felt less stressed during the first two years of retirement. The retirees also reported less alcohol consumption and more participation in regular exercise than a comparable non-retired group. In the Whitehall Longitudinal Study involving 8000 London based civil servants, Mein et al. (2003) measured physical and mental health at age 54-59 years using scores of the SF-36 (Short Form 36 General Health Survey) and, again, when participants reached 60 years, whether they were retired or still working. The findings suggest that retirement is associated with an improvement in mental health, particularly for those in more senior positions.

It appears that health may deteriorate over time rather than immediately following retirement. Retirement is not an event; it is a gradual process. As a result of a number of research studies, Atchley (2000) proposes six phases of retirement that individuals may experience: pre-retirement (anticipation and planning), honeymoon (enjoyable activity and relaxation), disenchantment (disappointment or unhappiness), re-orientation (re-adjustment and taking stock), routine (establishing patterns of daily activities) and termination (changes in role, outlook and health status). Some of the studies, outlined above, that find no adverse effects of retirement might only be referring to the short term effects, or the honeymoon phase of retirement that Atchley describes, as follow up measurements were only taken two to four years following baseline. The initial period following retirement could then be compared to that of a holiday; the demands and stresses of full-time employment are pushed to one side and the focus is on fun and relaxation. In order to fully comprehend retirement transition and its effects on health and well-being it seems a number of factors need to be taken into consideration such as “gender, prior level of psychological well-being, spouses' circumstance, and changes in personal control, marital quality, subjective health, and income adequacy” (Kim & Moen, 2002, p. 212-222). Perhaps, also, from an occupational perspective, the form, function and meaning of the activities that one’s job involves need to be explored. Few of the studies seem to attribute reasons as to why some
people have difficulty adjusting to retirement. It could be those who adopted a work ethic as the core to their ego therefore having little or no alternative activities outside of the workplace; those who are perhaps so set in their ways that they cannot deal with change; or those who are fully committed to work with a fear of failure but a need to fulfil their ambitions. Individuals who are employed in sedentary type work may already be predisposed to certain ailments and sedentary habits could continue into retirement. This might explain the physical deterioration of those employed in cognitively demanding work.

In the first major retirement study from an occupational therapy perspective, Swedish occupational therapist Hans Jonsson (2000) used a narrative framework to explore the occupational attitudes, preparations and expectations of 32 pre-retirees, their transitional experiences as new retirees and their day-to-day experiences as on-going retirees including a reflective view of their retirement journey. From this longitudinal study, Jonsson describes how the participants often referred to surprises that they had encountered early on retirement. This was as a result of their motivation levels, routines, occupational meanings and social relationships being transformed following retirement. Many of the participants had looked forward to no further work demands, having more autonomy and less stress in their lives. Yet they found this level freedom required a much higher level of motivation, focus and energy. Jonsson describes how the participants moved from one form of 'occupational imbalance' to another. Their pace of life slowed down suddenly which lessened stress levels but meant fewer occupations were being undertaken. Time was not freely available to undertake new, planned occupations. Those occupations that were previously deemed restful (i.e. fishing or visiting a weekend cottage) whilst juggling heavy employment workloads, actually became quite mundane when work ceased. Although there was potentially more time to undertake these restful occupations, they no longer seemed so meaningful or needed. Jonsson proposes that meaning does not just derived from a particular occupation - meaning is also dependent upon the set of circumstance surrounding the person’s lifestyle at that time. Furthermore, changes in motivation levels, occupational meanings and pace of life appeared to result in procrastination. Plans remained as ideas and, in fact, fewer activities were undertaken. A slower temporal rhythm was ascribed to participants’ focus on household chores. For
example, during full-time employment, people manage to incorporate household chores quickly into their working day; in retirement, people have the time to clean at a leisurely pace, taking longer and leaving less time for other activities.

Evidently, retirement is viewed as many different things by different people. Some view it as a natural transition in their lives, as a time to relax and enjoy the things they have put off whilst at work; some are anxious about the transition and struggle with the pace; whilst others discover meanings and interests have changed leaving them in limbo. Perhaps procrastination or diminishing activity levels create feelings of guilt, conflict or stress that negatively impact upon health and well-being. The current demographic trends that are changing the traditional picture of retirement thus call for a different way to which society needs to address healthy ageing.

2.3 Psychosocial Theories of Ageing

In an attempt to understand what is seen to constitute healthy ageing, I turned to the gerontology literature to explore the perspectives from the psychosocial theorists. As an occupational therapist I was able to interpret these theories in terms of occupation. In brief, the ‘activity theory’ (Havighurst et al., 1963) emphasises the importance of on-going social occupation; ‘continuity theory’ (Atchley, 1989) offers that older people should maintain earlier life patterns or find similar roles and occupations; ‘gerotranscendence theory’ (Tornstam, 1996) reduces the focus of occupation and social engagement to a form of solitude and meditation; and ‘disengagement theory’ (Cummings & Henry, 1961) proposes that older people should gradually take a step back from their occupational lives to create a distinctive gap between themselves and the rest of society. These concepts are illustrated and critically evaluated in more depth.

2.3.1 Activity Theory

One of the first theories addressing the concept of active aging was introduced by sociological theorists Havighurst and Albrecht in 1953. Activity theory was
conceptualised as an actual theory in 1963 (Havighurst et al., 1963) proposing activity is essential to well-being and that older people should be active members of society. Tornstam (1992) suggests that once a person is no longer active within the workforce, the individual may feel a loss of role and purpose. An increase in activity is thought to smooth the transition into retirement and enhance life satisfaction (Lemon et al., 1972). Activity theory appears to be the most influential theory in relation to ageing in western culture and is emphasised in the UK Government’s health standards (Department for Work & Pensions, 2010). Older people who are regarded as active and healthy are those seen to continue with work, community, social, family and/or leisure occupations. There is an emphasis on exerting energy and ‘doing’. Occupational therapists have always had the assumption that active engagement in occupation maintains optimal levels of physical, cognitive, social, emotional and spiritual functioning and life satisfaction (Wilcock, 2007a).

One leading study that strongly supports the activity theory compared the impact of social, productive and physical fitness activity on mortality (Glass et al., 1999). Some 3,000 people age 65 years and above living in New Haven, Connecticut, took part in the study and it was found that lower incidences of depression and disability, with increased longevity, were experienced by those enjoying social activities such as church-going and touring, and also those participating in productive activities such as gardening or cooking. These health effects were even observed in those who were physically inactive suggesting that social and productive activities have equal benefits to those of physical exercise. However, evaluation of the frequency and duration of the social and productive activities being undertaken was limited; results focused upon the number and types of activities undertaken. Any health advantages of regular and/or prolonged engagement in perhaps only one or two activities would have not been considered. Although the health benefits of engagement in social, leisure and productive activities is supported by a great body of occupational therapy literature (Carlson et al., 1996; Rudman et al., 1997; Anderson-Sviden & Borrell, 1998; Iwarsson et al., 1998; Richards, 1998), occupational scientists are proposing a more refined research agenda to understand the form, function, meaning and context of differing occupations and their relationship to human health.
Ekerdt (1986, p. 239) discusses how retirees often replace their work ethic with a "busy ethic". Many older people feel the need to adopt numerous new roles and occupations to keep busy and active. The findings from the 'Well Elderly Study' (Jackson et al., 1998) challenges the saying "keeping busy keeps you healthy" (Clark et al., 1997, p. 1325). This major occupation-based randomised control trial involved the work of a group of occupational therapists from Los Angeles, recruiting 361 older people (age 60-89 years), who were considered well and independent, from two US Government-subsidised apartment complexes (Jackson et al., 1998). The study evaluated the effectiveness of preventative occupational therapy services in comparison to a non-professionally led social activity group and another group receiving neither service. Quality of life, health and functioning of independent multi-ethnic older adults was measured using the SF-36 (Short Form 36 General Health Survey) at baseline and at nine months after. The occupational therapy group received two hours a week of group intervention with one hour a month of individual intervention for nine months. Didactic and practical occupational therapy intervention focused on the importance of meaningful occupation and equipped participants with strategies to re-design their lifestyles and construct daily routines to optimise their health and well-being. Participants in the social group took part in a programme of activities such as viewing films, playing games and attending dances for two hours a week. The occupational therapy participants, who engaged in meaningful occupations that they had personally chosen and planned, showed significant positive health improvements in comparison to the social activities group and control group. Whilst the latter two groups declined in all eight measured categories of health and well-being, the occupational therapy group advanced in five areas (absence of health-based role limitations, vitality, general mental health, social functioning and general health) and declined significantly less in the other three areas (absence of emotion-based role limitations, physical functioning and the absence of bodily pain). In fact the social activities group showed no significant health differences from the control group that performed no activities at all.

The results cannot be generalised to people in different living situations, with different socio-economic status or to people with disabilities; neither does the study include long-term follow-up to enable discussion of the effectiveness of the
intervention over time. The findings from a second major Well Elderly study that includes a sample with a wider age range, wider ethnic and socio-economic statuses and from a larger range of communities are awaited (Jackson et al., 2009). However the first study does confirm that those who received occupational therapy health promotion and engaged in purposeful and meaningful occupation went on to experience healthier and more fulfilling lifestyles. The terms purposeful and meaningful are important here. If one’s retirement is influenced by the activity theory, an individual might attempt to occupy him/herself with numerous, perhaps even worthless, activities to act as a work substitute. Those who busy themselves with copious activities and tasks may be in danger of being over active. This may be termed as burnout; a type of stress response to being over stimulated (Wilcock, 1998; Maslach et al., 2001; Erlandsson & Eklund, 2003) and a known causative factor of hypertension, stroke and heart disease (Hemingway & Marmot, 1999).

There is evidence to suggest that those who experience turmoil during their retirement transitions may lack ‘engaging occupations’ (Jonsson, 2000) similar to those purposeful and meaningful occupations promoted by the Well Elderly Study. Jonsson et al. (2001, p. 428-429) describe how engaging occupations go beyond ordinary daily activities and comprise six traits: positive and personal meaning that embraces enjoyment, competency and values; intense participation that requires long-term engagement and frequency; a unifying set of occupations or a project that stems from a sole interest; commitment and responsibility that goes beyond personal pleasure; community focus involving a social network with mutual occupational interests; and resemblances to work roles and identity. These findings significantly enhance occupational therapists understanding of the complexity of human occupations.

### 2.3.2 Continuity Theory

The continuity theory (Atchley, 1989) expands upon the activity theory and proposes that during childhood and adulthood, individuals experience meaningful activities and events that become part of who they are. These past experiences and preferences then form the basis for their present and future decisions and
behaviours (Atchley, 1989). Over the course of their lives people develop habits and routines to organise themselves (Kielhofner, 2002) and continuity theory proposes those who are successful in preserving the structure of their life and work patterns into retirement undergo smoother transitions (Perrit, 1991), are much more happy (Kart, 1997) and stress free (Orstein & Sobel, 1988).

The Well Elderly Study (Jackson et al., 1998) did in fact uphold some of the principles of the continuity theory whilst ensuring challenges were maintained. Participants were encouraged to re-discover their previously enjoyed occupations, such as crafts, volunteering and exercise, but were helped to modify them in order to meet their personal capabilities. The mastery and satisfaction achieved in meeting those individualised, tailored challenges positively influenced health and well-being. However, it is possible that the strict preservation of activities can become mundane. When one lacks new physical challenges or mental arousal, boredom and extreme lifestyle dissatisfaction can prevail (Csikszentmihalyi & Csikszentmihalyi, 1988). The continuity theory does not address the issue of preceding unhealthy attitudes and behaviours. What if an individual’s habits, roles and routines were unfulfilling or unhealthy prior to retirement? A transition from one occupational imbalance to another could occur, as Jonsson’s research discovered.

2.3.3 Gerotranscendence Theory

A more recent theory of ageing, the gerotranscendence theory, (Tornstam, 1996) suggests that older people who do not actively engage in occupation are not considered to be passive, lazy or lethargic but instead are mentally active in another form. Gerotranscendence is described as a “shift in meta-perspective, from a materialistic and pragmatic view of the world to a more cosmic and transcendent one, normally accompanied by an increase in life satisfaction” (Tornstam, 1997, p. 143). According to Tornstam (1997), the gerotranscendent develops new awareness and wisdom regarding their existence in the world. There may be “a feeling of cosmic communion with the spirit of the universe, a re-definition of time, space, life and death and a re-definition of the self and relationships to others” (Tornstam, 1997, p. 60). Social relationships become less
important and there is a more meaningful association with the past. Solitude is seen as positive; providing time for meditation and reflection with a focus on spirituality. This theory relates to the later years of ageing, but Tornstam (1997) proposes that the process can commence earlier during retirement.

What Tornstam does not acknowledge is that in addition to sedentary meditation, it seems that transcendence can also be achieved through actively doing. Clark et al. (1991) postulate that occupational behaviour emerges from six internal human subsystems: “physical, biological, information processing, socio-cultural, symbolic-evaluative and transcendental” (p. 302). The transcendental subsystem is concerned with the personal meanings, emotions and ideas we assign to our occupational experiences over our life course. Clark et al. (1991) propose that the occupations we choose to perform define who we are, thus elucidating our existence within the universe. This suggests that a state of being (Wilcock, 2007a) or connection with the inner self may be achieved by participating in purposeful and meaningful occupation. Crabtree (1998) suggests that an occupation performed at the right level and with appropriate environmental stimuli can arouse emotional or spiritual states. The person becomes occupied, held and kept in a way that alters his or her consciousness of the world around them. This parallels the theory of ‘flow’ (Csikszentmihalyi, 1990) where it is proposed an individual who is totally absorbed and engaged in occupation, loses awareness of self and time resulting in a form of transcendence.

Individuals’ perceptions of spirituality differ and it seems that one might achieve transcendence either through sedentary meditation or through actively doing something meaningful. Activity is interpreted as being mainly physical or social within the UK Government’s health standards (Department for Work & Pensions, 2010) and the need for spiritual well-being is not widely acknowledged. Gerotranscendence offers a different perspective to the other theories of ageing and contributes to a re-definition of a sedentary lifestyle from being a concern to perhaps a positive thing. The theory of gerotranscendence is a reaction to the activity theory; eager promotion of a busy ethic could push older people into doing occupations thus effecting well-being. I have witnessed this in some of the care environments I have worked, where care home residents are encouraged to join in
group activities such as bingo or clapping along to music even if they have no interest or desire to do so.

Gerotranscendence brings meaningfulness to the activity theory. It promotes personal choice and self-selection of social and other activities which also supports the client-centred philosophy of occupational therapy. However, whatever the occupational choice, occupational therapy further advocates that a balance between physical, cognitive, emotional, social, spiritual and rest demands is desirable (Wilcock, 2007a). Gerotranscendence does give another dimension to ageing, but I have concerns that full acceptance of solitary behaviours could overlook any depressive symptoms and/or cognitive decline being experienced by the older person. Tornstam (1997) does suggest that certain life crises or ill-health may tend to accelerate the process of transcendence. If gerotranscendence reduces the focus upon active forms of occupation, then health and function will further decline.

### 2.3.4 Disengagement Theory

The disengagement theory (Cummings & Henry, 1961) is defined as “an inevitable process in which many of the relationships between a person and other members of society are severed and those remaining are altered in quality” (p. 210). This theory assumes that younger adults should adopt the work roles of older people as they withdraw from the workforce and society as a whole. This notion implies that it is normal and acceptable for people to simply withdraw socially, psychologically and actively from society in order to contemplate and prepare for one’s death. Although an out-dated concept within today’s healthcare agenda, it is useful to examine the effects of isolation and inactivity upon health from an occupational perspective.

Wilcock (1998) advises that if external factors or forces (i.e. unemployment, poverty or disability) prevent a person from engaging in occupation, ‘occupational deprivation’ and skill disuse may occur which is detrimental to health and well-being. Within the unemployment literature many studies demonstrate that loss of
work is associated with an increased risk of morbidity (Beale & Nethercott, 1985; Gallo et al., 2000) and mortality (Martikainen, 1990; Sorlie & Rogot, 1990; Stefansson, 1991; Morris et al., 1994). The negative effects of unemployment upon health could provide a correlation for the consequences of occupational deprivation in retirement. Whilst retirement and unemployment are two different phenomena, they both involve the loss of work role, status, finance, self-esteem and access to the social arena. People may lose their sense of purpose due to an absence of meaningful, goal-directed occupations. Negative feelings such as loneliness, boredom, despair and low self-esteem have been shown to lead to a rapid decline in health and well-being (Linn et al., 1985). Occupational deprivation, hence the source of boredom, can lead to maladaptive behaviours such as smoking, drug and alcohol abuse (Wilcock, 1998; Helbig & McKay, 2003), whilst inactivity and excessive food consumption contributes to obesity and diabetes (Hu et al., 2003). If energy systems are not used, they deteriorate; those who are inactive are twice as likely to die from cardiovascular disease then those who are very active (Powell et al., 1987).

This comparison of the activity, continuity, gerotranscendence and disengagement theories demonstrates how health promotion intervention would largely depend upon the clinician’s perspective or theoretical view, in addition to the individual’s stage of transition within the retirement process. However, the theories, in isolation, do not sufficiently address healthy ageing; especially taking into consideration the current demographic climate and the arrival of the baby boomers to retirement. Due to socio-economical, technological, demographic and cultural developments, the baby boomers will have had very different lifestyles and more opportunities to engage in different occupations to other generations. This generation’s needs, desires and occupational meanings will be very different to those whom some of the older ageing theories were based on. As already discussed, alternate periods of paid work, voluntary work, family caregiving and leisure pursuits will be advocated before any full retirement from remunerative employment (Department for Work and Pensions, 2010).
2.4 UK Government Healthcare Policy

In this section, the most recent UK Government health promotion policies for older people are examined from an occupational perspective to determine the need for occupation-based health promotion. Following a widespread consultation in 2004, the Department of Health published the white paper ‘Choosing Health: Making Healthier Choices Easier’ setting out objectives on how to improve the health of the population and reduce inequalities (Department of Health, 2004). In 2005, the Department of Health published the delivery plan ‘Delivering Choosing Health: Making Healthier Choices Easier’ which advocated collaborative working between local UK Government, the NHS, the corporate and voluntary sectors (Department of Health, 2005). Public health researchers Majeed & Aylin (2005) advised that a key aim of UK Government policy should be to encourage people to “remain active, engage in regular physical exercise and refrain from behaviours that could have a detrimental effect on their health such as binge drinking, smoking and overeating” (p. 1362). Sir Derek Wanless, a Commissioner with the Statistics Commission and advisor to the UK Government, published the influential report ‘Securing Good Health of the Whole Population’ (Wanless, 2004). Within this he highlighted the importance of introducing new, innovative health promotion initiatives to provide cost-effective action on improving the health of the whole population.

The Department of Health’s policies for older people, which includes the National Service Framework for Older People (Department of Health, 2001), aims to provide better health and social care that will encourage inclusion in society, independent living, respect and choice for older people, resulting in increased longevity and a better quality of life. The most recent UK Government strategy ‘Building a Society for All Ages’ (Department for Work & Pensions, 2010) aims to: “give people the tools and the encouragement they need to prepare more effectively for later life, to make most of their later years and to enable them to access the right support when they need it” (p. 6). These practical steps will be launched in 2010 as part of a formal public consultation. Initiatives include the interactive ‘One Stop Shop’ that provides online, telephone and face-to-face advice about health, planning for retirement and pensions; the ‘Active at 60’
programme of entitlements to encourage participation in leisure pursuits and adult learning; and the ‘Prevention Package for Older People’ which aims to provide a central source of information to increase awareness on what preventative services are available to manage conditions in later life.

Of particular relevance to this study is the launch of the new on-line health and lifestyle assessment termed the ‘NHS Mid-life Life Check’ (Department for Work & Pensions, 2010). This has been designed for individuals aged 40 years plus and aims to encourage people to manage their own future health and well-being. This website guides people through a set of multiple choice questions set by the NHS. Responses provide advice on steps to improve lifestyles by goal-setting and signposting the individual to other services for further support on issues such as smoking, diet and exercise as well as emotional health. The UK Government hopes people will complete the health check on-line and act upon the advice provided on the website. An occupational analysis of the determinants of this would reveal the complexities of such a behaviour change.

For the first time, in 2008, the National Institute for Health and Clinical Excellence (NICE) published public health guidance entitled ‘occupational therapy interventions and physical activity interventions to promote the mental well-being of older people in primary and residential care’ (NICE, 2008). The College of Occupational Therapists welcomed this acknowledgement of the profession and its important role in occupation-based health promotion. The document highlights how participating in meaningful and engaging occupation enables people to restore, maintain and improve their health and well-being. In particular the guidance recommends occupational therapists should “offer regular group and/or individual sessions to encourage older people to identify, construct, rehearse and carry out daily routines and activities that help to maintain or improve their health and well-being” (NICE, 2008, p. 7). This recommendation is underpinned by evidence from the Lifestyle Matters programme (Craig and Mountain, 2007; Mountain et al., 2008) that was pioneered in the UK based upon the Well Elderly Study (Jackson et al., 1998) previously discussed.
There is clearly a growing body of evidence and recognition for the requirement for group and individual, needs led occupation-based health promotion. I predict that this will be even more so now that the concept of retirement is changing into a more diverse entity. It seems occupational therapy health promotion has the potential to be tailored to educate people about the impact of their everyday occupations upon their health and well-being (Jackson et al., 1998). There is a key role for occupational therapists to encourage and assist older people nearing or entering retirement to deliberate on their physical, cognitive, social, emotional, rest (Wilcock, 1998) and spiritual needs (Tornstam, 1996) and to help them establish meaningful activities and routines that will optimise their health and well-being (Jackson et al., 1998).

2.5 The Relationship between Occupation and Health and Well-Being

Yerxa (1993) and Wilcock (2007b) emphasise the importance of occupational science; the emerging discipline that focuses upon and stresses the significance of occupation across a person’s life course. In her book, ‘An Occupational Perspective of Health’ and in subsequent journal papers, Wilcock (2007a; 2007b, p. 4) brings together extensive scientific, sociological, psychological and anthropological observations to underpin and accentuate that (i) “humans are occupational beings” and (ii) “the need to engage in occupation forms an integral part of innate biological systems aimed at survival and health”. Essentially, in this model, people are seen to have an occupational nature and occupation is a basic need essential to health and well-being. Wolf et al. (2010, p.15) describe how ‘occupational injustice’ occurs “when people are denied the physical, social, economic, or cultural resources or opportunities to be engaged in meaningful occupations”. Townsend & Wilcock (2004, p.76) propose the concepts of ‘occupational deprivation’ (being denied the opportunities to participate in meaningful occupation), ‘occupational alienation’ (being isolated from socially engaging occupations), ‘occupational imbalance’ (being under or over occupied in various types of occupations) and ‘occupational marginalisation’ (lacking the right to exert occupational choice and control) are all outcomes of experiencing an
occupational injustice. These concepts all support the idea that the inability to engage in a wide range of meaningful occupations is a sign of unmet human needs and may be deleterious to health and well-being (Wilcock, 2007a).

Health is now universally described as more than the absence of disease; it is described as “state of complete physical, mental and social well-being” (World Health Organisation, 1948). The normal ageing process, for example, involves gradual anatomical and physiological changes over time that may affect the senses, musculoskeletal functioning and neurological processing (Steinmeitz & Hobson, 1994). These changes may alter a person's response to illness, however Wilcock (1998) describes how participation in occupation can delay or prevent this health decline. She explains how physically engaging occupations can maintain and improve joint stability, range of movement, muscle tone, cardiovascular fitness and respiratory functioning for example. To prevent overuse and allow time for recovery, Wilcock proposes a range of leisurely occupations to provide a balance between physical challenges and relaxation. In order to enhance psychological health and cognition, Wilcock suggests that mentally stimulating occupations can improve self-esteem and motivation, as well as present sufficient intellectual challenges to enhance problem solving, language and memory, perception, attention and reflection. The social aspect of health can also be enhanced, Wilcock advises, through a range of shared occupations, enabling the development of satisfying and stimulating social relationships between family, friends and the community whilst balancing quiet time for contemplation and reflection.

Well-being is defined as an individual's perception of his or her life situation that takes into consideration “the total universe of human life domains, including physical, mental and social aspects, that make up what can be called a good life” (World Health Organisation, 2001, p. 211). Human life domains include health status, living environment, education, economic resources, work status, work/life balance and social relationships (Burckardt et al., 1993). The level of satisfaction or happiness one feels about his or her life situation helps determine a person’s well-being (Cummins, 1997; Rojas, 2007). Argyle (2001) proposes that this is “a reflective appraisal, a judgement, of how well things are going, and have been going” (p. 39). In a recent paper on the relationship of well-being in occupational
therapy practice, Haywood and Taylor (2011) discuss the concepts of ‘hedonic well-being’ and ‘eudaimonic well-being’ (p. 4). In psychology literature, hedonic well-being is associated with feelings and emotions such as joy and happiness whereas eudaimonic well-being relates to a sense of achievement or worth when one achieves specific goals that encompass personal values (Haywood & Taylor, 2011). Haywood and Taylor (2011) affiliate eudaimonic well-being to the concept of ‘being’; a core construct in occupational therapy associated with the subjective experience of occupation (Wilcock, 1998; Doble & Santha, 2008). Haywood and Taylor (2011) propose that eudaimonic well-being stems “not simply from participation in occupation, or from occupational balance, but from the lived experience of occupational integrity” (p. 5). In other words, well-being, from an occupational perspective, is the individual’s subjective assessment of whether his or her occupational lifestyle is purposeful and meaningful and satisfies his or her personal values.

2.6 Occupation-Based Health Promotion

Having reviewed how occupation can influence health and well-being, the nature of occupation-based health promotion and its application to practice can now be considered. The Ottawa Charter, an influential health promotion document produced by the World Health Organisation defines health promotion as:

“The process of enabling people to increase control over and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and realize aspirations, to satisfy needs and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being” (World Health Organisation, 1986, p 1).
Many of occupational therapy’s philosophical constructs are consistent with these assertions (COT, 2008). The World Health Organisation’s definition of health promotion corresponds to that of Wilcock’s occupational perspective:

“Following an occupation-focused health promotion approach to well-being embraces a belief that the potential range of what people can do, be and strive to become is the primary concern and that health is a by-product. A varied and full occupational lifestyle will coincidentally maintain and improve health and well-being if it enables people to be creative and adventurous physically, mentally and socially” (Wilcock, 2007a, p.315).

These definitions of health promotion both imply that participating in wide ranging occupation can meet the need for life satisfaction and well-being; it does not necessarily have the sole purpose of preventing disability and disease. To reiterate, health is not the objective for living (or doing) – it is a by-product. This suggests there needs to be a change in the way occupational therapists view health promotion in practice. Scriven & Atwal (2004) explain how occupational therapists generally undertake health promoting roles when encouraging and empowering individuals to manage the results of their ill-health to restore function and prevent further deterioration. They propose a “paradigm shift” in conceptual thinking and professional practice and skills will be necessary in order to adapt to the preventative health promotion roles in enhancing the health of well populations (p. 428). The Ottawa Charter (World Health Organisation, 1986, p. 2) sets out a number of health promotion actions such as “building public policy”, “creating supportive environments”, “strengthening community actions”, “reorientating health services” and “developing personal skills”. It is this last action that is most relevant to this research. If occupational therapists go on to adopt primary health promotion roles, they themselves need to establish a repertoire of innovative health promotion skills and interventions in order to assist their clients to develop their own personal skills to improve and maintain their health and well-being. Scriven & Atwal (2004, p. 427) describe these as “enabling approaches” to increase individuals’ awareness about the consequences of becoming apathetic and
isolated and, in turn, to encourage active engagement in meaningful occupation and the wider community.

A number of important health promotion developments in the field of occupational therapy have occurred over the last 10 years. Firstly, there was an initial demand by the UK Government for healthcare staff to incorporate evidence-based health promotion interventions into their areas of practice (Department of Health, 2000a). In 2008, the College of Occupational Therapists published the document ‘Health Promotion in Occupational Therapy’ (COT, 2008) emphasising the importance of occupation-based health promotion in everyday practice. Whilst this publication affirmed the aptitude and potential occupational therapists have in fulfilling primary health promotion roles, there was little indication of this occurring in practice around that time (Scriven & Atwal, 2004; Jones-Phipps & Craik, 2008). Jones-Phipps & Craig (2008) offered explanations to the lack of application such as insufficient time, resources and training, and some uncertainty on their application. Perhaps this ambiguity was attributable to the dearth of evidence-based interventions with which to employ? The College of Occupational Therapists (2008) highlighted the need for “a firmer evidence-base for their implementation” (p. 8). A web page was subsequently launched by the College of Occupational Therapists hosting an on-line resource called the ‘Activity Matters Toolkit’ to assist occupational therapists in implementing the NICE guidance (outlined in section 2.4) into their practices. This web page encourages practitioners to share their ideas and experiences regarding the delivery of occupational therapy health promotion services and interventions. Web links to relevant literature and resources are also provided.

The professional doctorate provided me the opportunity to explore ways in which occupational therapists could employ their health promoting skills, particularly with those embarking upon a lifestyle transition such as retirement. In the healthcare settings where I have worked, health advice is often provided in the form of leaflets or given verbally by the practitioner during interview sessions with clients. When visiting clients at their homes following discharge from hospital, I have seen the health promotion leaflets put to one side and the client stating they will look at them when they have time. There is no certainty as to whether individuals take on
board the advice or act upon it. As previously discussed in chapter one, I personally experienced the use of ‘collage’ as a means for inter-professional learning and communication. This arts-based technique intrigued me as a potential occupational therapy health promotion tool but I found little research-based evidence available regarding its application. I began to explore its use in other disciplines such as the arts, psychologies, neurosciences, linguistics, art therapy, speech and language therapy and market research. As a result of this literature search, I started to wonder if in fact collage could be one of the innovative health promotion tools for which I had been searching.

2.7 Why Collage as a Tool to Promote Healthy Occupation and Well-Being in Retirement?

The word collage derives from the French verb ‘coller’, which means to paste or to glue (Enslen, 1995). The first use of collage in fine art is attributed to the Spanish artist Pablo Picasso and French painter Georges Braque in their cubist paintings in the early 20th century (Enslen, 1995). Collage involves the arrangement and gluing of ready-made pictures, text or materials usually seen in one context and forces them to be seen in a new light (Leland & Williams, 1994). This is described to be an “intuitive process” of the layering and re-organisation of images and materials upon a blank canvas until the desired effect surfaces (Harrison & Grasdal, 2003, p. 7). Artist Paula Grasdal summarises her experience of producing a collection of collages for her book ‘Collage for the Soul: Expressing Hopes and Dreams through Art’:

“It was a liberating experience to stretch my boundaries and work intensely on these projects over a concentrated period. Investigating new materials and techniques sparked my imagination. Surprising, unpremeditated meanings would emerge after a project’s completion, which illuminated once-hidden aspects of my memories, relationships and dreams. These spontaneous insights paralleled the exploratory nature of making the collages and let me take more creative chances in subsequent projects” (Harrison & Grasdal, 2003, p. 7).
Within the domain of art therapy, it is these hidden meanings that are of interest to the clinicians. Polanyi (1983) suggests that “we can know more than we can tell” (p. 4) and people may be unable to express what they think, feel, imagine or dream via face-to-face questioning techniques (Sanders, 1992; Boddy, 2005). Within art therapy, collage is used as a medium to explore people’s worlds, concerns and issues, and to symbolise their inner emotions and meaning (Ulak & Cummings, 1997; Gladding & Newsome, 2003). Rubin (2001) describes how artwork and images can have a liberating impact on how people feel and respond, creating sensations such as pleasure, fear, anxiety, or calm. Chrzanowska (2003) offers that the images used in the creation of a collage also have the potential to increase visualising capabilities that stimulate the mind. It seems that Freudian concepts such as the unconscious are influential in the reasoning behind the use of collage in these contexts. It was first proposed by Psychiatrist Sigmund Freud that a large amount of information processing occurs in the brain to which we are completely oblivious (Appignanesi & Zarate, 1998; Tallis, 2002). Chrzanowska (2003) describes how neuroscience has now confirmed Freud’s notion of the unconscious somewhat and how the advancement of brain-scanning technology has identified “pre-conscious processing, sorting and categorising of stimuli of which we have no awareness” (p. 2). There is a belief that collage can access the unconscious to help people to express concealed thoughts, raising awareness of previously hidden feelings (Liebmann, 1990).

The use of collage as a method for qualitative data collection seems to have originated from market research. The concept of the unconscious is also used to support the use of art-based projective techniques to generate the emotional attachments consumers give to products and to capture their needs in relation to product design (Chrzanowska, 2003). Collage, or ‘theme board technique’, has also been applied in postgraduate medical education (Bligh, 1992; Parsell et al., 1998) to enhance inter-professional learning amongst health professions. Images from magazines are used to share and explore individual perspectives with colleagues from other disciplines with the aim of alleviating any misconceptions and to promote new insights. Sanders (1992) proposes that listening to what people say and observing what people to do is not enough as people may only tell
or show us what they think we want to hear. Instead we need to uncover people’s inner perceptions of their thoughts, feelings and knowledge.

Creative arts and crafts were the fundamental tools for practice when the profession of occupational therapy was founded (Dickerson & Kaplan, 1991; Friedland, 2003; Schmid, 2004). Although it has always been believed that engagement in creative occupations can be a valuable part of the healing process (Hasselkus, 2002; La Cour et al. 2005), there has been a reduction in the use of creative therapies in occupational therapy over the last few decades (Thompson & Blair, 1998; Sadlo, 2004) with the exception of occupational therapists working in mental health settings (Reynolds, 2000; Schmid, 2005; Perruzza & Kinsella, 2010). This was due to the strong influence of the medical model (Wilcock, 1998) and the profession’s shift towards more bio-medically orientated approaches and reductionism from the 1960’s onwards (Friedland, 2003). Since the inception of the field of occupational science, efforts are once again being made to return creative occupations back to occupational therapy practice (Sadlo, 2004).

There has been increasing awareness and evidence of the links between creative occupations and health but mainly as a result of research from other disciplines. Canadian occupational therapists Perruzza & Kinsella (2010) recently conducted a review of published research on creative art occupations in therapeutic practice from the years 2000 to 2008. Using specific search terms that included occupation and creativity, they located only 23 articles from their international search. Every paper focused upon the use of creative therapies with people who were unwell, with mental illness being referred to the most. They concluded that although the articles point to the health value of creative art occupations with individuals faced with illness, there appears to be a lack of research that examines the use of creative arts in occupational therapy. This highlights the need for more research seeking evidence into the specific benefits of the use of creative occupations in occupational therapy practice. This collage research will therefore be able to contribute to this literature base.

How does all this relate to collage as a potential health promotion tool for occupational therapists? From my clinical experience, I have come to realise that
each person’s knowledge is unique. People construct different knowledge even if they are exposed to the same experiences. New knowledge interacts with a person’s existing knowledge to subsequently produce insight for that person. An important skill in occupational therapy is gaining insight into the prior knowledge of the client and the ideas they have about their rich and complex lifestyles. Each client’s individual needs have to be understood before the therapist can provide information and experiences to help the client construct the new knowledge that will empower them to improve and maintain their health and well-being. The College of Occupational Therapist’s health promotion guidance (COT, 2008) offers some general approaches of how to put health promotion into practice. Amongst these it is recommended that occupational therapists need to “ask the right questions to highlight the health promotion needs of their service-users” (p. 11) and introduce “new activities that are specifically aimed at improving individual or group health and well-being” (p. 14). However, one needs to bear in mind that if health promoting information and experiences are provided as standard to every individual, it is unlikely they will have the same impact upon every person and not necessarily be acted upon.

2.8 Summary

To summarise, this chapter draws our attention to the ageing population and the potential negative impacts of retirement upon health. With increasing pressure being placed upon the UK healthcare systems and the economy, the UK Government plans to raise state pension age in line with increasing longevity. With the prospect of many older people continuing paid employment into what would formerly be termed their retirement years brings challenges and uncertainty. The latest UK Government health promotion policies call for the need for cost-effective, innovative initiatives to promote health and well-being of older people, preparing them effectively for their retirement years. An evaluation of the psychosocial theories of ageing suggests that a modernised approach to ageing is needed in line with the changing concept of retirement. An occupational perspective of health indicates that occupational therapists are ideally placed to practice in primary health promotion to empower individuals to attain optimal levels of health,
functioning and life satisfaction through meaningful occupation. Finally, an appraisal of the literature surrounding collage as therapeutic medium in art therapy and as a means of data collection in qualitative research provides the conceptual foundations to support the potential use of collage to gain thoughts and knowledge about retirees complex lives in order to promote healthy lifestyles and well-being in retirement.

2.9 Research Question

In accordance with the findings of this literature search, it is conjectured that in designing a collage, a person selects materials and certain images to create an overall meaningful picture of their thoughts and feelings to magnify a certain subject. For some, these personal views are difficult to access and articulate in a straightforward interview. The literature suggests that the pictures used in the collage may have the capacity to bring emotions to the surface to share more easily with others. Collage, it seems, also has the potential to generate concepts and ideas to promote new prospects. In this context, perhaps collage could be used as a catalyst for gaining access into a person’s underlying knowledge and their future thoughts surrounding their retirement, lifestyle and health. Could collage help that person consider the impact of retirement upon their health and well-being and generate new, meaningful outlooks for the future? The introduction of collage as a health promoting tool in occupational therapy could help fulfil the College of Occupational Therapists’ call for generating innovative needs-led activities which ‘ask the right questions’ about occupation, health and well-being.

Despite all such claims and ideas, there is no discernible research-evidence in the literature to substantiate these proposals. The way in which collage works, the means by which findings are formulated and analysed or how such claims are supported, do not appear to exist. Thus this review leads to the research question: Is collage a useful tool to help occupational therapists promote healthy occupation and well-being to those entering or experiencing retirement?
Chapter 3

3 Methodology and Methods

3.1 Introduction

The philosophical underpinnings of research design include the paradigm or worldview in which the researcher and research are positioned. I have situated the research within a holistic framework that guides the methodology. The research adopts a social constructivist framework which is the construction of meaning through social interaction (Neuman, 2000). Qualitative methodology, “concerned with developing explanations of social phenomena” (Hancock, 2002, p. 2), is usually used in conjunction with the social constructivist paradigm (Guba, 1990; Creswell, 2009). This is in contrast to quantitative methodology which seeks to objectively quantify opinions, assumptions or behaviours, and searches for laws and principles, by means of statistical procedures (Straus & Corbin, 1990).

Qualitative research has been described by Benoliel (1984) as “modes of systematic inquiry concerned with understanding human beings and the nature of their transactions with themselves and with their surroundings” (p.3). Qualitative research examines the ‘why’ and ‘how’ factors of people’s experiences; why they act in a particular way and how they feel about their actions (Creswell, 2009). In order to do so, qualitative researchers conduct personal, prolonged and multiple interactions with participants within their own environments. In-depth and detailed analyses generate rich, descriptive qualitative reports that provide a deeper understanding of the participants’ attitudes, emotions and motivations (Hancock, 2002). Fieldwork, data collection and subsequent manuscript transcription are time consuming and the complexities of the analysis and interpretation of the data are prolonged and demanding (Creswell, 2009). Qualitative research itself is criticised by some as being ‘messy’ (Watts, 2008). However, life is complex. The worlds in which each of us exists are extremely complicated and our outlooks on life are intricate and subjective. The range of personal perceptions and meanings we ascribe to different phenomena in life can be so diverse and conflicting, they
cannot easily be measured or calculated. Qualitative research goes further than the quantification of observable phenomena and seeks to interpret, understand and explain the underlying historical, cultural, social, and political meanings of life (Dharamsi & Scott, 2009). Yet there are some quantitative researchers who perceive qualitative researchers as “journalists or soft scientists” and label their work as “unscientific, or only exploratory, or entirely personal and full of bias” (Denzin & Lincoln, 1994, p. 4). These criticisms and challenges are addressed in sections 3.3, 3.5 and 3.12.

In the context of this study, qualitative methodology enabled me to facilitate an in-depth understanding of if, why and how collage is a useful tool to promote healthy occupation and well-being in retirement, from the participants’ perspective. I explored how the collage process worked from the point of view of the participants involved. Qualitative research allowed me to employ multiple methods that were naturalistic (Leedy, 1993; Lincoln & Guba, 2000), interactive and dynamic (Creswell, 2009). This allowed for the fact that my theoretical framework and methods might continuously change throughout the course of the research as questions were formed and developed (Caelli et al., 2003). Such an approach proved ideal for this study, as its content is multi-layered and crosses many disciplines and subject matters (Denzin & Lincoln, 2000). It allowed me to become immersed in the process with the participants; not only as a researcher but also as a participant myself (McMillan & Schumacher, 2001; Creswell, 2009). This chapter explains how this social constructivist, qualitative approach to the research interrelates with the evaluative and narrative methods of data generation and analysis that I employed.

3.2 What is My View of the World?

My deliberations on the subject of epistemology (the theory of the nature and sources of knowledge) and ontology (the nature of being and of reality) clarified a set of basic philosophical belief systems (Guba, 1990) that helped me to design a number of methods to address the research question. Before embarking upon an
account of the qualitative methods employed in this research, it is important to emphasise my worldviews.

My epistemological positioning has been influenced by the hierarchy of human knowledge proposed by Watzlawick et al. (1967, p. 260). They put forward three basic types of human knowledge about objects and events in the world. First-order knowledge comprises knowledge of an object as a result of direct sensory feedback. Second-order knowledge refers to knowledge about that object, what it means and how to react to it. Third-order knowledge involves a more integrated view of the individual meanings that have been comprehended or concluded about those objects within the world. At each level, they suggest that knowledge is created via a personal perspective and continuously emerges. For example, nature, people, objects, pictures, sounds and smells surround us. As individuals, we select certain experiences and analyse them to make sense of our own worlds. What I see may go unnoticed by another and what I perceive as important may be considered insignificant by the next. This, of course, is dependent on our historical, cultural and social backgrounds and occupational histories. The same experiences can be perceived differently by different people and may be given totally diverse meanings. Furthermore we come up with ideas to make sense of these experiences and we “continually test and modify these constructions in light of new experiences” (Schwandt, 2000, p. 197) and shared discourse.

These concepts provide the foundations for my epistemological orientation. Knowledge is constantly re-shaped and re-organised through participation in occupation, through interaction with the environment and through social relationships (Bruner, 1986). My knowledge is based upon my upbringing and adulthood experiences which have been influenced by my family, friends, tutors, colleagues and clients. I compare and contrast the knowledge arising from our conversations with the knowledge I have gained from books, newspapers, television and the internet, in addition to the knowledge resulting from my occupational experiences. These diverse sources of knowledge are context and time dependent and continuously evolving.
My ontological reasoning accepts that individuals’ different explanations and meanings behind the natural world are of worth. I find the truth about the natural world cannot ever be fully comprehended so each person’s personal view of life should not be judged. Watzlawick et al. (1967) make the point that the content of one’s reality and one’s view of the world is actually unimportant, “as long as it offers a meaningful premise for one’s existence” (p. 261-262). Reality is what we make it to be and we create for ourselves our own situations. According to occupational therapy philosophy, our sense of being is constructed through our actions and occupational experiences in the world. McColl (2002) asserts that “we are what we do, and occupation is an essential part of the formation and maintenance of the self” (p. 352).

These worldviews are closely aligned to the assumptions of the social constructivist paradigm which advocates that “knowledge and truth are created, not discovered by the mind” (Schwandt, 1994, p. 125). Social constructivist ontology discards the idea of the single, constant reality and replaces it with a “dynamic, changing truth bounded by time, space and perspective” (Wilson, 1997, p.2). Roux & Barry (2009) advise that an individual will possess multiple perspectives regarding a situation or event, and it is the role of researcher to develop an understanding of the multiple meanings these perspectives hold. Neuman (2000) proposes that knowledge and reality has little intrinsic meaning until it is co-constructed and shared through social interaction. In contrast to positivist beliefs, social constructivists accept and embrace factors such as subjectivity in the interpretive phase of data analysis and researcher influences as they are deemed important in demonstrating how scientific knowledge is created (Crotty, 1998). In particular, Hiles (2002) asserts that researchers need to encode knowledge and reality in a format that can be shared with others. He proposes the function of social narrative as a way of disseminating that knowledge to wider audiences. As knowledge and reality is context and time dependent (Cousins, 2002), subjective and established through meaning (Everitt & Fisher, 1995), it cannot be either proved or disproved. In this context, all researchers can do is to help uncover and construct the perspectives and meanings that each person conveys at the particular time of the research.
In summary, my belief is that my participants will hold multiple perspectives and meanings of the world through their interaction with others, through the occupations that they do and through their interaction with the environment. As long as each participant’s realities hold inherent meaning and worth to him or her, it does not matter if I concur with those realities or not. What is important is that we co-construct that meaning together and share and disseminate the knowledge we produce to the wider audience.

3.3 Positioning My Worldview in Healthcare

As well as being consistent with my worldview, a social constructivist approach is adopted in this research as it is also aligned to my practice in the current world of healthcare. In 1997, a major theme for UK Government policy for the NHS focused upon the principles of partnership and co-operation. User involvement in healthcare shifted from the patient as a consumer in an organisation driven by market forces (Department of Health, 1989), towards the patient becoming a partner in the generation of democratic and accountable services (Department of Health, 1999; Department of Health, 2000b). Patient-centred partnerships advocated that healthcare professionals should not simply diagnose and treat illness, but work in affiliation with patients and their carers – listen to their concerns, respond to their anxieties, acknowledge their personal beliefs and respect their choices. These principles have always been at the heart of occupational therapy practice where therapeutic encounters are mainly concerned with the perceived needs and goals of the individual client. Compassion is given to the challenges a client may face and, in partnership, the occupational therapist attempts to make sense of those challenges in order to create meaning and understanding for both parties.

In relation to these principles, the ensuing purpose of this study was not to evaluate the effectiveness of the collage process and glean measurable results, but to understand the nature and value of the collage process through the complexity and uniqueness of each participant’s experience. Tones (2000) advises that it is important to explore and recognise how and why particular interventions
have been successful and that this knowledge plays an important role for the successful dissemination and implementation of new interventions. Qualitative research can be valuable in the appraisal of health promotion interventions to provide insight into people’s experiences (Nutbeam, 1998). A social constructivist approach is particularly beneficial in understanding people’s multiple, constructed realities; comprehending their health and lifestyle behaviours; exploring how people interpret health promotion guidance; and realising how individuals and health professionals interrelate (International Union for Health Promotion, 2000). The collaboration of health and social care staff, clients, carers and the broader public are essential when developing health promotion strategies and interventions especially where public reactions and compliance will determine success or failure (Department of Health, 1999; Department of Health, 2000b; Harrison & New, 2002; Mayer, 2003).

In his inquiry into the cost-effectiveness of improving the health of the whole population and reducing health inequalities in the UK, Sir Derek Wanless concluded that there was limited evidence concerning the process and outcomes of preventative and public health interventions and their cost-effectiveness (Wanless, 2004). Within the medical world, there seems to have been a long-standing resistance to adopting innovations that have used qualitative methodology (MacDonald et al., 1996; Speller et al., 1997). In the past, developments in knowledge have generally originated from well controlled health promotion interventions, such as patient education programmes, that have been evaluated through randomised control trials (Nutbeam, 1999; International Union For Health Promotion, 2000). This is perhaps due to the fact that methods in healthcare research are often not considered scientifically rigorous if they are not the ‘gold standard’ randomised control trial (Green & Britten, 1998). However the World Health Organisation (1998, p.5) argues that ‘the use of randomised controlled trials to evaluate health promotion initiatives is, in most cases, inappropriate, misleading and unnecessarily expensive”. In most cases, randomised control trials are only really appropriate for narrowly defined programme objectives normally limited to a specific issue such as smoking cessation (Nutbeam, 1999) whereas social phenomena is often more complex to research. Research methods need to respond to these complexities and evidence
for successful health promotion interventions has to be gathered from a much wider range of sources and in partnership with service users (International Union For Health Promotion, 2000; Wanless, 2004). Still, researchers who carry out research in this way must demonstrate that the methods they adopt are trustworthy to the post-positivist community. Strategies to ensure that my research is credible are outlined in section 3.5.

3.4 Incorporating My Worldview into the Research Process

In my day-to-day practice of occupational therapy, if I want to know about someone, I engage with that person in a story like manner. For example, when asking for a description of the challenges he or she faces from engaging in specific occupations, I enquire how and why those particular occupations have become so important and meaningful. This provides the opportunity for the client to give open, informal and detailed accounts about whatever may be causing the most concern. These are often in the form of stories that portray his or her views and beliefs behind a specific experience or event thus providing insight and meaning for both therapist and client (Biggs & Hinton-Bayre, 2008). Stories are the basic representations of our everyday activities (Mattingly, 1998). As such, our lives reflect a storybook - we “dream in narrative, daydream in narrative, remember, anticipate, hope, despair, believe, doubt, plan, revise, criticise, construct, gossip, learn, hate and love by narrative” (Hardy, 1968, p.5). In telling a story, a person automatically participates in the act of constructing and disclosing the features that shape their identity and their world (Brunner, 1990). This exemplifies the “primary form by which human experience is made meaningful” (Polkinghorne, 1988, p. 1). The story not only provides a means to understand the issues; it provides a holistic framework for approaching a client’s needs, searching for therapeutic solutions and devising collaborative goals (Leiblich, 1998; Greenhalgh & Hurwitz, 1999; Hiles, 2002). What is more, the story acts as a vehicle for change.

In occupational therapy, this practice of storytelling and focus on the process of change is known as narrative reasoning (Mattingly, 1998). According to Fleming (1991), narrative reasoning allows the client to envisage several future possibilities.
in partnership with the occupational therapist. This encourages the client to alter their story to project a future that includes continuing purposeful and meaningful occupation. Fundamentally, we have the power to transform our identities and overcome our challenges by modifying the stories we tell about ourselves (Fleming, 1991). In this context, it is not just the story told that matters, it is in the telling of that story to another person that is most important.

Narrative can also be used as an approach within research. Being aligned to the notion of social constructivism and thus my worldviews both in my professional practice and in my personal life, I employed a combination of evaluative and narrative focus in the collection and analysis of data for this research. Evaluation involved a retrospective process of observation and reflection (further detailed in section 3.9) and the use of narrative gave voice to the evaluative input of the participants. The overall goal was to determine the worth of the use of collage as a health promotion tool from the perspectives of the participants.

According to Riessman (1993, p.17), narrative inquiry involves the exploration of “first person accounts of experience” of specific events that happened in the past, accounts of events from the present or those that might happen in the future. Narrative inquiry has a temporal dimension (Leiblich, 1998; Clandinin & Connelly, 2000). In contrast to phenomenology, for example, narrative inquiry is not only concerned with lived experience, “but also with life as it is experienced on a continuum” (Clandinin & Connelly, 2000, p. 19). The main aim of narrative inquiry is to understand how the storyteller thinks and acts in the contexts in which they live through their past, present and future narratives (Clandinin & Connelly, 1990).

Narrative inquiry is a way of “opening a window to the mind” (Cortazzi, 1993, p.2) to enable those who listen to the stories to understand the inner thoughts and worlds of the storyteller. Ricoeur (1991) explains that the role of the narrative researcher is to enter into the worlds of the narrative, interpret and understand its meaning, and share that understanding with readers. On the surface, this process seems quite straightforward. As my practice is based in narrative, I initially assumed it was logical to research in narrative. The close alignment of this approach to my professional practice made it a powerful feature in the context of
the professional doctorate. However, there were implications of this that needed to be more deeply considered.

As previously illustrated, in telling a story, a person instinctively participates in the act of constructing his or her identity in the world in which they live (Bruner, 1990). If this story is explored in collaboration with another, a conversational or ‘narrative space’ opens up that allows alternative stories to be developed (Epston & White, 1990; Morgan, 2000). Bruner (1986) advises that it is in the actual performance of telling and then re-telling the story that the therapeutic benefits begin to arise. As people go onto act out these alternative stories, they start to establish new self-images and new outlooks (Fleming, 1991; Freedman & Combs, 1996; Mattingly, 1998). This process is more formally known as narrative therapy (Epston & White, 1990; Morgan, 2000).

During the earlier stages of the doctoral programme I discovered that the narrative inquiry process Ricoeur (1991) describes has the potential to produce the same narrative spaces that take place within narrative therapy. An example of this occurred following an interview after a practice collage session that I conducted for one of the assignments [See Box 1].
Thus, one issue to reconsider was that the research interview could potentially become confused with a therapeutic encounter. I realised that the boundaries between undertaking narrative inquiry and narrative therapy are quite blurred. This is one of the implications and complications of researching one’s own practice.

Potentially, fulfilling dual roles of researcher and occupational therapist posed potential ethical issues and challenges. By telling a story, a person could reveal tacit knowledge about him or herself, raising awareness of suppressed emotions (Morgan, 2000). Participants may therefore be at risk of disclosing more information than they had expected when agreeing to take part in the research (Richards & Schwartz, 2002). These stories can also reveal new insights and possibilities (Leiblich, 1998; Hiles, 2002) and participants may also undergo unexpected personal transformations (Richards & Schwartz, 2002) which may be considered positive (Robinson & Thorne, 1988; Etherington, 1996; Morecroft et al., 2004). Morecroft et al. (2004) explored the likelihood of any therapeutic effects of

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**Box 1 – The Narrative Space**

An excerpt from one of the interviews:

“The first thing I did when I retired was go through the wardrobe. I’ve always had 2 work shirts the same. I got 2 blues, 2 reds, 2 light blues, 2 dark blues and a couple of odd shirts. The one of each, which was the worst one, I put in the Oxfam shop, whether they want it for the buttons, cleaning rags - I don't know - I'm not bothered. I don't need all those shirts any more but when I go to the wardrobe I can still count out 8 or 10 shirts to wear to work. I know I'm not going to use them anymore but I haven't thrown the lot away… I feel as if I've still got cover. I needn't keep them but there's that cover there - is it that I can't jump to here because I haven't got the nerve to do?”

[Points to the ‘castaway’ picture in his collage]

[Long pause…]

“I've not let go yet. I've not let go. You know? If someone said, 'Look, give us a hand' - I'll say, ‘Fine’. I've got 10 shirts and I'll pick one.”

The participant later wrote to me to say:

“Just to let you know – a few more shirts have gone to Oxfam. That's good news! I'm letting go of the past!”

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Thus, one issue to reconsider was that the research interview could potentially become confused with a therapeutic encounter. I realised that the boundaries between undertaking narrative inquiry and narrative therapy are quite blurred. This is one of the implications and complications of researching one’s own practice.
an in-depth research interview on participants suffering from hypertension. 83% of the participants confirmed that their interview had been beneficial in that it altered their views and lifestyle behaviour as well as helping them to develop fuller insight into their condition. These are implications not usually considered in many qualitative research papers.

O’Connor & Patrick (1996) on the other hand embraced these types of therapeutic effects within their research. Based on the work of Pare (1995) they acknowledged three positions they moved between: objectivity, subjectivity and intersubjectivity. Firstly, they were counsellors who directed therapeutic workshops as well as being researchers with expert knowledge of interpretation and analysis. Secondly, they were considerate of their participants’ individual experiences and personal meanings of the world. Thirdly, they collaborated with their participants to jointly explore the narratives they had told. O’Connor & Patrick (1996) described these last two positions as a shift between constructivism and social constructivism. Rather than attempting to conceal or manipulate the potential therapeutic encounter, they welcomed and made effective use of it. With this combination of roles and responsibilities they acknowledged their research as therapy. More importantly they emphasised that the dual relationship between therapist and researcher enabled them to be more mindful of the therapeutic process thus enhancing their practice. With this in mind, I was prepared for the fact that the interview process might be considered therapeutic. Indeed, perhaps the creation of the collage itself would be seen as a therapeutic tool with potential.

The findings, then, also become dependent upon my input, views and my beliefs. Far from being an independent observer, I am an influential part of the process. I am unable to disregard my professional perspectives, skills or abilities if I am to take on the dual roles of researcher and occupational therapist. The research has to become not just an exploration of the collage process itself but the wider context in which its meaning is constructed. If knowledge is socially constructed, an account of the relationships and the contexts within which meaning is ascribed is essential. Furthermore, it is important to demonstrate that the methods I adopt are trustworthy and to make explicit the contribution I make to this research.
3.5 How Do I Ensure Trustworthiness?

Finlay (2006) explains how quantitative research is typically evaluated using the concepts of “reliability, validity and generalisability” (p. 320), yet not appropriate for the appraisal of qualitative studies. Firstly, the findings from qualitative research are time, place and context dependent (Finlay, 2006). Studies can never be repeated under the same conditions and therefore the results will not be constant or reliable. Secondly, qualitative researchers acknowledge the fact that the phenomenon being investigated is made up of multiple realities that are open to subjective interpretations instead of there being one, undisputable objective reality (Finlay, 2006). Thirdly, Finlay (2006) asserts that qualitative researchers are more concerned with rich, in-depth findings that “may have meaning or relevance if applied to other individuals, contexts and situations” (p. 320), rather than simply generalising statistical findings to a wider population.

As the field of qualitative research is still evolving, it seems that the criteria and terminologies for its evaluation are not entirely agreed upon. Nonetheless qualitative research should be well grounded and supportable, i.e. it is considered trustworthy and rigorous (Denzin & Lincoln, 2005). Lincoln and Guba (1985, p. 300) for example emphasise the importance of “credibility, transferability, dependability and confirmability” in qualitative studies. Credibility is the evaluation of the accuracy and integrity of the presentation and interpretation of the raw data. Transferability refers to the extent to which the findings are considered plausible and applicable to other settings by the reader. Dependability is concerned with the consistency of the data and that steps have been taken to provide explicit accounts of any changes that occurred throughout the course of the research. Lastly, confirmability is an assessment of whether the findings described, originated from the data.

In contrast, Bochner (2000) criticises qualitative researchers who are reluctant to admit that qualitative research is often “messy, complicated, uncertain and soft” (p.267) and argues that it is just not appropriate to apply objective criteria for its appraisal. Green & Thorogood (2004) go onto say that objective criteria consequently emphasises “rigour rather than imagination and questions of truth
rather than possibility” (p. 244). Accordingly, Finlay (2006) suggests that qualitative research should be evaluated on the conviction of the researcher's findings and their ability to impress upon a reader to enable them to understand the worlds of the participants' in a new light. Many qualitative researchers have attempted to integrate creative dimensions termed as ‘artistry' to achieve this (Finlay, 2006). Bochner (2000, p. 270-271), for example, has devised a list of features that artistry should encapture within qualitative research. These include detailed feelings of the participants; stories that provide believable accounts; complex narratives that are time dependent; an insight into the author’s subjectiveness and emotional integrity; ethical considerations; and writing that provokes poignant as well as rational thought. Both Richardson (1992) and Bochner (2000) advocate the use of poetry to encompass these features. With this in mind, I have incorporated an artistic dimension to the scientific criteria upon which I hope the research will be judged. This artistic dimension, in the form of poetic representation, is outlined further on in this chapter in section 3.12.1, whilst the objective criteria used to enhance the trustworthiness of the research are detailed below.

### 3.5.1 Credibility

Credibility is viewed by Lincoln & Guba (1985) as the primary aim of qualitative research. Credibility refers to the compatibility between the constructed realities of the participants and those perceived by the researcher (Lincoln & Guba, 1985). Essentially there needs to be confidence in the truth of the data and its interpretations. To enhance credibility, Taylor (2007) advises the collection and observation of data should take place over a prolonged period of time from a range of participants. It is also recommended that data collection encompasses a variety of research methods and sources - a process known as triangulation (Lincoln & Guba, 1985). By studying the data from more than one perspective (Cohen & Manion, 1986) it is possible to provide more comprehensive and balanced findings (Altrichter et al., 1996). In this research, I utilised a number of collaborative data collection methods over a period of eighteen months. I kept records of all telephone, email and postal correspondence with the participants,
employed an independent observer to assist with the collage sessions, used end-of-session questionnaires, undertook two sets of interviews eighteen months apart and maintained a reflective journal throughout. Photographic images of the completed collage were also used to enrich the findings.

Another strategy to enhance credibility is to involve the participants in the analysis of the research by giving them access to the transcribed data and the interpretations of that data. Those intentions were initially set about and participants were invited to “member check” (Lincoln & Guba, 1985, p. 314) the transcripts of the first set of interviews and the re-crafted narratives. I did not invite them to review my analysis and interpretation of that data for two reasons. Firstly, it took almost a year to analyse all the data and I did not consider it particularly reliable to ask participants to check the data after such an elapsed period. Instead, the participants had evaluated the collage process on three different occasions over a period of eighteen months which resulted in a rich, three layered data set. This provided sufficient corroboration of their evaluations from which it was possible to analyse the data from multiple angles and a variety of expressions (Lincoln & Guba, 1985; Patton, 2002) thus enhancing the trustworthiness of the research text. Secondly, the findings were a combination of the voices of the participants and my own that had emerged in a specific interpersonal context. Notwithstanding the shared construction of the findings, I acknowledge that the final write up is fundamentally my own composition. In order to enhance credibility I participated in peer debriefing with my academic supervisors and my cohort peers to discuss and refine my conceptual interpretations of the findings.

Credibility also comprises elements of transparency. This involves being explicit in the choice of methods and reasons as to why they were carried out in a particular manner (Green & Thorogood, 2004). Within this chapter, I provide clear details of how I conducted the research and have given full explanations of my decision making process. Coupled with supporting literature, I have attempted to make this research process as transparent to the reader as possible.
3.5.2 Transferability

Transferability refers to the extent to which the findings of qualitative research can be applied or communicated to other contexts or settings (Lincoln & Guba, 1985). In this case, transferability is dependent upon the judgement of the person applying the findings to other situations and becomes their responsibility. In this research, transferability has been enhanced by thoroughly describing the research context and the assumptions that were central to the research. Examples of data analysis are accessible in the appendices and rich, descriptive data is presented in the findings chapter enabling readers to consider the transferability of the outcomes to other contexts or settings. I am keen for the research to be circulated within the occupational therapy profession and wider healthcare settings, as well as within public health policy and life planning domains. Through systematic and thorough documentation, the thesis positions the research historically and examines how it can inform policy and practice both now and in the future.

3.5.3 Dependability and Confirmability

Dependability is concerned with the stability (reliability) of the data over time (Lincoln & Guba, 1985). Dependability is enhanced by explicitly explaining the process of the research. Flick (2002, p. 229) describes this as an “audit trail”. In order to eliminate any ambiguity in the research process, I provide a full audit trail as a logical structured, means of making my decision making as transparent as possible at all stages of the research process.

Lincoln & Guba (1985) suggest that the confirmability of the inquiry can only be established once the research process and outcomes have been rigorously assessed, such as in doctoral examination. Taylor (2007) advises that in addition to demonstrating the intentions, perspectives and influences of the researcher, the write up must include evidence that the results convey the voices of the participants. Confirmability is the confirmation that the analysis corresponds to the information the participants provided (Taylor, 2007). Methods of triangulation, audit and reflexivity are used to achieve this in this case.
3.5.4 Reflexivity

Nightingale & Cromby (1999) emphasise that it is important for the researcher to “acknowledge the impossibility of remaining outside of one’s subject matter” (p.228). At the outset I knew I could not disassociate myself from the research. As previously discussed, I recognised that I would inevitably contribute to the data collection and interpretation of that data particularly as a researcher-practitioner. It was important to provide evidence of my involvement and influence on the research. A further issue pertaining to my skills as an occupational therapist was if another researcher collected the data, the findings would be different.

Finlay (2003) proposes that subjectivity in the research process can be made transparent through the use of reflexivity and I embraced this as a means of elucidating my involvement. Willig (2001) describes how reflexivity involves “reflecting upon the ways in which our own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research” (p. 10). This also includes reflecting on the way in which the research may have impacted upon the researcher and the assumptions he or she may have made. In turn, this helps the researcher and the readers to consider the implications for practice.

Reflexivity on both a personal and an epistemological level is necessary in order to establish accountability mechanisms within the research process (Finlay, 2003). In addition to using the audit trail to demonstrate these mechanisms, I maintained a reflective fieldwork journal to record details of my thoughts, feelings, ideas and assumptions which ultimately informed the write up of this thesis.

3.6 Gaining Access and Ethical Permission

As the research was not being undertaken within the scope of the NHS, I submitted my research proposals to the University of Brighton Ethics Committee. I attended the Ethics Committee Meeting with one of my research advisors and the feedback from the Committee was positive and approval granted [see Appendix
A]. The main ethical considerations of the study were confidentiality, safety and sensitive issues.

Ground rules of confidentiality were established at the outset and formed part of the participant’s research invitations and consent forms. Due to the prolonged nature of the study, a second consent form which including a confidentiality statement was issued half way through the course of the data collection. Confidentiality within the collage group sessions was also strictly observed. All data was stored securely and complied with current data protection legislation. Due to the nature of the narrative inquiry, the participants were offered the option of ‘owning’ their stories and to be named within the transcripts and research text. The alternative use of pseudo names was also offered. Permission was sought for photographs of the collage sessions and the collages to be taken and published. It was made clear that anything that could reveal their personal identities in the photographs would be obscured if they so wished.

The collage groups were undertaken in a classroom at the University of Brighton in Eastbourne and at the Life Academy’s head office in Guildford, Surrey. I was accompanied by an independent observer on both occasions. Once researcher/participant rapport had been formed at these collage groups, subsequent follow up interviews were carried out at the participant’s homes. There was always a possibility that the collage groups sessions and subsequent interviews might uncover feelings and attitudes that would be less forthcoming in responses to more direct questions. This was made clear to the participants in their participant information notes. From my professional experience, issues of ageing and fear of ill health can evoke upset and tears. In spite of this, I believe research in this area should not shy away from emotion. My professional training in mental health and basic counselling skills was advantageous in identifying and dealing with such issues and I felt prepared for those challenges within the interview process. However the complications this brings are illustrated in Box 2.
It was made clear that the study would not involve formal, clinical therapy, or require any unwanted exploration of any sensitive issues or feelings. I informed the participants that they could withdraw from the study at any time during its course. If any sensitive or emotional issues arose concerning retirement, the participants were made aware they had free access to the key life planning tutors and advisors employed by the Life Academy. The Life Academy provided advice and support during the recruitment phase of my research. They are a registered charity providing mid-career and pre and post retirement planning and education. If participants decided to withdraw from the study or terminate any interview, they still had access to support from the Life Academy.

3.7 Sampling

Sample size in quantitative research is more relevant in terms of generalising statistical findings to larger populations (Onwuegbuzie & Leech, 2005). Qualitative researchers are more concerned with rich, in-depth findings that have meaning for other individuals, contexts and situations (Onwuegbuzie & Leech, 2005; Finlay, 2006). Miles & Huberman (1994) propose qualitative researchers tend to form analytic generalisations from their findings that are evaluated against wider theories and constructs. Thus sample size reflects the appropriateness of the participants and the data collection techniques being employed to acquire

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**Box 2 – Ethical Considerations**

During the course of the interviews, it became apparent that Eileen, one of the participants, was extremely low in mood. She even divulged to me that she no longer wished to carry on living. Eileen requested that I continue to see her in a therapeutic capacity; however I explained the ethical implications of this with regards to the research. I sought advice from my University and obtained Eileen’s consent to write to her GP informing him of her involvement in the study and the problems she was experiencing. Her GP immediately visited her at home and prescribed antidepressants with follow-up counselling. I attempted to seek occupational therapy input from a private practitioner at Eileen’s request but was unable to locate one in that particular line of work in her area. Eileen continued to write to me for a short period time after the final interview informing me of her progress and of the gradual improvement in her mood. She continued to give her consent for me to use the data that emerged from her collage and subsequent interviews in this research.
sufficient rich and thick meaning (Onwuegbuzie & Leech, 2005). Some methodologists offer sample size guidelines and Creswell (1998), for example, recommends a sample of 10 participants for phenomenological studies and 20-30 participants for grounded theory research.

A maximum of 15 participants was sought for this present study. A large quantity of richly descriptive data was anticipated through a number of qualitative data collection methods over a prolonged period of time. As this research was more concerned with the depth of the data rather than breadth, I felt that the sample size was more than adequate to produce sufficient data within the two-year timescale.

A combination of purposive and self-selected sampling methods was used to recruit members of the targeted retirement populations. The inclusion criteria for participation in the study were that:

- All participants must be retired from full-time remunerative employment.

- Some participants will have had previous life planning education and would like to experience the collage process.

- Some participants will not have had any life planning education and would wish to experience the collage process.

- All participants must be willing to participate in and share their personal experiences of the collage process.

Although the State retirement age was 60 years for women and 65 years for men at the time of data collection, no age restrictions were applied. In the prevailing employment conditions, it was expected that some individuals may have opted for early retirement or may have been made redundant before reaching retirement age.

Purposive sampling is based on the assumption that “one wants to discover, understand and gain the richest insight, therefore one needs to select a sample
from which one can learn the most” (Merriam, 1991, p. 48). To achieve this particular aim, participants were sought who had already experienced some form of retirement planning intervention. Such a group would have definitive opinion and more insight in order to comment on the value of the collage tool. Participants who did not have any previous experience of life planning were also sought and in particular, those who had a felt need to participate in a life planning intervention. It was anticipated that the reasons as to why people had volunteered would emerge during the interview process.

3.8 Recruitment

In November 2006, the Life Academy distributed my recruitment invitations together with the Life Academy’s annual newsletters to the 250 retired members of their ‘Positive Change Management Club’. All of these members had undergone at least one of the Life Academy’s retirement planning courses. As an incentive to encourage participation, the Life Academy proposed further opportunities for the members to partake in alternative collage sessions at the Life Academy, outside of the research. Nonetheless, only three members, a husband and wife couple and another female, responded and signed up to the research.

As well as enlisting individuals who had not experienced any life planning, the Life Academy warned that recruiting exclusively through their members meant that volunteers might be limited to mainly white, professional males. In order to enlist a wider range of participants from different socio-economic and employment backgrounds, I extended the recruitment process to the Eastbourne area where my University campus was situated. The 2001 census showed that this location had a larger than average age profile for the over 60 population - just over a quarter of the population are of retirement age as opposed to the UK average of 18.4% (Office for National Statistics, 2001).

It was also important to include individuals from ethnic minorities. The UK Government’s Social Exclusion Unit states, “taken as a whole, ethnic minority groups are more likely than the rest of the population to live in poor areas, be
unemployed, have low incomes, live in poor housing and have poor health and be the victims of crime” (Home Office & NCVO, 2000, p. 88). As a multicultural nation, we need to develop health promotion tools that are also culturally sensitive. The credibility of the messenger is important in this case especially when informing health education messages and healthcare policies for retirement. There may be common themes across all ethnicities, or different ethnicities may have more specific concerns. The theoretical frameworks for preparing for retirement or reflecting upon retirement may be very different. Messages may therefore need to be tailored.

In its 2006 ethnicity estimates, the Office for National Statistics stated that 6% of Eastbourne’s population came from a background other than white British (Office for National Statistics, 2006). For advice on how to access this minority population, I contacted the Eastbourne Cultural Communities Network who suggested I target the Eastbourne Islamic Cultural Centre, the Eastbourne Districts Chinese Community Association and the Eastbourne Elim Pentecostal Church. However following a number of e-mails and the distribution of recruitment posters and flyers, I received a zero response rate.

The Eastbourne Herald, a well-known local newspaper, interviewed me regarding the research and published a short article and recruitment advertisement. In addition, I displayed recruitment posters on the notice boards in Tesco’s supermarket, Eastbourne Library and a number of cafes in and around Eastbourne. I received 14 enquiries into the research from Eastbourne’s general population – all in response to the newspaper advertisement. Finally, a total of nine of those individuals, three males and six females, signed up to the research following receipt of the research information packs and consent forms.

For both targeted populations, the non-probability sampling methods involved the participants volunteering to become part of the study in response to an advertisement. The open advertisement enabled access for all potential participants through open and transparent means, minimising any risk of coercion. It is important to note that volunteer or self-selected sampling can be perceived to infer a degree of bias within the research (Hayes, 2009). Individuals who were
attracted to the research may have been those who were more motivated and confident to take part; those who were particularly concerned with their health; and/or those who were more interested in and compliant with health intervention for example. Those informants’ accounts were perhaps going to be richer, thus providing the fullest insight and understanding to the study (Marshall, 1996). This qualitative research aims to provide in-depth illumination and understanding of the collage tool as seen through the eyes of the people being studied. The research does not aim to produce a representative sample or draw statistical inference about the general retirement population. Still, awareness of the potential biases relating to self-selected or volunteer sampling is important for appreciating the interpretation of the results. The personality of the participants and the reasons why they chose to volunteer for the research will have had an impact upon the outcome.

In total, 12 participants volunteered to take part in the study. I went on to create a 'sampling grid' to realise the range of individuals [see Appendix B].

### 3.8.1 Participant Profile

The ages of the 12 people who participated in the research ranged from 58 to 82 years, with a mean age of 66.3 years. All were white British. Four were male (two men accompanied their wives). Eight were married, three widowed and one a spinster. All the participants were retired from full-time remunerative employment: two of the participants had been made redundant, two had retired early through personal choice and seven had retired on and after State Pension age. In relation to the National Statistics Socio-Economic Classification (Office for National Statistics, 2010b), four had worked in professional positions, four in intermediate and four in routine work. Six were undertaking part-time remunerative employment at the time of the research and one had been made redundant from their part-time position two years prior to the research.
3.9  Methods of Data Generation

An information pack was forwarded to each participant providing full details of the research [see Appendix C]. The participants were invited to attend, as a group, a collage session where each would create a collage. In order to answer the research question and explore whether collage is a useful tool for practice, it was important to implement a number of methods of generating useful data following the collage sessions. The fundamental aim of any research is to create new knowledge and to provide supporting evidence. In turn, evidence-based practice utilises that knowledge and evidence to evaluate and enhance practice (Taylor, 2000). Evidence-based practice is described as “doing the right things right” (Gray, 2001, p. 20) and so research helps to inform us what those right things are (Taylor, 2000). In view of this, I sought, from the occupational therapy literature, an evaluation framework that would help us to understand the collage process and consider its worth as a medium in health promotion practice.

In occupational therapy, evaluation is used as part of the occupational therapy assessment and intervention process in determining a client’s functional ability, strengths and needs prior to intervention and also for measuring changes in the client’s functional performance thereafter (Fearing et al., 1997; Creek, 2003). The occupational therapy process is similar to the research process “in that a problem needs to be identified, an intervention must be planned and carried out, and the outcome must be assessed and evaluated” (Taylor, 2000, p. 5). Most outcome measures in occupational therapy determine improvements in a client’s functional performance using predominantly quantitative and statistical means. An example is the Assessment of Motor and Process Skills (AMPS) (Fisher, 2003) which evaluates and measures an individual’s ability to perform the activities of daily living he or she needs and/or wishes to perform. The quality of the individual’s occupational performance is evaluated by rating the effort, efficiency, safety, and independence of 16 motor and 20 process skills during meaningful activity (Fisher, 2003). There is also the Canadian Occupational Performance Measure (COPM) (Law et al., 2005) which is an individualised outcome measure designed to help clients themselves recognise, select and evaluate the most important issues they
encounter in occupational performance. The COPM enables the client to self-rate his or her perception of his or her actual performance and satisfaction with this performance over time (Law et al., 2005). This tool is more client-centred and recognises the client as the expert of his or her occupational lifestyle and as a partner in the evaluation process (Law et al., 2005); a feature that I wished to incorporate into my evaluation framework.

However, in light of the above, these types of traditional occupational therapy evaluation frameworks, on the whole, were deemed unfitting for this particular study. Firstly, the paradigm in which the research is situated is not congruent with quantitative methodology and secondly the collage process focuses more upon lifestyle awareness, learning and planning with ‘well’ individuals rather than on improvements of dysfunction. Indeed, as a result of this research, the COPM is further discussed in section 5.6 ‘Implications for Practice’ as a recommended outcome measure for clients who have specific cognitive and/or emotional concerns that require on-going occupational therapy input following the collage process. The overriding purpose of this research was to explore and understand the potential of the collage process as a health promoting tool, from the participant’s perspective. I sought a method of evaluation that would help determine whether the collage process would prompt any learning, goal setting, behavioural intentions and/or actions for example. Thus I turned back to the literature to explore evaluation models relating more to education and training.

McBride (1999) contends that the evaluation of an intervention requires a sequence of evaluations in contrast to a one-off evaluation. That is, evaluation is undertaken as a progressive series of steps that build upon each other to provide a more detailed analysis. The most well-established conceptual and hierarchical framework for evaluating learning appears to be Kirkpatrick’s Learning Evaluation Model (Kirkpatrick, 1996; 1998). Dr Donald Kirkpatrick first published his ideas on evaluation in 1959 and his framework has been used as a basic model for over 40 years in the evaluation of training and education interventions in business management (Kirkpatrick, 1996). Although Kirkpatrick’s model provides a basis for the examination of the impact of a training programme upon an organisation, it was useful in guiding which methods of data generation would be most
appropriate in meeting the aims of this study. Kirkpatrick’s model however, also advocates quantitative means of gathering data, such as the administration of pre-tests and post-tests using Likert scales, at each level of evaluation, similar to the COPM. I was mindful that hypotheses tend to be embedded in quantitative style evaluation questions which may control or manipulate the participant's perspectives (McDavid & Hawthorn, 2006). Green and Britten (1998) contend that qualitative research should aim to explore health activities in their day-to-day context, to comprehend multiple subjective meanings, and to understand processes. In line with naturalistic inquiry and the client-centred nature of occupational therapy, I decided to employ a qualitative application of Kirkpatrick's model for evaluating the collage process. This qualitative evaluation was an exploratory means of understanding the collage process in contrast to the quantitative nature of Kirkpatrick’s model in evaluating its effectiveness. This led to a systematic evaluation framework that took into account both the theoretical aspects of Kirkpatrick’s model and the characteristics of the paradigms in which this research is situated. Data collection thus corresponded to the levels of Kirkpatrick’s model and in turn enabled triangulation of that data.

Kirkpatrick’s model proposes four levels of evaluation for a training or education programme, i.e. reaction, learning, behaviour and results. Details of the evaluation levels are outlined below and further expounded upon later in this chapter:

- **Level One Evaluation**

  *First Reactions - what the participants think and feel about the intervention.*

Here, I employed the use of end-of-session questionnaires to evaluate the collage process immediately after the completion of the collage. This was useful in determining immediate feelings and reactions to the collage in terms of enjoyment, satisfaction and relevance for example. Additionally, an independent observer also took written notes of any reactions or impressions expressed during the collage activity.
• **Level Two Evaluation**  
*Learning Transfer - the resulting increase in understanding, knowledge or capability.*

Informal, conversational interviews were conducted a few weeks after the collages were made to ascertain whether the participants had gained any knowledge, insight, skills, or attitudes with regards to their occupational lifestyles as a result of the collage.

• **Level Three Evaluation**  
*Behavioural Change - the extent of behaviour and capability improvement and implementation.*

The third level of evaluation was undertaken eighteen months later to enquire whether the participants had applied the insight and knowledge they had gained from the collage process in a valuable way, and if they had made any changes to their health and lifestyle behaviours. Semi-structured interviews were used to explore the transfer of any new knowledge that had emerged from the learning environment to their day-to-day living - in terms of the healthy management of their occupational lifestyle.

• **Level Four Evaluation**  
*Positive, Attributable Results - the effects on the environment or wider organisation resulting from the participants’ performance.*

In the business industry, evaluating for results helps to determine whether the participants or employees are motivated to change their behaviour, ultimately leading to improvements in productivity and profit. In terms of the collage process, this final level would perhaps relate to any improvements in the health and well-being of the participants as a direct result of the collage process, and would measure its overall effectiveness through statistical means. As previously discussed, this was an exploratory study to gain understanding of the collage process and to examine its worth as a health promotion tool through the
experiences and voices of the participants. In this case, level four evaluation involved the application of my practice based knowledge and experience as well as my researcher skills, to interpret the data and generate evidence for the potential implementation of the collage process in professional practice and wider healthcare environments. My evaluative fieldwork notes and opinion pieces were logged and recorded in my reflective journal throughout.

3.9.1 The Collage Sessions

The participants were divided into three groups of five, four and three people, according to their geographical location to help minimise their travelling distance. The two Eastbourne groups were held first, followed by the Guildford group in February 2007. I employed an independent observer to assist with the collage sessions; a mental health nurse and an ex-colleague who was very experienced in therapeutic group work.

In preparation for the sessions, individual desks were pushed together to form a large table and chairs placed around the periphery. For each participant, a large piece of white cardboard together with a glue stick, pair of scissors, note paper and a pen were laid out [see Figure 1].
Around the edge of the room, selections of magazines were set out in piles. These included, but not limited to, health and fitness, a wide range of sports, food, cooking, music, motorcars, motorbikes, caravans, wildlife, pets, parenting, computing, art and craft, holiday and travel, natural history, celebrity gossip, fashion, shopping, saga, retirement, country living, gardening, home improvement and magazine supplements from a variety of national newspapers [see Figure 2]. The participants were also invited to bring their own magazines of interest with them, including any pertinent images or photographs, as a supplement to the magazines provided.
Another table housed additional art media such as coloured felt tip pens and crayons which could be used for writing and drawing on the collages [see Figure 3].
The walls of the room were decorated with examples of collages from previous practice sessions to help give participants’ ideas and inspiration on how to create a collage [see Figure 4].

![Collage Displays](image)

**Figure 4 - Collage Displays**

Drinks and snacks were made available throughout the morning on a help yourself basis. Soft, popular music played from a radio in the background. On arrival, drinks were served whilst participants familiarised themselves with one another and the setting. The session commenced with introductions and a briefing on the purpose of the session and an explanation of the collage process. An aide-mémoire was distributed regarding the activity ahead [see Appendix D]. I explained to the group that the session was intended to be informal and relaxed and that I hoped they would feel at ease and enjoy themselves.

Participants then spent time walking around the room browsing through the magazines [see Figure 5], finally sitting down to cut out pictures, arrange and glue them onto their piece of card.
Figure 5 - The Collage Session – Browsing Magazines

Figure 6 - The Collage Session – Cutting and Gluing
I joined in and created my own collage which I utilised as a means to record my thoughts and feelings about the collage sessions [see Figure 7]. I included this in my fieldwork journal [see Appendices E and F]. This could perhaps be perceived as ‘bricolage’ - a means of improvisation during the construction of the research using “whatever research strategies, methods or empirical materials are at hand, to get the job done” (Denzin & Lincoln, 1994, p. 2). On reflection, I participated in the collage group not only as a means to analyse the session but to join in with the participants to help inspire and encourage their activity. I found this a very useful exercise to experience what the participants were going through and to be part of the group; not just sitting and observing as an outsider.

The independent observer sat quietly in the corner and took note of the activities and interactions occurring between the participants; as well as my role as facilitator. All the sessions lasted approximately one and a half hours to when the collage making came to a natural end. We completed the sessions with a light lunch where informal conversations arose between the participants in relation to retirement.
3.9.2 End-of Session Evaluation Questionnaires

End-of session paper questionnaires became the first point of data collection [see Appendix G]. These types of questionnaires are used to collate instant reactions towards educational experiences to determine how people felt and what they had gained from the session (Taylor-Powell & Renner, 2000). Essentially, the information gleaned from these questionnaires can help to develop and improve future sessions.

A number of open-ended questions gained participants’ initial perceptions of the thoughts and feelings they experienced during and after making their collages. The questionnaire was a relatively quick method of collecting the initial data regarding the collage experience straight after the session whilst the experience was still fresh. The end-of session feedback was the participants’ self-reported perceptions at one point in time - immediately after the event. Although the data was real and valuable, it only reflected their perceptions of the collage experience at that particular time and may not have reflected actual learning or change. It was my aim to compare and contrast the data from the first and second set of interviews with that of the end-of session questionnaires in order to triangulate the findings.

There are challenges in using end-of session questionnaires. I was conscious of the possibility of “positive bias” (Taylor-Powell & Renner, 2000, p. 4) in that the participants might attempt to respond in gratifying ways. In order to address this I included a section welcoming any negative experiences of the session and respectfully asked the participants to be frank with their feedback. With written questionnaires, there is a possibility that participants will not fully understand or answer the questions and even omit them. I anticipated this could be followed up with questions in the subsequent interviews, providing the opportunity to gain confirmation of the initial feedback.
3.9.3 First Interviews

The first interviews took place at the participants’ homes approximately two weeks after each collage group. Without exception, the participants welcomed me into their homes and these naturalistic and informal meetings resulted in both myself and the participants feeling relaxed and comfortable. It helped that we had already established rapport at the collage groups and it seemed, shared an enjoyable time. Each interview lasted approximately one and a half to two hours and was audio recorded. I laid out the participant’s collage on a table and commenced each interview by asking the participant to ‘talk me through’ his or her collage. The images within the collage acted as a guide for my interview questioning.

This “informal, conversational interview” (Patton, 2002, p. 342) is the most open form of interview where no predetermined questions are asked and it relies on the natural flow of conversation. Any further questioning from the interviewer is based on the participant’s responses and seeks more detail and clarification (Wimmer & Dominick, 1997). The informal, conversational interview is also respectful of the participants’ priorities during the course of the interview (Green & Thorogood, 2004) and therefore apposite for the purpose of the collage process. The richness of the data is, however, also dependent on the interviewer. I was mindful that I had the potential to bear some influence over the data generated depending upon how much or how little I probed.

During the interviews with my participants it emerged that the images themselves stimulated rich and in-depth descriptions of their meanings and stories behind them. These accounts mainly related to the participants’ occupational lifestyles in the past, present and future, and any personal development goals or health needs. The stories flowed smoothly whilst I quietly listened; almost spellbound, as the participants responded and related. Participants lost eye contact and seemed to look intently at their collage as if reading a storybook. They pointed and traced paths through the images back and forth across their collage. There was no need to interject any questions until after they had finished describing and explaining their collage. Participants were then encouraged to return to the images that appeared most important to them to gain further clarification and meaning. The
purpose was to explore whether the participants had felt their collage had helped them to develop a deeper understanding of their health and lifestyle. I also wanted to explore whether the collage had formed the basis for setting any realistic and attainable health goals. Following each interview, my thoughts, feelings and reflections were recorded in my fieldwork journal.

3.9.4 Second Interviews – Eighteen Months Later

The follow-up interviews were initially scheduled to take place six months after the first set of interviews. This decision was mainly influenced by the two year time scale of the second stage of the doctorate. During this time I gave birth to my first child and deferred my studies for a year. I looked upon this as an opportunity to postpone the follow up interviews until after resuming my studies which resulted in the interviews taking place eighteen months after the first. The participants were notified of the amendments to the schedule and written consent was sought to contact them again in a year’s time to arrange further interviewing to which all participants agreed. Even though there was potential for memory issues, this extended period of time over which the data was collected resulted in a longer-term study of the outcomes. This further enhanced the credibility of the research as findings were triangulated with those of the first interviews and end-of-session questionnaires.

The second set of interviews adopted a semi-structured approach. Although each participant was asked the same set of questions, the interviews had a loose structure of open ended questions (Patton, 2002). These defined the areas to be explored from which either myself or the participant could diverge in order to pursue an idea in more detail (Britten, 1995). The questions were based upon my analysis of the first set of interviews so had some bearing upon the generation of the data. For example, in the first set of interviews some of the participants explained how the collage had encouraged them to ‘take stock’ and helped them to set goals and make plans. In the second interviews, I asked all of the participants if they had experienced this and invited them to discuss any impacts
the collage may have had upon their lives over the last eighteen months [see Appendix H].

3.10 Transcribing the Data

The first step in transcribing the data was to decide upon an approach that would preserve the meanings of the participant’s responses. Tilley & Powick (2002) describe how people’s conversations often comprise a “thinking-as-speaking dialogue” (p. 300) that include unintentional sounds such as “um and ah” (p.293), tense disagreements, incorrect use of grammar and disjointed sentences. In order to maintain the rawness of the dialogue I decided to transcribe the tapes verbatim [see Appendix J]. Tilley & Powick (2002) note at this early stage transcribers often feel the urge to neaten the appearance of the transcript by re-drafting or modifying the text thus risking its true meaning. This aspect of the process was challenging and temptation was resisted to refine the text at this preparatory phase. I was also conscious that my punctuation decisions would also affect the way in which the participants’ responses would be conveyed. Transcribing conventions suggested by Tilley & Powick (2002) were used to highlight non-verbal responses such as, sounds, tones, pauses and expressions to represent pleasure or sadness for example.

The next step was to focus on what mattered and what seemed meaningful to the collage process. I extracted the stories from the transcripts that concentrated on the participants’ past, present and future occupations, as well those stories about health and well-being. Participants’ thoughts and reflections regarding the collage process were also noted. Sometimes a story was presented all at once or other times threaded throughout the transcript. Many were tangential or fragmented in that participants often commenced speaking about one image, then abandoning the story to talk about another image, then returning to the initial thread to complete the story. The past, present and future were often entwined and blurred. I decided to synthesise the scattered segments of each story together and re-order them chronologically, often adding a word here and there to maintain the flow of the text. It was not my intention to change the meaning but to gather the meaning
together to expose it more clearly. I thus edited and polished the stories into more readable formats using good sentence structure and paragraph form for purposes of clarity and ease of reading, using the participants' own words (Tesch, 1990; Polkinghorne, 1995; Goodfellow, 1998; Clandinin & Connelly, 2000; Tilley & Powick, 2002). These re-crafted stories [see Appendix K] helped formed the basis of the poetic transcriptions described in section 3.12.1.

3.11 Participants’ Confirmation of the Data

I returned both the raw transcript and the re-crafted version to each participant making clear the process and reasons for the re-craft. Not one of the participants disapproved of the re-crafted transcripts, apart from highlighting some minor typographical errors. The purpose of this exercise was to make transparent, to the participants, the transcription process and how my selection of meaningful stories had derived from the original set of unedited data. Often participants receive transcripts with little explanation of the transcription process (Tilley & Powick, 2002) and in doing so, researchers risk misrepresenting the participant (Richard & Schwartz, 2002). I wanted the participants to witness the process of re-crafting and for them to confirm that the stories were still their stories. Receiving the participants input on this phase of the research process was meaningful and important.

3.12 Gaining Meaning from the Data

Data analysis comprised of three stages: poetic transcriptions, thematic analysis and narrative analysis. Firstly, the purpose of the poetic transcriptions is to offer readers an evocative piece of writing that draws them in; to enable them to grasp the overall experiences of the participants. Thematic analysis combined and examined the data generated from the three levels of evaluation for the purpose of exploring the nature of the collage process and the outcomes. Finally, narrative analysis (outlined further in section 3.12.3) was employed as a means of strengthening and underpinning the thematic findings.
3.12.1 Stage One - Poetic Transcription

The findings chapter opens with a "poetic transcription" (Glesne, 1997, p. 202) of each of the participant's reflective portrayal of their collage experience. I was struck by the level of sincerity and emotion arising from the participants' stories and sought a method of analysis that would capture these poignant features. I wanted to encapsulate the participants' voices in such a way that would reach out and touch the reader. I hoped this would provide readers with an opportunity to familiarise themselves with the unique character of each participant and their personal experiences of the collage process prior to considering the thematic and narrative findings. The individual poems attempt to encapsulate and portray each participant's unique experience which can sometimes be overlooked when applying thematic analysis. In this research the poems strengthen the thematic findings and the creative nature of this transcription technique is apposite to the creative disposition of the collages.

Poetic transcription is a means of creating evocative text to elicit emotional responses (Richardson, 1992; Glesne, 1997). It is seen as an effective form of interpretive writing that upholds the voices of the participants (Glesne, 1997; Brady, 2000). Glesne (1999) proposes that "poetic transcription creates a third voice that is neither the interviewee's nor the researcher's but is a combination of both" (p. 215). This challenges the researcher to interpret, select and reduce extracts of meaningful data whilst at the same time to preserve the totality of its significance and the voice of the participant (Glesne, 1999; MacNeil, 2000). In this instance I embraced my dual role as researcher and occupational therapist, and exercised my clinical judgement in the co-construction of these poems (Brady, 2000; Polkinghorne, 2004; Denzin & Lincoln, 2005; Richardson & St. Pierre, 2005).

Kennedy (2009) warns that poetic transcription is not conventional and pushes the "limits of traditional research by fragmenting voices; challenging trustworthiness" (p. 1419). As previously mentioned, the participants' stories were seldom told in a straightforward manner. Participants often stopped halfway through a story, commenced upon a completely different thread and then returned to the previous
story. With regards to each individual transcript, I found poetic transcription to be particularly effective in synthesising, what seemed to be disorderly storylines, into more succinct plots. Rather than fragmenting the participant’s voice within each transcript, I perceived the co-construction of the poems to be an effective means of uniting my voice with each individual participant to bring important meanings and messages to the surface.

MacNeil (2000) proposes a balance must be found between the artistry of the poetic representations and the accurateness of the stories. The process of poetic transcription in this study was inspired by those adopted by MacNeil (2000) and Kennedy (2009). With each re-crafted transcript, I noted the most “descriptive, metaphoric, poetic, or emotive clusters” (MacNeil, 2000, p. 361) of meaning that best described the collage experience and re-ordered them into poetic narrative [see Appendix I]. My insight and reflections from the interviews coupled with my “embodied reasoning” (Polkinghorne, 2004, p. 175), stemming from professional practice, had some bearing upon the way in which the poems were constructed and presented. When transferring phrases from the transcripts to the poems, I followed Kennedy’s technique of maintaining the phrases in their unique style without altering the grammatical construction so as to preserve the integrity of the data. Phrases were sequenced into stanzas in a way that I felt would project the thoughts and feelings of the participants into creative and stimulating compositions.

3.12.2 Stage Two - Thematic Analysis

The second stage of analysis employed a thematic approach. The purpose of which was to identify and analyse the “prevalence and patterns of themes within the data” (Braun & Clarke, 2006, p. 83) and report an in-depth, meaningful account of the findings. In this case, the themes were constructed using an “intuitive-inductive approach” (Patton, 1990, p. 44) which meant the themes derived from the participants experiences and were not influenced by theory. This process involved sifting and searching through every single bit of raw data in an attempt to identify “repeated patterns of meaning” and code it “without trying to fit it into a pre-
existing coding frame” (Braun and Clarke, 2006, p. 86). As there has been no previous research into the use of collage as a health promoting tool, it was not possible to be influenced by any other findings, but I had to be aware of my own assumptions throughout the course of the research.

Although my thematic analysis was data driven, I could not free myself entirely of my theoretical and epistemological commitments. I once again considered my epistemological views throughout the analytical phase to help guide how I would theorise the meaning of the data. From a social constructionist perspective, meanings are co-constructed during the interview process rather than stemming exclusively from the individual participant (Burr, 1995). As a researcher-practitioner who was active and co-constructive in the data collection, my level of analysis not only sought to theorise individual participant accounts but to theorise the socio-cultural features that enabled the participants’ stories to have form and meaning (Braun & Clarke, 2006). I did not want to simply describe the patterns and meanings of the data at a superficial level, but to interpret their implications in relation to the literature whilst taking into account my influences upon the research (Patton, 1990). I decided that a thematic analysis which focused upon “latent themes” (Boyatzis, 1998, p. 16) would fit with my social constructionist framework. A latent approach is the progression from a descriptive level to a more interpretive one to determine the broader meanings that underpin the raw data (Braun & Clarke, 2006). Here, my occupational therapy background did have some bearing on the analysis.

My approach to the analysis was not a passive one with themes emerging from the data. The whole process of data analysis took the major part of a year to complete. Here, my intermission actually afforded more time to consider the data which may have improved the credibility of the findings. Codes, sub-themes and themes tended to dwell in my mind. I constantly thought about the data and tried to make sense of it whilst engaged in other occupations such as motherhood. I was inspired by Braun & Clarke’s (2006, p.87) six-step guide to conducting thematic analysis [see Table 1].
<table>
<thead>
<tr>
<th>Phase</th>
<th>Description Of The Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Familiarizing yourself with your data:</td>
<td>Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.</td>
</tr>
<tr>
<td>2. Generating initial codes:</td>
<td>Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.</td>
</tr>
<tr>
<td>3. Searching for themes:</td>
<td>Collating codes into potential themes, gathering all data relevant to each potential theme.</td>
</tr>
<tr>
<td>4. Reviewing themes:</td>
<td>Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic map of the analysis.</td>
</tr>
<tr>
<td>5. Defining and naming themes:</td>
<td>On-going analysis to refine the specifics of each theme and the overall story the analysis tells, generating clear definitions and names for each theme.</td>
</tr>
<tr>
<td>6. Producing the report:</td>
<td>The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.</td>
</tr>
</tbody>
</table>

**Table 1 - Braun & Clarke’s Phases of Thematic Analysis**

(Braun & Clarke, 2006, p. 87)

A detailed account of the analytical process follows:

**Phase One**
Phase one of the thematic analysis commenced during data collection where I noticed and observed points of interest whilst the participants made their collages and documented them in my fieldwork diary. This process continued whilst transcribing the data right through to when I started to immerse myself in the transcribed texts; reading and re-reading. As I had been actively involved in the
data collection, I had already developed some preliminary ideas but in order to enhance my inductive approach, I did not engage with any literature in these early phases of the thematic analysis.

**Phase Two**

Coding involves organising the data into meaningful groups. I worked systematically across the content of the entire data set of the first set of interview transcripts. I manually noted (coded) interesting aspects of the data making handwritten notes across the pages. I repeated the process electronically which enabled me, whilst referring to my notes, to highlight sections of text in each transcript in different colours to indicate any potential patterns [see Appendix L for a sample of colour coding from Sandra’s second interview]. This made it possible to cut and paste each coloured piece of text into a table in a separate document for each participant and collate matching colours together. I added a column next to the coloured text to enter my handwritten codes/tentative thoughts [see Appendix M]. I then went onto create a final document, transferring, combining and organising all the participants’ coded extracts into common groups. I repeated this process for the second set of interview transcripts and the evaluation questionnaires so that I was left with three separate overarching documents consisting of meaningful groups of coded extracts [see Appendices N, O and P]. My method of coding was data driven rather than theory driven meaning I did not approach the data with specific questions on which to base the codes. I noted down everything that I considered interesting. At the same time, I realised not all data was relevant to my specific research question. In some instances, I cut and pasted large sections of text, with a number of sections being coded more than once into different groups, as I did not wish to lose the content.

**Phase Three**

In this phase I concentrated on the column of codes in my tables. For each of the three separate documents, I began the process of sorting and grouping the different codes, together with their relevant data extracts, into potential themes or “candidate themes” (Braun & Clarke, 2006, p. 82). This was the first step in analysing the codes and considering the relationship and levels between them. In each document, it began to emerge which codes could combine to form main
overarching themes or, within them, the sub-themes. There were also codes that did not appear to fit anywhere. This phase concluded with a column of candidate sub-themes that had the potential to be further combined, refined, separated or even disregarded in phase four [see Appendix Q].

Phase Four
Braun & Clarke (2006) propose two levels for reviewing and refining the candidate themes or sub-themes. Level one entails re-reading the collated extracts of text for each candidate sub-theme and considering whether they fit and “form a coherent pattern” (p. 91). In each of the three documents, I made modifications to the candidate sub-themes and re-arranged coded extracts of text until I was satisfied with the cohesion of the coded data.

I amalgamated the three documents in order to repeat level one of the refining process and as a whole, reviewed the coded extracts and candidate sub-themes. I monitored the origins of each set of coded extracts by shading the tables from each of the three documents, i.e. blue for the evaluation questionnaire data, yellow for the first set of interviews and green for the second set of interviews [see Appendix R]. It began to emerge that, following this second, overall review of all the data, there were three divisions in the data analysis. There were two divisions or stages to the collage process (making the collage and talking through the collage) and a third division of the data that could be termed as outcomes. From this I created a thematic map to help illustrate the relationships between the coded extracts and the sub-themes and to exemplify the divisions in the data analysis [see Appendix S]. This helped me to determine the potential and final, overarching themes and sub-themes.

Level two of the review process involved re-reading through the entire raw data set of evaluation questionnaires with the first and second set of interview transcripts to consider the validity of the themes and sub-themes. Here, it was possible to establish whether my thematic map truly reflected the meanings evident in the data set as a whole. I undertook a period of refining and enhancing the coded extracts and the sub-themes. This also provided the opportunity to code any data in relation to the sub-themes that was missed during the earlier coding phase.
Phase Five
At last I was set to delineate and name my final themes. This involved checking the content of each sub-theme and their overarching themes. I returned to the collated excerpts for each sub-theme and organised them into a comprehensive format. I also wanted to ensure that the terminology used to identify the themes was in the participant’s language rather than my own. The thematic findings surrounding stage one of the collage process (making the collage) consisted of extracts taken from the evaluation questionnaires (blue data), first set of interview transcripts (yellow data) and second interview transcripts (green data); stage two of the collage process (talking through the collage) was made up of extracts from the first set of interview transcripts (yellow data) and second interview transcripts (green data); and the outcomes of the collage process were determined from the second set of interview transcripts (green data).

Phase Six
Phase six involved the final analysis and presentation of the thematic findings. My aim was to convey the complex story of the data in a concise, logical and interesting manner whilst substantiating the merit and validity of the analysis. The most vivid extracts that capture the essence and prevalence of the themes are embedded within the analytic account I present of the thematic findings. Additionally, I returned back to my journal entries and field notes, the independent observer’s notes, email and postal correspondence and notes made from telephone communication with the participants and the photographs I took of the collages to further enhance these selected extracts. My analytical account went beyond the presentation and description of the data. I developed a line of reasoning or “discursive commentary” (Holliday, 2002, p.98) in relation to the research question in preparation for the discussion. The commentary clarifies the thematic findings, establishes their significance and demonstrates how they connect (Holliday, 2002). Primarily, the commentary has the key role in explaining what way the extracted data provides the evidence to support the major themes.
3.12.3 Stage 3 - Narrative Analysis

The third stage of analysis involved re-visiting and re-thinking the data through a narrative lens. My intention was to analyse the participants’ stories, which emerged from talking through their collages, to examine whether the thematic findings from stage two of the collage process were evident in the construction of those accounts. Simons et al. (2008) suggest it is possible to strengthen the overall findings of the research by implementing more than one method of analysis. In this case, narrative analysis followed the thematic analysis and was directly influenced by the themes depicting stage two of the collage process (outlined on page 143); the outcome being narrative exemplars of those themes.

There appear to be no widely agreed rules or procedures for narrative analysis. In contrast to thematic analysis, which is based on content, narrative analysis explores the structure of narratives. Narrative researchers fundamentally agree that narratives have a beginning and an end (Scholes, 1981; Riessman, 1993), a chronological sequence that orders events through time (Labov, 1997) and actors or characters embedded within a plot (Bruner, 1990). I use the term narrative to refer to discrete stories (comprising a scene, characters, and a storyline) that are told in relation to the images within the collages. Research on the structure and function of narratives of personal experience originates back to Labov (1972; 1997). Labov (1972, p.371) devised a model or ‘narrative syntax’ for analysing personal experience narratives that consists of six components, organised in a chronological format [see Table 2].
| **Abstract** | Answers the question ‘what is this about?’ Consists of a few clauses that summarizes the story and encapsulate its point |
| **Orientation** | Answers ‘who, what, where, when, why, how?’ Consists of phrases identifying the time, place, persons and activity of the story |
| **Complicating Action** | Answers the question ‘then what happened?’ Consists primarily of ‘event clauses’ |
| **Evaluation** | Answers or ‘bars’ the ‘so what?’ question Consists of ‘the means used by the narrator to indicate the point of the narrative’ |
| **Resolution** | Answers the question ‘and finally what happened?’ Consists of event clauses that describe outcomes of the sequence of events begun with the complicating action and thereby conclude the narrative. |
| **Coda** | Asserts ‘and that was that;’ shows the effects of the events on the narrator. Consists of words, utterances or clauses that signal the narrative is finished (e.g., general observations) and returns the participants to the present time. |

**Table 2 – The Narrative Syntax (Labov, 1972, p. 371)**

The fact that the narrative element of the analysis was influenced by the themes identified in stage two of the collage process, ultimately dictated my choice of analytical framework. Thus, in seeking validatory exemplars of the themes, the function of Labov’s ‘evaluation’ element in describing the impact of the collage process and telling what the story ‘meant’ (Squire, 2005) was most useful. Labov (1972, p. 369) asserts that the point of the narrative “is concentrated in the evaluation section”. Labov’s framework helped me to identify and collate core narratives to establish their meanings and to determine whether they underpinned the thematic findings. In essence I used Labov’s framework to demonstrate how
the participants moved from various forms of thinking during the collage process. This process is illustrated in section 4.4 of the findings chapter.

There were, however, some challenges in applying Labov’s framework. Labov’s model focuses on the identification of a structured verbal narrative with a clearly defined structural pattern. Georgakopoulou & Goutsos (2004) describe how Labov collated his stories from interviews in contrast to those stories that occur in natural conversation. This explains why it would be more straightforward to apply Labov’s structured framework to a more formal interview transcript. In the case of the collage process, whilst some stories were relayed by the participants in relation to the images without any interjections from myself, others were told in a conversational format as a result of my interjections. Either way, the stories told were very fragmented in nature and woven throughout the transcripts. Hazel (2008) proposes that the narrative syntax is not strictly observed in everyday conversation and certain components may be omitted, repeated and/or granted different weighting depending upon the social situation. With this in mind, I identified the component parts of the narratives at various points in the interview transcript and structured them together as a whole. The exemplar, using Eileen’s collage, on pages 156-158 highlights how certain components recurred within one particular narrative.

There are other, more recent models of narrative analysis that do account for this fragmentation. For example, Emden (1998) outlines an approach where the researcher’s line of questioning and interjections are first omitted from the transcript. The whole transcript is then read over and over for clarity and any further words or sentences that detract from the core story are deleted. This process continues until a number of ‘sub-plots’ emerge that can be amalgamated to establish the central narrative. This analytical approach thus “makes sense of all the events as one story” (Emden, 1998, p. 37). However Emden’s approach, in the same way as Labov’s framework, is somewhat restrictive when analysing those narratives that arise through conversation. Both models appear only to attend to the micro-level of storytelling and do not account for the interactional aspects or emphasise the situated meaning (Herman et al., 2005). Riessman (2005) introduces the concept of ‘interactional analysis’ where “thematic content and
narrative structure are not abandoned" but “interest shifts to storytelling as a process of co-construction, where teller and listener create meaning collaboratively” (p. 5). In this instance, the narrative structure is still pertinent but the analysis could be furthered by also identifying the structure as it emerges through the participant's and the researcher’s negotiated conversational process. This co-constructed narrative approach through interaction could have been undertaken, perhaps with more emphasis on narrative identity as per the Ricoeurian approach (1991). However, as previously discussed in section 3.4, I was conscious of the issue of conflict with narrative therapy. This was not an area I wanted to cross into, although my interaction over time with my participants certainly had a bearing on my interpretations which is acknowledged in my reflections throughout the discussion.

The next chapter presents the results of these analyses.
Chapter 4

4 Presentation of Findings

The findings chapter comprises of six sections:

- Poetic transcriptions
- Thematic findings constructed from making the collage
- Thematic findings constructed from talking through the collage
- Narrative exemplars to underpin the themes from talking through the collage
- Thematic findings that depict the outcomes of the collage process
- Themes that did not fit with the overall findings

The poems provide the opportunity for readers to become familiar with each participant prior to considering the thematic and narrative findings. The themes and sub-themes arising from stage one and two of the collage process provide rich and detailed accounts of the findings. The story of the data, together with the most vivid extracts and photographs, are presented in a concise, logical and hopefully interesting manner. As the research generated a considerable amount of data, only one or two extracts with the richest accounts are presented to substantiate each theme. Appendix T provides a more comprehensive range of exemplars. A commentary runs through the thematic findings interpreting what they mean, how they connect and in what way they are significant. The purpose of the narrative findings is to strengthen and underpin the themes constructed from stage two of the collage process. This is followed by a thematic description of the two main outcomes of the study. The final theme ‘Not One Glove Fits All’ did not correspond or fit in with the overall findings and is presented last. The chapter finishes with a recap of the key findings.

In short, making a collage enabled the participants to do by having the capacity to be creative, engaging, and enjoyable; to visualise thus stimulating the imagination, making one remember, unlocking hidden thoughts, and putting
lifestyle into perspective; and to feel by enabling a sense of release and providing optimism for the future. Talking through the collage encouraged the participants to explain their collages through storytelling; to reflect thus encouraging deeper thinking, enhancing awareness of health and lifestyle, generating needs and/or giving confirmation; and to anticipate by enthusing. Two key outcomes emerged from the collage process: meaningful continuity where some participants considered that no changes to their existing lifestyles were required; and impetus for change where others felt the urge to make changes to their lifestyles [see Figure 8].

Figure 8 - The Collage Process
4.1 Poetic Transcriptions

All 12 poems are presented along with photographs of the collages in no particular order:

4.1.1 Jackie

Jackie is 65 years old. She chose early retirement at 58 and has been retired for seven years. She is a widow and lives with her six cats in a ground floor apartment block. Jackie undertakes occasional part-time paid work in addition to regular voluntary work.

Jackie’s Collage:

To me, the past represents what I am
When I want to think about who I am and what I do
I have to think as far back as I can remember
To me, losing your memory is cruel
Because then, who are you?

I do think I'm not going to remain as I am now
It's very difficult to accept
With what happened to my mother [losing her memory]
There’s the fear that the same might happen to me
I don’t let it dominate my thoughts
But it is obviously something I am aware of

Sometimes I do get depressed
It's more like an existentialist type of depression
To do with the human condition - not particularly my situation
It's more of the idea that we're born and then we die
There's this lack of control
Small things may trigger it off
Then I find that I'm crying
After that, I feel much better

It would be nice to have a close personal relationship
An emotional attachment
I've had some lovers and I was married in the past
But it would be nice to be friendly with someone
Someone who I had a lot in common with

At the moment life is not bad
My quality of life is quite good
Exercise is good for me physically and emotionally
Mentally, I am functioning on all cylinders
I am aware of myself and what I do
I just hope it will continue
4.1.2 Jane

Jane is 66 years old and has always been single. She took early retirement at 60 years of age and has been retired for six years. Jane lives in rented accommodation and undertakes occasional part-time work.

Jane’s Collage:

I have a bad head
It seems to worsen when I get lonely
I get lonely
That’s what the problem is
Sometimes I drink
I think it helps me to relax a little
I don't really have any other way of release

Maybe there's something missing
Like a man
I've been scared in the past
Its fear
Perhaps that's impacting on meeting a man now?

I need to find something else
There's got to be more to it than what I'm doing now
I want something to focus on
Something more central to my life
I'm just not satisfied
That's why I'm always looking for something to do

I like to be mentally stimulated
That's more important to me than anything
Looking at it [the collage] I haven't got a balance
That's actually hit the nail!
I'm an unbalanced person
4.1.3 Claire

Claire is 58 years old and is married to Colin. She took early retirement at 57 years of age and has been retired for one year. Claire has not undertaken any part-time paid work or voluntary work since retirement.

Claire’s Collage:

I retired in the summer when I was 57
Because my husband had retired
When autumn came and everybody was back at work
Reality kicked in
I was quite down
Feeling very old
Wondering what to do
My collage is all about the questions I have
It stimulates my own answers through the pictures
  It's about I want to do
  To me there is more time
  To do what we choose to do

The collage shows that I enjoy physical activities
  Walking, skiing and dancing
  But I need a mental challenge
  My brain had slowed up

Work provided a social life
  I miss that aspect a lot
  So I need to recreate that
  In other projects

Social life changes when you retire
  Friendships have definitely changed
I'm now re-acquainting with people who are also retired
  We've got much more in common now

Now I feel retirement is an opportunity
  I'm lucky to retire young
  Now I'm on the upwards
    Through the door!
4.1.4 Wendy

Wendy is 66 years old. She took retired at 62 years of age and has been retired for four years. She is widowed and lives alone. She currently undertakes occasional part-time paid employment and regular voluntary work.

Wendy's Collage:

I'm 66 now
I've really enjoyed retirement so far
Looking at the collage now and seeing what I am doing
I wonder how I fit it all in
This is the problem
I have a full diary
I do enjoy it
But you've got to have time out for yourself
So I've deliberately left spaces in my collage.
    You must have time to think
    Otherwise it gets to frenetic

Then again
If you don't use it, you lose it!
I could sit down and literally do nothing
But then I could never get back again
So I'm mindful to keep that mental stimulus going

Time on my own is spent
    Light reading
    Listening to classical music
    Watching a video
    Or talking to friends on the internet
    It's my time
    Mental work without being crushingly boring!

The only sad thing about my life
Is that I no longer have a partner
I'm not interested in seeking another companion
    Not that sort of relationship
    I'm quite happy on my own

I'm not so needing of social company
    I'm quite happy to join in
    But it's not a need
    I've got sufficient friends
    I'm not lonely

I am quite satisfied in my life
I wasn't using the collage to develop myself
What I did learn from this was that
   I am okay

   It was good for me to take stock
   I appreciate that I don't need to re-direct my life.
   It gave me reassurance
   I'm not wasting my time and I really like doing these activities.
   It was good to visualise what I am doing
   And what I'm going to be continuing to do
4.1.5 Eileen

Eileen is 86 years old and is widowed. She took early retirement at 60 years of age and has been retired for 26 years. She ceased her part-time job two years ago but this was not through choice.

Eileen’s Collage:

I stay under my duvet which isn't very good
The birds have taken place of television
I just do puzzles or crosswords
Then I get a little weary and tuck down under the duvet
But that's not living is it?
That's not existing
Very often when I'm down, low and depressed
   And I'm under my duvet
   I don't want to wake up
   What have I got to live for now?

   People are surprised
   They don't believe that I am the age I am
   I am still so young in my ways of thinking
   And yet with this lazy body of mine
   People just laugh me off
   Tell me to get on with it

   My energy and enthusiasm has just gone
   I can't seem to arouse any interest
   I'm less motivated
   There's something inside of me that's turned turtle almost.
   If I'm going to do something it's got to have an end object
   I want a real goal

   So I'm looking all the time for something to do
   Something to look forward to and to learn
   To be with people - particularly younger than myself
   I need something that's going to fire me off
   Something to be doing
   But I need someone behind me to give me a bit of a push
4.1.6  Anita

Anita is 62 years old and is married to Alan. She retired at the age of 60 years and has been retired for two years. She undertakes occasional part-time paid work.

Anita’s Collage:

It makes you think
It makes you remember
Particularly of people that I’ve met
And those that I’ve lost touch with
My mind was running away with me
Basically I was just a woman who got married with children
    I earned a bit of money to help out
But my collage shows there's more to my life than that
    There's a lot about my health in there

    I retired nearly two and a half years ago
    I've enjoyed myself ever since
The bowling and the dancing are quite physical
    The crosswords keep me mentally active
    I'm quite happy with my life
4.1.7 Brian

Brian is 66 years old. He retired at 65 year of age and has been retired for one year. He lives with his wife who still undertakes full-time paid employment. Brian is not involved in any paid or voluntary work.

Brian’s Collage:

When I first retired I was on a high
Like being on a holiday!
After a few months I wondered what to do next
I wanted to get an interest going
To keep myself occupied
I was worried about getting bored
Now looking at this [the collage] I feel really busy
   My life isn't boring any more
   I had a fear it might happen
   Like not getting up in the mornings
   Or just sitting around reading books
   Slowly, fading away

On reflection my collage represents
   Learning and new challenges
   Mental stimulation and exercise
   Making new friends
   Tranquillity and relaxation

It all stems from this one main hobby
   Photography
4.1.8  Bob

Bob is 74 years old. He was made redundant at 67 years of age and has been retired for seven years. He lives with his wife and does not undertake any paid or voluntary employment.

Bob's Collage:

I'm enjoying retirement to a certain extent
But it can get a bit dreary these days
Sometimes it's a bit boring even
I feel a little bit lonely
We don't know many people down here
It's difficult when you don't know anybody
I feel lost at times

When you get to our age you've got to think more about it
We don't know where this is or that is
There's more planning involved
When you're younger, you're more adventurous
You just got for it

You're also more aware of the expense
It all boils down to money, doesn't it?
Because we're not earning
We can't do what we want to do
4.1.9 Sandra

Sandra is 62 and chose early retirement at 60. She lives with her husband who is still undertaking full-time paid employment but is facing potential redundancy. Sandra commenced part-time paid employment during the course of this research.

Sandra’s Collage:

When I made the collage  
I was enjoying life so much  
I really thought I didn’t want to go back to work

On reflection I’ve got a good balance  
Physical health and intellectual stimulus  
Creativity and relaxation  
None of the pictures are about work
Then my husband came home and told me the news
   His job wasn't certain anymore
   It was as if a switch flicked on in my mind
   I thought ok, I ought to do this
I would have kicked myself if I'd have passed up the opportunity
   For a job that I knew I could do and liked

But there's still a nice balance
   Between the part time work and my different activities
   If the job was five days a week
I would resent all my free time being taken away
   I do feel good about working part-time though
4.1.10 Alan

Alan is 68 years old. He was made redundant when he was 58 years of age and has been retired for ten years. He lives with his wife who also took part in this research. Alan has not undertaken any part-time paid or voluntary work since he has retired.

Alan's Collage:

Doing the collage made me think
   It really made me think!
I'm always reminded about things
But doing that was very very strong
I thought doing the collage was good
   I wouldn't change my life now
The things that keep my mind healthy
Are the photography and the computer
   I never stop learning!
The bowling, the cycling and the walking
   Are physically healthy

Sometimes I don't know how I went to work
   It's amazing!
But then when I sit back and analyse it
   Everything is a lot slower
   Time goes faster - hellishly faster
   It's a strange sensation

I've been having difficulty with my memory
   It's a bit frightening
I wonder if it's trying to cram too much in
Or perhaps I don't concentrate enough?
   It does worry me

I've learnt that retiring is another phase in life
   It can be very pleasant
I am lucky - more lucky than some people
Everyone moans that they could do with more
   But it's a lovely phase of life

But it's going too quick
I've got this in my mind now
When you're young, retirement is an enormous stretch away
   When you are old, you realise how short it is
      Very very short
   But retirement is nice - I've enjoyed it!
4.1.11 Cathy

Cathy is 59 years old. She was made redundant at 56 and has been retired for three years. She is married and lives with her husband who is also fully retired. Cathy commenced part-time paid employment during the course of this research.

Cathy's Collage:

Looking back at the collage now
There is some continuity
I am happy to have lost weight and be fitter
I'm happy to be creative in the garden
To be creative with my patchwork again
There's more opportunity to see the family
And maybe to do a little travelling

I'm sure there should be something more though
But the collage is a fair enough snap shot
Maybe there should be more about helping other people?
I’ve always liked working with older people
Perhaps a job as a care assistant?

I miss going to work and seeing my colleagues
You get quite isolated being retired
    If I didn’t go the gym
    I would see virtually nobody!

A bit more money would also be nice
But then I think, no
Now I have the freedom to be doing lots of new things
What am I doing wanting to go backwards?

It’s such a cliché
But there’s just not enough time!
Although I am focused
I’m not really completing anything
I think I should be doing more

I’m 59 now
I acknowledge that we’re all organic in the end
We’re all going to disappear
That’s the inevitable
But not for another 25 or 30 years

There’s clearly a message in my collage
To consider now
I ought to be doing some different things
Taking up new challenges
4.1.12 Colin

Colin is 64 years old. He took early retirement at 62 years of age and has been retired for two years. He lives with his wife who also took part in this study. Colin has not undertaken any part-time paid work or voluntary work since retirement.

Colin’s Collage:

I retired about eighteen months ago
I felt really tired
I was ready to retire
I did very little for the first year
I didn't have any hobbies
I've gradually had to develop a strain of activities
It was important to have time out
   A period of unlearning
Moving into freedom and liberty
   In terms of personality
The sensitive, feeling side of my character had regressed
   It needed revival

   I feel refreshed now
   I'm active
   I want to stay fit
Continue with my walking and skiing

My collage denotes a pre-occupation with France
However things may start to emerge in this country
   There may be grandchildren
I need to be more active with social networks
   Be more assertive with my friendships

I think the collage is a fair representation
   It's actually much fuller than I thought
There are still various gaps to expand
   Deliberately so
I feel quite happy with it
   And now I want to get on
4.2  Thematic Findings: Stage One of the Collage Process

The constructed themes and sub-themes that define the process of making the collages and the participant’s experiences are listed in the table below. The most vivid extracts that capture the themes are presented in addition to the interpretive commentary that demonstrates how the themes connect and in what way they are significant.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do</td>
<td>Creative</td>
</tr>
<tr>
<td></td>
<td>Engaging</td>
</tr>
<tr>
<td></td>
<td>Enjoyable</td>
</tr>
<tr>
<td>Visualise</td>
<td>Stimulates the Imagination</td>
</tr>
<tr>
<td></td>
<td>Makes You Remember</td>
</tr>
<tr>
<td></td>
<td>Unlocks Hidden Thoughts</td>
</tr>
<tr>
<td></td>
<td>Puts Lifestyle into Perspective</td>
</tr>
<tr>
<td>Feel</td>
<td>Enables a Sense of Release</td>
</tr>
<tr>
<td></td>
<td>Provides Optimism for the Future</td>
</tr>
</tbody>
</table>

Table 3 - Themes Representing Stage One of the Collage Process

4.2.1  Do

The participants described collage as creative, hands-on activity that was mentally engaging and enjoyable to do. The sub-themes are presented as follows:

4.2.1.1  Creative

Participants recognised collage as a ‘creative activity’ which involved cutting or ripping out pictures from magazines, arranging them on a piece of card and gluing them down. The end result was described as a ‘picture of thought’ stemming from a reflection of their retirement.
“It was positive to reflect on the opportunities presented by retirement and put these into a creative activity”. (Cathy: Eval Qu. 9a)

“I found it positive to create a picture of thought to be set out on a piece of paper and see it build the way you design a collage”. (Bob: Eval Qu. 9a)

Through the art of ‘doing’ with the use of their hands, the participants’ thoughts and feelings became tangible; a physical product which they could hold, manipulate and interact with.

“It was worthwhile and positive to create something tangible from thoughts, feelings and wishes.” (Sandra: Eval Qu. 9a)

“You’ve got to interact with it. It fits the coat to the person and is much more personal…” (Wendy: Int 1. 267-272)

Jackie and Cathy wanted their collages to be aesthetically appealing:

“I was surprised I wanted my collage to be visually pleasing”. (Jackie: Eval Qu. 9c)

“I wanted to do a good job of showing my life really – even if it’s for yourself – I wanted to do it properly”. (Cathy: Int 2. 100-102)

Creativity and individuality became further apparent. Some participants ripped up pictures and blended them together whilst others lined them up in straight rows, or incorporated written or cut out text. It seemed that collage allowed the participants to express themselves not only in thought but in a creative, artistic way.

“I started off with cutting out the pictures but then I thought, no, I don’t want sharp edges - I wanted it all to blend in. So I ripped the paper instead whereas my husband’s [Colin] is all lined up in straight rows.” (Claire: Int 1. 214-216)

This is evident from the photographs of Claire and Colin’s collages shown overleaf:
“It’s funny how people do such different collages. Me and my husband [Alan] thought about it the same basically, but I saw the lady [Sandra] and gentleman [Brian] next to us had it all jammed together. The other lady [Cathy] to my left did a lot of writing on hers.” (Anita: Int 1. 186-188)

The photographs of the collages are shown overleaf for comparison:
Claire remarked how she was able to select images freely with no constraints attached:
“It was positive to have the freedom to choose any images from a wide choice.” (Claire: Eval Qu. 9a)

The following excerpts exemplify how the creative process became natural and spontaneous to Colin who had originally been a bit sceptical about the activity:

“I was quite sort of doubting about the exercise and I thought that there would be lots of large gaps. But in one way or another it all came together in a sort of creative way. It seemed spontaneous and natural whilst I was doing it.” (Colin: Int 1. 198-200)

Further on in this first interview, Colin described how he initially perceived himself as an analytical and rational person rather than being creative.

“I had doubts about creating a collage. I don’t see myself as a very creative or visual sort of person. So when it all came together I was really stimulated by it. In the past I would have been very analytical and rational about it but it just happened on the day.” (Colin: Int 1. 203-206)

In his second interview, Colin went onto say how his collage had surprised him. He described his collage as multi-dimensional and interactive that reinforced his retirement. The collage was a valuable experience that would stick in his mind.

“I think it’s been particularly valuable in the sense that it is a picture of where I am at, at the moment. Therefore you can always retain that picture in your own mind. Whereas if you just have the construct or philosophy that says, you know, here I am at the moment and I want to be physically healthy and financially competent and in touch with things, it’s almost single dimensional. Looking at this collage as a whole - its interactive and mutually reinforces the whole thing. I am quite surprised actually.” (Colin: Int 2. 212-225)

This change in opinion is interesting as Colin had pre-determined ideas about the collage activity. The e-mail correspondence from him and his wife prior to taking part in the collage group seemed slightly mocking in nature:
Sally,
We received your letter on return this week...Colin is hardly pictorial after thirty years as an accountant. However he is up for party games!
See you next week, Colin and Claire
(Colin/Claire: Email. 21/03/06)

This impression was further echoed by the independent observer who observed Colin’s collage group a week after this correspondence:

Colin seems quite negative on arrival.
Colin: ‘I feel like a little boy in class – quite nervous. I’m not creative or artistic – actually I’m slightly worried about the exercise’.
Starts cutting out some magazines he brought with him.
Colin: ‘This is the sort of thing that five year old children do!’
Rest of group laughs.
Starts gluing - dabs glue stick onto pictures quite loudly.
Claire [wife] stares at him: ‘Shhhh! You’re interrupting me!’
Colin laughs: ‘You should take your comments to the teacher!’
(Indep Obs: Notes. 31/03/06)

It was evident that Colin’s initial cynicism and anxiousness transformed following the completion of his collage. In retrospect, he described the experience almost as innate and was surprised at his ability to be creative in this way.

4.2.1.2 Engaging

Feelings of intense concentration, of being absorbed, engaged and involved in the collage activity were surprising to some of the participants:

“My concentration levels and being absorbed to detail surprised me.” (Bob: Eval Qu. 9c)

“There was a feeling of all being engaged in the same task, though every person was very engaged and focused on their individual task and I was
surprised how little communication there was during the task.” (Cathy: Eval. Qu. 12)

This was even reiterated following the second interviews. Participants described how their minds were firmly concentrated and focused during the creation of the collages.

“It did help to concentrate the mind if you like. It did make me think about past, what I was doing and what I hoped for in the future.” (Jackie: Int 2. 43-44)

“I think it is the making of the collage that’s important. For me, the making of it made me focus my mind on what I was actually going to do.” (Claire: Int 2. 85-86)

These experiences of being focused on the task seemed to really motivate and inspire the participants. Thought processes were triggered into a burst of energetic activity.

“Ideas came flooding in and built up my enthusiasm with a ‘let’s get started’.” (Brian: Eval. Qu. 3)

“I found an inner motivation to progress at a faster pace and thought.” (Bob: Eval. Qu. 9)

“I could have done with a little bit longer because once I got into it, my mind was running away with me.” (Anita: Int 1. 182-184)

4.2.1.3 Enjoyable

All but one of the participants expressed how much they enjoyed making their collages.

“What fun!” (Wendy: Eval. Qu. 3)

“It was great. I loved it.” (Claire: Int 1. 201)
“Oh, I thought it was a good idea – it is a good idea. I enjoyed it!” (Jane: Int 2. 92)

4.2.2 Visualise

The visual nature of the collage activity appeared to stimulate the participants’ imaginations, made them remember about the past and unlocked thoughts they felt had been hidden away. These visual and cognitive processes seemed to help the participants reflect on their occupational lives, putting their retirement into perspective. The sub-themes are expounded as follows:

4.2.2.1 Stimulates the Imagination

Brian described how some of the images in the magazines unexpectedly ‘caught his eye’ and how he felt impelled to use them in his collage:

“Images that caught my eye were the unexpected and number of beautifully clear and sharp pictures and scenes in so many magazines on so many topics. ‘How can I use that’ kept cropping up.” (Brian: Eval. Qu. 5b)

He went onto to say how these images were inspirational and generated new initiatives:

“Many images were inspiring, in that one picture could often trigger ideas and memories towards a different direction and better choices.” (Brian: Eval. Qu. 6)

Others echoed Brian’s experiences, expressing how some images stimulated their imaginations:

“The pictures stimulated the mind – it stimulated what I wanted to do.” (Bob: Int 2. 77-78)

“I didn’t come with a plan for the collage. I had a completely blank canvas... I found that looking in the magazines stimulating in that I thought, ‘oh yes, of
course that’s what I would like to do’ or ‘oh yes, I do this now’. The pictures in
the magazines did that. I’ve opened lots of ideas. I can’t put it into words very
well. The pictures stimulated my imagination. It provoked reflection –
absolutely.” (Claire: Int 1. 200-205)

Sandra contrasted the making of the collage to a verbal or written exercise. She
proposed that the visual nature of the collage stimulated thoughts that may not
have occurred otherwise:

“The availability of the images brought several things to mind that I would have
probably overlooked in a verbal or written session.” (Sandra: Eval. Qu. 11)

4.2.2.2 Makes You Remember

For some participants, certain images within their collages made them recollect
and think about past experiences and events.

“It makes you think – it makes you remember. It particularly made me think of
people that I’ve met and that I’ve lost touch with. You have such a good
working life with them - you get so intermingled and then you just drift apart
which is a shame. It’s been a reminiscence.” (Anita: Int 1. 190-193)

For Anita in particular, the collage brought back memories she described as being
‘blocked out’. It seems that the process of reminiscence was fairly significant to
Anita as she spoke about this within all three data sets.

“It got me thinking about my past life, bringing back memories locked away in
the back of my mind.” (Anita: Eval. Qu. 9a)

“I think it makes you remember the past. It brings back to my memory things
that I had forgotten...You block out things from your memory don’t you?”
(Anita: Int 2. 4-10)

A degree of nostalgia often emerged but these feelings and emotions appeared to
be mostly comforting and were described as pleasant and positive.
“I felt a pleasant feeling of nostalgia for the past.” (Jackie: Eval. Qu. 9a)

“When I did the collage it did make me think a bit more about age and how the years have gone and how quick. It wasn’t a negative experience because I got great enjoyment looking back at certain things I hadn’t bothered to look at.” (Alan: Int 2. 21-23)

“I think it’s it a good thing – to bring back my memories really. I think it’s good for you to try and remember.” (Anita: Int 2. 4-10)

Although stage two of talking through the collage is detailed later on in this chapter, it is important to note that the above quotes and experiences of reminiscence relate to those thoughts and feelings experienced when making the collage. All participants went on to talk about their memories in great detail, but for Jane, talking about her memories was extremely painful. Jane had separated her collage into three distinct areas – ‘yesterday’, ‘today’ and ‘tomorrow’. ‘Yesterday’ was filled with images from the past:

![Collage Image](image)

Jane

During her first interview, Jane expressed how she did not tend to dwell on the past. When starting to divulge some of the stories behind the images, she abruptly came to a halt and became tearful. She quickly moved on to talk about ‘today’.
This highlights the potential powerfulness of images and how they can evoke heightened emotions.

“So, I’ll start on ‘yesterday’. It’s not really my inclination to dwell on the past. A lot of people like to do it – I don’t particularly like to. I’ve got a picture here of a dog. We used to have a little dog – we had 2 or 3 little dogs actually at home. The last one we had, Peppy… well, it was a bit tragic really [pauses]. I don’t think I want to talk about it. After… I had emigrated twice in my life to Canada and New Zealand [long pause – becomes tearful]. I can’t talk about it. We’ll move onto today.” (Jane: Int 1. 7-6, 20-25)

Jackie also described her memories as immediate and emotive, but she, on the other hand, considered these memories to be extremely precious. She explained how they helped her maintain her sense of identity:

“It [the collage] brought about all my feelings about the past – they were more immediate to me I suppose. But as I’ve said, I am what has happened to me in the past and I am very much aware of that. One of my worst fears is not being able to remember my past as I feel that’s the sum of what I am. Everything that has happened to me is very precious to me – even the painful experiences.” (Jackie: Int 2. 3-6)

Reminiscing in this way seemed to play a valuable role in lifestyle review. Recalling the past helped some individuals make sense of their world and gave meaning to the present and for the future. Brian described how his memories made a connection between his past, present and future and opened up new possibilities and opportunities:

“How fortunate I have been with doing so much and seeing so much of the world and other countries/cultures - most of all enjoying life. However some timings of regret of not completing or keeping better records and photographs through my life. Positive thoughts and memories of many different types of experiences I have had so far and very pleasant and exciting thoughts of my attitude of not looking back but looking towards a bright and interesting future... Many images were inspiring, in that one picture could often trigger ideas and
memories towards a different direction and better choice.” (Brian: Eval. Qu. 10, Qu. 9b, Qu. 9a, Qu. 6)

Jackie’s collage, overleaf, is a good example of how the past, present and future are clearly presented whilst simultaneously illustrating how her interests and occupations are connected and flow throughout her life course:

4.2.2.3 Unlocks Hidden Thoughts

Returning to Anita’s description of how certain images had released memories ‘locked away’ in the back of her mind, it became apparent that the release of hidden thoughts was a common theme amongst the participants. Both Claire and Sandra referred to this as unlocking the ‘subconscious’. They suggested there were hidden meanings behind some of the images they had ‘subconsciously’ selected.

“It surprised me that I had subconsciously formed plans for the future.” (Claire: Eval. Qu. 9c)
“Well, I’d always wanted to have a boat. Oh, I suppose there is a little boat there [pointing to a holiday picture in the collage]. But I don’t know why I didn’t... although there’s also a few of them on the Nile there! [Pointing to some more boats]. Maybe they were put in there subconsciously!” (Sandra: Int 2. 54-57)

These hidden thoughts seemed to reveal new information which brought about surprises:

“I was surprised how little the collage related to the work I used to do - in fact not at all! It all related to things I do now and want to do in the future and places I want to go.” (Sandra: Eval. Qu. 9c)

“More focus needed with my hobbies and past times was a surprise.” (Brian: Eval. Qu. 9C)

Completed collages gave people new insight into their lifestyles. Messages seemed to be conveyed, increasing individuals’ awareness of how their occupations affected their lives.
“The collage told me I was fairly contented, a non-risk taker and I get a lot of pleasure out of the lesser things in life.” (Alan: Eval. Qu. 10)

“It made me aware that my life is dominated by pleasurable activities.” (Sandra: Eval. Qu. 10)

“The collage showed me how many activities I was involved in, in various shapes or forms and how it had to be all fitted together. It was like doing a jigsaw puzzle. That is shown by the way it is set out as being just like a jigsaw puzzle. If you then overloaded on one end, like I was at the time, it meant that something had to give. All the smaller projects had to go on the back burner – I had no time at all. There was no personal space or thinking time.” (Wendy: Int. 2. 29-33)

These discoveries seemed to make more sense when portrayed in a pictorial format. Even though Anita’s husband had repeatedly told her of her achievements, she described how she only came to appreciate them after actually doing the collage:

“Very very interesting. I think it’s very good. I actually did tell some people about it and they said ooh I would have liked to have done that. It makes you look at your life and what you’ve achieved. I’ve always said to Alan, why haven’t I got some talent or something... but he said you’ve brought up a family and you’ve made a happy home and a good life - I feel as though I realised that when I did the collage - especially as I took over his family.” (Anita: Int 2. 55-59)

4.2.2.4 Puts Lifestyle into Perspective

The images within the collages seemed to encourage the participants to really think in depth, activating their brains into gear:

“Doing the collage made me think! It made me really think. I mean I’m always reminded about things but doing that was very very strong.” (Alan: Int 1. 320-321)
“I think it was quite a thought provoking exercise. It made you really think about lots of aspects.” (Cathy: Int 2. 3)

“It got my brain ticking.” (Eileen: Int 2. 27)

“It was quite hard to get started but I found once I had started it all came flooding – you know brrrrrr!” (Sandra: Int 2. 104-105)

Making the collage provided the opportunity ‘to take stock’ and evaluate the effectiveness of what they were doing with their time.

“It did help me to take stock – clearly.” (Colin: Int 2. 13)

“The collage provided a time to reflect, discuss and evaluate – it helped me to find out ‘we are what we are’ – being oneself.” (Bob: Eval. Qu. 12)

“It’s an opportunity to reflect if life is going in the right direction, or not, as the case may be. I think you need to take stock if you think if there’s something that you’re doing that’s not on the right track or if it is a waste of your time and there are other things you could be doing better.” (Wendy: Int 1. 237-242)

It was interesting to observe how similar concepts were interpreted so differently by each participant – in this case the concept of ‘time’. This demonstrated how unique and meaningful a collage was to the individual and how different their realities were.

“I put a picture of a doorway in the centre, which is the doorway to the next part of our lives. I was thrilled when I found that picture. There’s also the signpost – and there’s more time here represented by the clock. To me there is more time now than there was before to do what we choose to do. So, finding all these things in the magazines made me think about how I felt about retirement.” (Claire: Int 1. 208-21)
"I think you are really aware that there isn’t a lot of... it sounds so stupid... but there potentially isn’t a lot of time left. There is less time then when you are younger and you look at your life ahead. Especially in the work that I have done where you are constantly aware of it – the days of being old and disabled. It was all part of the equation – it was all part of what I thought about when I made my collage. I did put that bit in about the disability of ageing.”
(Cathy: Int 2. 42-47)

In fact, creating the collage and gluing the pictures into a complete picture seemed to make the participants think about their life in its entirety.

“The activity did provide occasion to focus on the totality of my life.” (Cathy: Eval. Qu. 10)

“I think I captured pretty well my lifestyle on that piece of card.” (Wendy: Int. 2 44-45)
"The collage put my lifestyle into perspective." (Jane: Eval. Qu. 10)

Sandra was able to consider what was really important and what was achievable in her life. The collage seemed to make her retirement come into existence:

“It made me think about the aspects of my life and their relative importance.”
(Sandra: Eval. Qu. 10)

“Thinking about it makes you more in touch with reality and what’s achievable.”
(Sandra: Int 2. 107-108)

Claire doubted whether she would have thought about these aspects of retirement otherwise:

“It was the first time I thought about what I was really going to do.” (Claire: Int 2. 7-8)

“I am aware that we have been made – forced really [laughs] – by going on the course and making the collage to think about what we are actually doing with ourselves and not just sitting around as my parents did and just sort of reading books and listening to music and waiting for life to pass you by.” (Claire: Int 2. 80-83)

This creative method of reflection was deemed a positive exercise.

“It was positive to reflect on the opportunities presented by retirement and put these into a creative activity.” (Cathy: Eval. Qu. 9a)

4.2.3 Feel

Participants seemed to be in touch with their feelings whilst making their collages. Reflecting about their occupational lives in the past, present and future was deemed an emotive experience at times and participants described how they looked to the future with optimism. The two sub-themes are presented below:
4.2.3.1 Enables a Sense of Release

There seemed to be an emotional aspect to the collage process, especially when thinking about the past and when looking to the future. In retrospect, during their second interviews, some participants described their experiences of the collage process as poignant and liberating.

“It was emotional at the time.” (Alan: Int 2. 3)

“It was helpful – looking back. It released it from me.” (Bob: Int 2. 76-77)

Colin explained how an angry looking image of the actor ‘Pierce Brosnan’ unexpectedly reminded him of his own volatile character in his childhood. Colin accentuated how he hoped to be a calmer person in the future and how the images were connected to his religion:

“There’s generally a fair amount of anger in the back [of the collage]. The anger is depicted by ‘Pierce Brosnan’ who seems to be shouting... I’m ‘hanging lose’ as it says in the Pierce Brosnan picture. That’s me. That’s primarily my anger and frustration at my parents divorcing and the house breaking up at the age of 13. I’ve always been a fairly volatile character in the past. Hopefully, I will be much mellower in the future. That image probably relates to the religion.
All these pictures are largely sort of fortuitous. I wasn’t looking for Pierce Brosnan but when I saw that… (Colin: Int 1, 5-6, 13-14, 81-87)

Sandra’s reflective account of her collage experience was also compelling. She was actually moved and tearful, describing her collage and the images within as ‘cathartic’:

“It was good. I found it a useful experience. It’s prompted me to do things like lose weight [laughs]. It’s made me aware of how quite full my life is actually… [Pauses] which is nice. It’s also quite emotional – I don’t know why – it’s weird [begins to cry and laughs]. I feel so stupid. I found it quite surprising looking at other peoples – seeing big gaps, white areas and small writing [continues to be weepy; reaches for tissues]. It’s not that the collage has aroused any memories or anything – I guess it’s just thinking in depth I suppose. I’m sure it’s the images – it always is with me – the visual stuff! It’s obviously a cathartic experience! [Still weepy but laughs].” (Sandra: Int 2, 112-119)

The making of the collage provided an unexpected outlet to release emotion. This reinforces the potential powerfulness of certain images and perhaps the therapeutic nature of the collage process.

4.2.3.2 Provides Optimism for the Future

With emotions heightened and new lifestyle awareness in mind, participants went onto think about what lay ahead in the future:

“I had very pleasant and exciting thoughts of my attitude of not looking back but looking towards a bright and interesting future.” (Brian: Eval. Qu. 9a)

There were feelings of hope, anticipation and excitement.

“Hopeful of some expansion towards occupation.” (Eileen: Eval. Qu. 10)

“I felt feelings of excitement for the future.” (Jackie: Eval. Qu. 9a)
Overall, the achievement of creating a collage was deemed a positive and beneficial experience.

“I think the collage was a very useful thing to do.” (Sandra: Int 2. 112)

“It was quite helpful – it was a positive experience.” (Jackie: Int 2. 44)

### 4.3 Thematic Findings: Stage Two of the Collage Process

The process of talking through the collage also comprised a number of themes and sub-themes that are presented in the following table:

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain</td>
<td>-</td>
</tr>
<tr>
<td>Reflect</td>
<td>Encourages Deeper Thinking</td>
</tr>
<tr>
<td></td>
<td>Enhances Awareness of Health and Lifestyle</td>
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<td></td>
<td>Generates Needs</td>
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<td></td>
<td>Gives Confirmation</td>
</tr>
<tr>
<td>Anticipate</td>
<td>Enthuses</td>
</tr>
</tbody>
</table>

Table 4 - Themes for Stage Two of the Collage Process

#### 4.3.1 Explain

The second stage of the collage process involved the participants explaining the meaning behind the images. Cathy provided a plausible rationale of the stages:

“There’s more than one stage to it. There’s the doing of it by yourself and there’s the somebody coming in and asking for more explanation to give a deeper meaning... to help you think about it some more. So you do need some sort of help with it.” (Cathy: Int 2. 89-94)
Each collage acted like a storybook with participants relaying rich accounts of the meanings behind the images. Here is an excerpt from my fieldwork journal regarding my thoughts following the first interview with Claire:

“It was like sitting down to look at a book or a map. Claire traced over what seemed to be a defined route within her collage. There was a picture of a doorway to the present and a signpost to the future. She described the journey she had created in her collage and told lots of stories about the pictures from her past right through to her future. I encouraged her to return to those images she felt were the most important to her in terms of her retirement and the future. When she re-told the stories surrounding the images they were often linked into other images. With her finger on the collage she traced forwards and sometimes retraced her steps backwards. As I probed for deeper meanings behind the images, she often paused thoughtfully before she spoke, asking herself questions and providing her own answers as if talking to herself. It seemed like she was realising and formulating a new journey - one of her future retirement.”

Jackie explained how important it was to articulate the meanings behind the images. When she selected an image of a violin and glued it to her collage, for example, she thought about the memories it provoked. But for her, the significance of the memories did not become meaningful until she verbally expressed them. Extracts from her first and second interviews are presented to exemplify this:
“There is a picture of, I think it’s a violin, I’m not sure it might be a cello, it’s difficult to tell [laughs] because it’s truncated the picture – it’s cut off. But it’s really just to represent music because music has always been a huge part of my life. I can remember going back to my childhood and being maybe in France, going to a bakery near the seafront and they had the radio on and they had music which I obviously didn’t recognise then. But I later found out was some Mozart music and being so entranced by this music I was just standing there and instead of buying what I was supposed to buy [laughs] I was just listening to this music... [Long pause]. Not a lot of my family were interested in classical music so I don’t quite know why but from a very early age it was very important to me and that carried on to being a very important part of my life.”

(Jackie: Int 1. 149-159)

In her second interview, Jackie described how she was transported back to the time and the place where her narrative stemmed from when she told me this story in her first interview. In the account below, she described how she felt like she actually experienced the event once again:

“Now when I did the collage and I put something about music like a violin or something, I did that, but I wasn’t really experiencing what made me put it in the picture. But when I discussed the image with you and also when I read the transcript, I was transported back and I could see myself standing there listening to that music which was a very big experience in my life.” (Jackie: Int 2. 29-38)

Bob expressed how much he valued this aspect of the collage process and how the voicing of his thoughts and feelings behind the images ‘released it from him’:

“I loved every minute of it – talking about my collage. It was helpful – looking back. It released it from me – I wanted to talk to somebody. That helped to release all that. I enjoyed it.” (Bob: Int 2. 5, 76-77)
4.3.2 Reflect

Relaying the stories behind the images and explaining their meanings encouraged the participants to reflect and think more deeply about why they had selected them. This resulted in enhanced awareness of the impact of their actions and occupational lives upon their health and well-being which in turn enabled them to identify needs or gave confirmation to their occupational lifestyle. These sub-themes are as follows:

4.3.2.1 Encourages Deeper Thinking

To illustrate this sub-theme I present Sandra’s stories behind the ‘travelling’ and ‘living abroad’ images in her collage. These images took up approximately half of her collage perhaps indicating the significance:

Living abroad and travelling

During her first interview Sandra revealed the meanings behind them. In the excerpts below, note how quickly she appraised and considered the possible outcomes of each idea:

“There’s the usual travel things of course which I guess practically everyone likes to do or wants to do... it’s not something I want to give up. So I think like a
lot of other people, we’re making the most of the fact that we’re both still fit and going to places perhaps a little bit far more flung now whilst we’ve got the energy and health to do it and leaving the places that are close for later when we are not so active and able.

That picture on the top left is a house in Provence – it’s so lovely. I would love a house there surrounded by lavender bushes painted yellow with soft green shutters. It just looks so idyllic. It’s many people’s dream. Some people realise it and achieve the great escape and for some people it goes wrong, doesn’t it? And some people never do it! [Laughs] But it’s one of things that you have at the back of your mind.

On the left had side of the collage about half way down, there’s a picture of - I think it’s somewhere on the East coast - of a small coastal town – it might even be somewhere near Scarborough – I don’t know. I just chose it because it was a nice little town and I suppose I have the urge to move away from where we live now – not because I don’t especially like it, it’s because I think I’d like a change. Somewhere small would appeal – a smaller community. That’s probably why I’ve got a picture of the cottage [laughs]. It could be realistic – you sometimes have to talk your partner round to these sorts of things, you know [laughs]. My husband is someone who likes cities – he likes living in towns – so he would take a bit of persuading. He does enjoy the countryside as well, so maybe a small country town would be a compromise [laughs]. It’s not in order to move nearer the family – it’s just because I like the countryside. So that’s something that’s a possibility for the future, but it’s not something that’s set in stone and not terribly, terribly important. It’s something that would be really nice.” (Sandra: Re-Craft. 294-330)

As she explained the meanings behind why she selected the images, it seemed that Sandra was considering and weighing up why she chose them in the first place. In her second interview, Sandra reflects back on the images and her original thoughts and ideas that stemmed from her collage:

“Some things have been kind of abandoned like living abroad and things like that – reality kicked in! Everybody has these fantasies when they retire! You think when you’re retired there are going to be huge changes in your life and
you are going to achieve all things that you’ve ever dreamed of when you are at work but it doesn’t happen that way.

Well, I’d always wanted to have a boat. Oh, I suppose there is a little boat there [pointing to a holiday picture in the collage]. But I don’t know why I didn’t... although there’s also a few of them on the Nile there! [Pointing to some more boats]. Maybe they were put in there subconsciously! ...we decided we’d like to have a small boat. It’s something I’ve wanted to do for a long time but we’d got kind of hung up on the idea of how expensive boats are in the main. But now we are actively looking for a small boat. Then you have to learn how to sail – he has sailed in past when he was younger and I haven’t. So we are now exploring all the training you need and possibly sailing holidays in the Mediterranean – like the pictures in my collage!” (Sandra: Int 2. 40-69)

Sandra went onto explain how talking through her collage helped her to develop a logical and rational evaluation of the situation:

“I think the collage was a very useful thing to do. It makes you think about your life – what you want – what you want to pursue and what will drop by the wayside, I suppose, just naturally. It really focuses your mind on the elements of your life – changing and progressing and that sort of thing... When you start thinking about the things that you do, you realise how much there is going on. Thinking about it makes you more in touch with reality and what’s achievable. Also I suppose it could make you think in depth about how you could achieve some of the things that first might seem unachievable - like having a boat and then through discussion and logical, rational thinking, a way is found. It’s a starting point.” (Sandra: Int 2. 96-99, 106-110)

Here, Sandra explained how collaborative discussion aided her thought processes, focusing her mind further on her priorities and what was achievable. It especially helped her to separate fantasy from reality.
4.3.2.2  Enhances Awareness of Health and Lifestyle

Other participants encountered further insights into their lifestyles and their health whilst talking through their collages. During these interviews I observed the participants studying their collages intently as if searching for answers:

“There’s clearly a message in my collage to consider now though. I ought to be doing some different things and taking up some new challenges.” (Cathy: Int 1. 300-301)

In the following examples the participants all passed final inference on their collages, with new awareness and understanding about their lifestyle as a whole.

“I like to be mentally stimulated and that’s probably more important to me than anything. Looking at it, [the collage] I don’t really think I have got a balance. I think that’s what I need. That’s actually hit the nail. Generally speaking I would say I’m an unbalanced person. I am very emotional and my emotions are unbalanced.” (Jane: Int 1. 427-430)

“Basically, I was just a woman who got married with children and I earned a bit of money to help out. But my collage shows there’s more to my life than that. There’s a lot about my health in there too.” (Anita: Int 1. 195-197)

“I’ve learnt that retiring is another phase in life and can be very pleasant. I am lucky - I’m more lucky than some people. Everybody moans that they can do with more, but when you think about it, it’s a lovely phase of life.” (Alan: Int 1. 364-366)

Claire compared her collage experience against that of filling out a lifestyle questionnaire. She believed the collage was more meaningful and personal. It helped her to develop her own positioning and awareness about her life whereas a standard questionnaire may have influenced her thinking:

“I think the collage is great. It answers my personal questions. My collage is all about the questions that I have and what I want to do. There’s no influence
from anybody else. It simulated my own questions and my own answers through pictures. If you provided a sheet with questions they wouldn't have been the same as the questions I had." (Claire: Int 1. 161-166)

4.3.2.3 Generates Needs

For others, talking through their collage helped them to form a plan for the future and provided direction.

“Looking back, now and looking forward – it makes you stand back and look at your life and you can form a plan. It was quite nice to see that I had a plan. I've not had much of a plan in my life until now.” (Claire: Int 2. 17-18)

“I'm not really the sort of person who tries to analyse stuff – why did this happen and that happen etc. But it did help me, I guess, to have some sort of direction. I was quite excited. It was just a matter of developing it.” (Brian: Int 2. 26-28)

It provided the opportunity for the participants to set their desired goals for the future.

“I'd like to get to know more people and develop some friendships.” (Bob: Re-Craft. 188-190)

“So that's a goal for the future - I want to take up salsa or ballroom dancing again.” (Jane: Re-Craft. 346)

“I haven't actively done any genealogy yet, but that could be an interest. It's to make something for the family – collating all the strands to pass down to the children so they've got a little bit of history.” (Cathy: Re-Craft. 214-216)

In expressing their dreams and fantasies the participants were able to consider if they were in fact realistic or achievable.
“One of the dreams I have for the future is that I would like to go back to Dunkirk and live there for a little while. I don’t suppose it will happen because I’ve got the 6 cats and you can’t leave them for too long. I could go just for visits...” (Jackie: Re-Craft. 365-368)

“This is a flight of fantasy! When I retired, the company gave me a ‘Red Letter Day’ and I went and drove a Ferrari. It was a great fun thing to do. If I had the space, time and money, that’s what I would love to do. I would love to be able to do that a bit more often and race a car. But that is a flight of fancy. It’s so fun – it’s power.” (Wendy: Re-Craft. 165-169)

It is interesting to note from the excerpts that many participants wished to re-visit many of their past hobbies or experiences.

4.3.2.4 Gives Confirmation

Some participants found the experience of relaying their stories reassuring. Wendy describes how her collage confirmed that her lifestyle was satisfactory and that the activities that she was participating were enjoyable and healthy. Even though the collage did not help her to make any changes or develop goals, she still found the reflection a valuable experience:

“What I did learn from this was that I think I am okay. It was good for me to take stock and appreciate that I don’t need to re-direct my life. It gave me a certain amount of reassurance that I’m not wasting my time and I really like doing these activities. So the collage experience has not been a waste of time. It was good to visualise that this is what I’m doing and what I’m going to be continuing to do.” (Wendy: Int 1. 293-297)

Alan and Bob also gained confirmation from their collages and made the decision not to make any lifestyle changes:

“But I thought doing the collage was good! I wouldn’t change my life now.” (Alan: Int 1. 323-324)
“I did make me think that everything was ok at the present time though. I felt happy.” (Bob: Int 2. 24)

Some declared that they would continue with their current hobbies and activities:

“I’ll continue with the tennis because I enjoy it so much. I don’t look upon it as you must play tennis just because it’s good for you.” (Jackie: Re-Craft. 462-463)

“I aim to continue with the sports club I’ve just joined.” (Jane: Re-Craft. 369)

4.3.3 Anticipate

This fresh insight and understanding of their occupational lives seemed to stimulate and enthuse the participants into a more positive frame of mind in anticipation of their future retirement.

4.3.3.1 Enthuses

After talking through their collages, participants appeared enthusiastic and motivated to take forward their goals or to continue with their validated lifestyles.

“I didn’t think retirement would be quite so hard until it happened and I thought the collage would help and it has done. That’s absolutely honest. I think we’ve been able to be a lot more positive as a result of these opportunities and courses we’ve been on than those people who haven’t.” (Claire: Re-Craft. 259-262)

“It did help me, I guess, to have some sort of direction. I was quite excited. It was just a matter of developing it.” (Brian: Int 2. 27)

“I feel quite happy with it – now I want to get on with it all to be quite frank.” (Colin: Int 1. 195-196)
4.4 **Narrative Findings: Stage Two of the Collage Process**

The narrative analysis was directly influenced by the themes. The stories the participants told were examined to see if talking through the collage did actually encourage deeper thinking, enhanced awareness of health and lifestyle, generated needs, gave confirmation and enthused.

As outlined in section 3.12.3, in order to analyse the structure and function of the narratives, I employed Labov’s model (1972) the ‘narrative syntax’ which identifies a narrative as consisting of the following components: abstract (summary), orientation (sets the scene), complicating action (what happened?), evaluation (so what?), resolution (the outcome) and coda (signals the end). The two narratives presented overleaf are broken down into their component parts to demonstrate the analytical process. My interpretations of the narratives are also provided to exemplify the themes from stage two of the collage process. Two further exemplars are recorded in Appendix T.

4.4.1 **Sandra**
<table>
<thead>
<tr>
<th>Sandra's Narrative:</th>
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<tbody>
<tr>
<td><strong>Abstract</strong></td>
</tr>
<tr>
<td>Where shall I start? I could start with that rather hideous image of a flabby, middle aged lady! [laughs] I'm sort of much more aware now…</td>
</tr>
<tr>
<td><strong>Orientation</strong></td>
</tr>
<tr>
<td>I gained a little bit of weight since I've stopped working full time and I'm more aware of how relatively difficult it is to keep yourself in shape when your older.</td>
</tr>
<tr>
<td><strong>Complicating Action</strong></td>
</tr>
<tr>
<td>For a start it's harder work [laughs] – it's not so easy to lose weight – and you have to more positively work at it. It's quite hard really I find. It's very easy to become like the lady in the picture – she's rather thick around the middle and a bit droopy! I do feel I'm a bit like that and I would like to… that accounts for the text that's stuck on there, 'eating more healthy foods and keeping active'. There are some people working out in the gym. Also, there's a little image of an 'osteocare' treatment – I was quite shocked a few years ago to have a bone density test and found mine was borderline for osteoporosis. That was very unexpected because I've always been active and I walked a lot at the time. I had to walk to and from work and that was a vigorous 20 minute walk each way and I thought that's bound to be doing me good but apparently it wasn't a long enough time to actually do me any good – it just made me tired! [laughs]</td>
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<tr>
<td><strong>Evaluation</strong></td>
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<tr>
<td>So, I'm thinking more now about osteoporosis and the effect it has. I'm a bit more concerned about my health now.</td>
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<tr>
<td><strong>Resolution</strong></td>
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<tr>
<td>I have been doing some exercise – I do Pilates. I hate going to the gym and working out and getting all sweaty and that kind of thing – I really don't like it [laughs]. But I do like Pilates and I expect I'd probably like yoga as well. I've been doing Pilates for about a year and unfortunately I've had to stop because I've taken up a new job. But I'm hoping to be able to find another class with the time I have available now. I like the Pilates because I feel virtuous when I'm doing it [laughs]. I realise that I'm doing myself some good and it's what I ought to be doing</td>
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</table>
given the fact that I’m aware that it’s so easy to get out of shape and I like it because it doesn’t make me feel all hot and sweaty. It’s in a pleasant place on the seafront so it’s nice to walk there in the morning and there are nice people in the group so it’s quite social. So, it’s all round ok.

Coda So that’s the flabby lady! [laughs]

So what is the point of the narrative?

This narrative demonstrates that the image of the ‘flabby lady’ encouraged Sandra to reflect more about her weight and the potential health implications of her osteoporosis. Sandra commences her narrative with a description of an image of a lady in her collage. She describes the picture as a ‘hideous image of a flabby, middle aged lady’. This image evidently made an impact upon her as she goes on to tell how she has put on weight since her retirement and how much harder it is to keep in shape. Sandra associates herself with the image by saying she also feels ‘thick round the middle and a bit droopy’.

She appraises her narrative by affirming that she is ‘thinking more now about her osteoporosis and the effect it has’. She imparts that the image has made her more concerned about her health. As a result she makes a decision to resume her Pilates classes; appreciating that they are beneficial to her health. On further reflection she acknowledges her previous enjoyment of the pleasant exercise environment and the social aspect of her old Pilates classes. These appear to be motivating factors in resuming the classes. Finally Sandra reinforces the impact of the image by concluding, ‘that’s the flabby lady!’
### Eileen's Narrative:

| Abstract | Three years, or four years ago should I say altogether, always wanting to be doing something – occupied – in my summer times back home here, that’s when I joined an agency for care work. |
| Orientation | It must have been at the beginning of my 80’s. I loved that because every Friday I used to get my work sheet for the following week knowing where I was going each day and it was so pleasant just being able to hop in my car out here and going over to my first lady who was over at Westham not so far away. I’d help her get up in morning, get washed and dressed, decide what she was going to wear and give her breakfast, wash up her breakfast things and make her bed. And I used to say, ‘bye, bye, see you again tomorrow’. And then I used to go onto another lady and at lunch time I used to go onto another one and I was with her for an hour and I used to do her lunch for her. |
| Complicating Action | But again red tape came into it. I did that job for 2 summers and the third summer I came back I tripped gaily into the office and I said, ‘here I am – coming up to Easter, I expect you’ll be glad of my help’. They said, ‘oh, well, we’ve got a lot of paperwork that we have to fill in now and of course that was to do with police check, insurance and apparently now they’ve brought in that once you’re over 75 they hardly want to know you. So I really felt as if I was being discriminated against. Even with driving… several years ago it was probably about 10 years ago now I did a test for driving a mini bus so I could take the elderly people to the shops – now I’m not even allowed to take people in my own car to hospital! There they are crying out for people to do that. So the care agency said you know it’s difficult for the elderly people to feel they’re younger than you are and you’re coming to look after them [laughs]. |
| Evaluation | It made me feel as if I’d been thrown on the rubbish heap as if there was nothing left really for me to be able to do. So why am I living on and on and on? |
| Complicating Action | At that time I was very glad of that income because it was nearly £100 a week. When I came back previously from New Zealand, hard earned money that I had invested to allow me to get a reasonable income of my retirement because you can’t live on your pension, I had an urgent call from the man who was looking after my finances and I think you’d better come and see me because things have changed a lot whilst you’ve been away and the interest has gone down so low and what your investments are bringing in, you’re soon going to be depleting your capital. So with that I had to put a stop on receiving on any of my interest. So that was the reason for me needing to work. So nearly £100 a week used to help me recover my living costs. |
| Resolution | So, if the opportunity arose I would still like to work now. That’s why I have gone to help with the WRVS. That’s portrayed in my collage. I joined them this New Year. I thought, ‘come on Eileen,
you've got to pull your socks up! You've got to try and find an interest somewhere’. There was a big article in the local paper ‘This is the Year for the Volunteers’ so I thought I would go down and have a chat with them and see if they could do with some help which they said they could do. So now at the moment I’m going down on a Friday to help do their lunches. It’s just a case of helping to lay out the tables, put everything on the table ready for the people to come in and have their meal and then when it’s ready to serve I either help serve the vegetables onto the plates or take the plates around to the clients.

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>It makes me feel I’m still wanted, you know, I’m still able to do something. Although, the thing is with me, I feel as if I’m 2 different people. I’ve got such a busy active young sort of mind and yet my body is getting a little bit on the lazy side. So, I’m still able to cope.</th>
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</thead>
<tbody>
<tr>
<td>Coda</td>
<td>On Tuesdays, once a month, they have a day for the… what do you call it… people come in wheelchairs, the people that are not so mobile. That is on a Tuesday once a month. So they are always glad of extra help then.</td>
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So what is the point of the narrative?

Eileen commences her narrative by announcing that she always likes to be occupied – to be doing something. She began working for a care agency at the start of her 80’s which she thoroughly enjoyed. She described her weekly routine of helping older people with their self-care and meals. After two years the care agency declined any further input from her. According to Eileen, certain legislative changes to the employment of the over 75 age group became an issue for the agency. She tells how she felt discriminated against when they implied that it was perhaps inappropriate for her to care for older people that were even younger than her. She felt as though she had been ‘thrown on a rubbish heap’. At the time Eileen believed there was nothing else for her to do which impacted upon her self-worth and her mood. She even questioned the point of living.
Eileen goes onto consider the reason for wanting to be employed which was mainly for the financial remuneration. Then she returns to her original theme highlighted at the start of her narrative – ‘always wanting to be doing something’. Through further reflection, she recognises that through ‘doing’ and helping others, she still feels needed. To Eileen, being involved in the WRVS, a voluntary organisation, gives her a purpose in life and makes her feel appreciated.

These exemplars demonstrate how the participants moved from various forms of thinking during the collage process. Essentially, they strengthen and unpin the thematic findings by substantiating that explaining the meaning behind the images encouraged deeper thinking, enhanced awareness of health and lifestyle, generated needs, gave confirmation and enthused.

4.5 Thematic Findings: Outcomes of the Collage Process

Two main themes emerged from the collage process: meaningful continuity and impetus for change. The latter theme comprised of a number of sub-themes:

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-Themes</th>
</tr>
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<tbody>
<tr>
<td>Meaningful Continuity</td>
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<tr>
<td>Impetus For Change</td>
<td>Pursuit</td>
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<td></td>
<td>Successful Achievements</td>
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<td>Disappointing Discoveries</td>
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<td>Obstacles Encountered</td>
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<td>Inactivity</td>
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Table 5 - Themes Representing Outcomes
4.5.1 Meaningful Continuity

As outlined under the theme of ‘Provides Confirmation’ in stage two of the collage process, a few of the participants reported that talking through their collage provided the opportunity to confirm the worth of their lives as they already exist. Over the next eighteen months, these participants went on to continue with their meaningful lifestyles.

“There’s no point in doing things that I don’t enjoy. I wanted to continue to carry on with what I was doing.” (Alan: Int 2. 25-26)

“I’ve pursued mostly the same things... I do feel satisfied with my life. I am pretty healthy and my mind seems to be functioning on all cylinders shall we say.” (Jackie: Int 2. 14 & 54-55)

Wendy reported she had actually grown a lot more into her lifestyle which, in turn, had opened up further possibilities and relationships:

“Looking back at this does remind me that I’ve been doing more or less continuing where I left off. Fine. I enjoyed the experience. It made me fix on what I should be doing next. What has happened, looking at this, I haven’t actually changed any of my activities. I seem to have grown a lot more into them. Talking through the collage didn’t change anything for me but it did set threads running... I didn’t really set myself any goals as I had already established the activities that I was doing. I’ve continued with these and they’ve opened up avenues...” (Wendy: Int 2. 3-15)

These participants appeared content and happy when describing their successful continuation of the occupations and routines that were most important to them.

4.5.2 Impetus to Change

All other participants expressed a number of needs or goals whilst talking through their collage. This implied there was a degree of motivation for occupational
change; whether or not they actually went onto execute that change. The following sub-themes outline the various outcomes of this main theme:

4.5.2.1 Pursuit

Participants explained how the collage process had motivated them to explore their goals independently which resulted in three outcomes: they were either satisfied with their achievements, they were disappointed with their discoveries, or they simply encountered obstacles. The fact that the collage had given the participants the momentum to move forward and explore new activities was a positive outcome:

4.5.2.1.1 Successful Achievements

The collage process gave many of the participants the impetus to change and do new things. Goals were set and achieved successfully:

“One of my goals from the collage was to increase my social network – I occasionally see people outside of the club – so I’ve achieved that.” (Brian: Int 2. 58-60)

“The main goal – the walking – has gone fine. It’s great. It’s been very liberating – very challenging. First of all there were significant amounts of apprehension – then we did it.” (Colin: Int 2. 40-41)

It transpired that the actual images themselves were deemed a motivating factor in helping individuals to pursue their goals. Firstly, the images were considered meaningful and symbolic to the individual:

“I can tell you exactly what each picture meant and what and why that happened. I found images that were very significant and representative.” (Wendy: Int 2. 70-71)
Secondly, the images seemed to have a powerful role in helping the participants to envisage the future and take their goals forward. Sandra described how a prominent image of a large ‘flabby’ lady within her collage prompted her to lose weight.

“I think just because it was visual and it had aspects of lots of the things that I do or wanted to do. Visual things always have a bigger impact for me. I always find things are easier if I can see them rather than just think about them... I suppose just seeing things in another dimension makes things easier for me to take forward I think. It’s a visual representation. I don’t know - it sounds like silly jumble! [Laughs] It’s difficult to explain – that’s probably why I like pictures! I think the collage probably gave me the impetus to do it because it did make me aware that that was what I looked like [pointing to the image of the lady in the collage]. I look slightly better now – not so thick around the middle! [Laughs] The lady is quite prominent – she’s one of the first things you see.”
(Sandra: Int 2. 12-18; 34-37)

For Claire, the images in her collage represented what she wanted to achieve in the future. She commented in her first interview that the images acted like a blueprint that became etched in the mind:

“By the time we came to do the collage... I had some sort of plan and looking at the pictures just cemented it in my mind. So it was very good timing for me.”
(Claire: Int 1. 226-229)

According to the extract from her second interview below, this blueprint was retained – whether she was aware of it or not. Claire’s account of looking back on her collage exemplified how important and powerful the images were to her. Her collage proved to be a constant visual trigger of possibilities:

“I’m a very visual person so just by looking at the collage, suddenly even now, I think, I didn’t realise I had done all the things I had planned to do until I saw the image again. If you asked me yesterday, I would have had to think about it. But when I sat down now and looked at my collage again, yes I have done all the things bar one that I wanted to do - so as a visual aid it’s brilliant. It’s
immediate, isn’t it? It’s more powerful. In fact it’s really surprised me now looking at it – it’s actually spot on [emphasises word - voice becomes excited.] I’ve seen all the views exactly [emphasises word] like that [pointing to one of the pictures of some people hiking in the mountains]. That was us! I was hoping that would be us when I made the collage – but that was us! That was exactly what it was like where we went. It’s funny a year ago, I had picked that, I had chosen those pictures – the images are probably as important as anything – not just the idea behind them – but the actual image.” (Claire: Int 2. 20-31)

Hiking in the mountains

Claire went onto tell how her achievements had given her renewed confidence and inspired her and to try out new activities on her own, without her husband.

“The walking has inspired me to do other things really. Well, the walking is something I really didn’t think I could do. But I can and I did! And it was far more liberating than I ever thought it could be. I could bore you rigid about it! So it’s actually given me inspiration to go off and do other things on my own. I do now realise that it’s pretty important when you are retired. We do get under each other’s feet. So you have to learn to do things separately. It’s nice for a little while when you’ve spent years and years only having weekends together perhaps, but you have to get beyond that and say you’ve actually got to do things on your own and for me I have to make an extra effort to go out and do other things on my own.” (Claire: Int 2. 33-51)
4.5.2.1.2 Disappointing Discoveries

Whilst it was evident the images in the collages did motivate the participants to fulfil their goals, a few participants were dissatisfied with the results of their achievements.

“I did start line dancing but didn’t carry on with that. I thought I would like it but I didn’t enjoy it.” (Anita: Int 2. 31-32)

“The bees have gone completely [referring to bee keeping]. Far too fussy, busy and messy. I enjoyed it – I might go back to it sometime. Everything else has sort of crowded it out. If I was a little more sedentary and rustic then I would do bees. But you need the right environment – bees are a lot messier too. Obviously getting the honey out is really messy. So I didn’t want to do that – but I followed it through to a fairly clean conclusion... The bee keeping was an aspiration that I didn’t take forth.” (Colin: Int 2. 16-20 & 51)

In Colin’s case, it seemed that it had been a useful exercise to actively explore his aspiration of bee keeping before coming to the conclusion that it was not an activity he wished to pursue at that time.

4.5.2.1.3 Obstacles Encountered

Inevitably we are unable to predict certain events in life and these unforeseen occurrences can encumber our plans. A few months after his first interview, Brian was unfortunately involved in a car accident which left with him with a serious knee injury and reduced mobility. This changed his whole outlook, goals and plans that he had developed during the collage process. Eighteen months on, he had not found a way forward to adapt his original goals to cater for his disabilities or even develop new plans.

“I’ve not had a very good year actually. I had a bit of a car accident and I started getting arthritis which isn’t too bad... I’ve been out a little bit but not much so that’s why I say it’s been a bit of a wasted year. So retirement has
changed me a bit. Just when you think you can get up and enjoy yourself... So what can I do next? I can’t do any of the physical activities now... I need to have something to keep going. I haven’t found anything... If I hadn’t of been involved in the car accident things would have certainly been different. I would have been a lot more mobile and fitter... The collage altogether was fine. But my circumstances have changed now. Everything I was looking to or aiming to before have all fallen away now. I can’t go out and about, I can’t do this and I can’t do that.” (Brian: Int 2. 6-7, 23-24, 49, 52-53, 64-65, 89-92)

Brian appeared low in mood and described how he had felt very much alone since his accident. He also expressed how he felt let down by the health services and not supported.

“The other thing I’ve found about being retired is you’re on your own. It’s quite demoralising finding this out especially through the hospital. As soon as they see ‘retired’ they don’t want to know. I’ve been treated very much differently. It’s been an eye opener. You get it from every angle now – especially the NHS. You work all your life and this is the holiday. I can get out my bag and go all around the world and this sort of stuff – but all you come up against is closed doors. If anything physically goes wrong with you, you’re on your own. It’s so frustrating.” (Brian: Int 2. 9-15)

### 4.5.2.2 Inactivity

Some of the participants who had set themselves goals had still not pursued them. It transpired that they had been unmotivated to explore the goals independently. Eileen described how useful the making the collage had been in helping her to reflect upon her occupational interests but, on its own, the collage had not given her motivation to independently explore or pursue her goals. As previously mentioned Eileen had been suffering from depression. In these circumstances, it would be reasonable for such individuals to receive on-going professional input to support them to actively engage in their desired goals.

“The collage didn’t really help motivate me... I don’t reflect on that very much. It doesn’t do anything for me I’m afraid. A friend of mine said ‘you’re always
looking for something’ – and I am – I’m always looking for something of interest. The collage helped me to deal with things that were on-going at the time. It got my brain ticking I suppose – thinking about it but it didn’t give me the motivation to do anything I’m afraid. I just can’t be bothered with anything – like any of my craft hobbies - even with my gardening, I’ve got fed up with that and I can’t even be bothered to listen to the garden programmes on TV. I’ve got to that stage where I find everything to be a big effort – both physically and mentally... I don’t think it changed my attitude in many ways. I’m so up and down and when I’m down I feel as if I want to draw my last breath and say goodbye to everything.” (Eileen: Int 2. 24-34 & 46-48)

Other participants, not suffering from depression, also demonstrated a degree of procrastination. Anita had wanted to return to some form of exercise. Eighteen months on she continued to reinforce the benefits of exercise and how important it was to her but she had still not pursued it.

“But it would help wouldn’t it? Walking or an exercise class. But you don’t do it and you know you should be doing it. This makes you think doesn’t it. I’m seriously thinking about going back to my exercise. It’s something to do in the winter really.” (Anita: Int 2. 17-19)

Bob had one main goal of engaging in his photography more and joining a photography club. In his first interview, he divulged how lonely he felt and his ultimate goal was to make new friends. In his second interview, Bob explained that the collage had helped him to form a plan but he had not fulfilled it. At first he said he was not brave enough to go out and join a group on his own. He then attributed this to his lack of funds and equipment, difficulty with transport and fear of going out at night. Bob also implied his desire to pursue the photography was thwarted by his wife.

“I wanted to get more into photography and join a club but that hasn’t progressed at all. I still just do photographs for myself and send off to competitions. Perhaps I was a bit fearful – not really brave enough to join a group. I’m not sure if I will do to be honest. I haven’t really moved on from that – sadly I haven’t progressed that avenue because my wife likes to go away on
holiday so it’s a case of saving up, you know... Also, photography is all digital now and I’ve still got the old SLR camera. I would have to go and get a digital which I suppose I could do. But I would have to have a computer to download the photos and this all costs money. So with that and trying to save up to go away because she likes to go away for a holiday – and we’ve had a right year this year... When you say you’re going to do something there’s all obstacles in your way. You’ve got to pay – everywhere you go you’ve got pay. You’ve got to pay just to drive into Eastbourne. So there’s always that stumbling block – either you have to walk from here and get on a bus and go somewhere. And as soon as you get anywhere its money... But it’s up to me to go out and join a club or meet people isn’t it? The collage helped me to form a plan but I didn’t fulfil those things – I didn’t carry it on. It’s difficult. That’s just me and it’s down to money and transport. I don’t want to go out at night either – someone might bop me on the head. I don’t want to leave my wife, we go everywhere together – we’re bound together.” (Bob: Int 2. 31- 43 & 81-85)

There appears to be a common thread running through these participant’s quotes. They were unmotivated to follow their goals unaided and would perhaps have benefited from some professional assistance.

4.6 “Not One Glove Fits All”

Jackie
During her second interview, Jackie revealed that she had not been particularly keen on making the collage:

“I wouldn’t want to do another collage. The idea of sticking things and cutting them out really doesn’t appeal to me and I had quite a lot of trouble the first time. I found it quite difficult working out how many of the images would fit on the piece of paper and I wanted to get everything relevant in.” (Jackie: Int 2: 79-82)

It transpired in the second interview that Jackie did not consider herself to be visually minded. She preferred sound and music which she perceived to have more of an emotional impact:

“I think one of the problems with someone like me is that I’m not a very visual person. I’m much more to do with sound and music which I find very evocative. Pictures don’t really have a very big emotional impact upon me. I’ve always been like this. So someone who may be more visual, who puts these things down and sees them, would have much more of an impact upon them... Seeing things visually doesn’t have an emotional impact upon me but hearing something is quite different. I suppose some of the other people who took part in the experiment, actually making the collage probably meant a lot to them... I think probably for most people (I’m not like most people) it would help them enormously to bring things together – the past, the present and hopes for the future – and maybe get some visual help from it. But for me, probably listening to different music and then just writing or talking about what the music reminded me of – that would work. That stimulates my emotional life. Not all people are visually minded. Sound can also evoke memory and feelings.” (JB: Int 2: 10-13; 39-41; 84-89)

Conversely the extracts above contradicted other, more positive, comments she made regarding the collage experience:

“I was surprised to find that I wanted my collage to be visually pleasing.”
(Jackie: Eval. Qu: 9c)
“I felt a pleasant feeling of nostalgia for the past... I felt feelings of excitement for the future.” (Jackie: Eval. Qu. 9a)

“It did help to concentrate the mind if you like. It did make me think about past, what I was doing and what I hoped for in the future.” (Jackie: Int 2. 43-44)

It is also important to note Jackie’s experience of talking through her collage, which was explored, in-depth in section 4.3.1, suggested that the actual images in her collage had indeed played a significant part in her thinking and reflections of retirement. Although Jackie appeared somewhat unenthusiastic about making her collage, it transpired that she did experience beneficial elements of the process. Nonetheless Jackie did consider that the collage process was beneficial overall:

“It was quite helpful – it was a positive experience.” (Jackie: Int 2. 44)

Jackie’s constructive feedback brings to light that ‘not one glove fits all’. It seems making a collage is not for everyone and it is certainly not the only domain in which creativity can be expressed. Alternative modes of ‘doing’, whether it be other art and crafts, music, acting or writing, may be more appealing to different individuals in this context. Jackie’s experience is further discussed in the limitations section.

### 4.7 Summary of Key Findings

There were two stages to the collage process: making the collage and talking through the collage. Making a collage enabled the participants to do, to visualise and to feel. Talking through the collage encouraged the participants to explain the meanings behind the images; to reflect upon their occupational lives and their health and to anticipate the future. Two key outcomes emerged from the collage process: meaningful continuity and impetus for change. Theses overall themes of the study will now be discussed in the following chapter.
Chapter 5

5 Discussion

The collage process appears to be a useful occupational therapy tool to promote healthy occupation and well-being in retirement. The two key outcomes or overarching themes: ‘Meaningful Continuity’ and ‘Impetus for Change’ are firstly explored. The findings from stage one of the collage process, involving the practical application of the collage, are examined in order to explicate the mechanisms that instigated these actual behaviours and behavioural intentions. The results from stage two of the collage process, in which participants talked through their collages, are subsequently examined and the narrative and reflective features that led to transformational learning distinguished.

Findings in this research are evaluated with reference to other researchers, their findings, theories and reflections. In some cases, these are older references but still applicable. Many will have been overtaken by later research, but academics who suggest only research and theory that is reported in recent years is most relevant, must not rule out the value of preceding knowledge that is not necessarily a result of large randomised controlled trials (Wilcock, 2007b).
5.1 Outcomes of the Collage Process

The two key outcomes or overarching themes: ‘Meaningful Continuity’ and ‘Impetus for Change’ that were identified and constructed eighteen months after the start of the collage process are explored in this section.

It seems the participants in this study embarked upon a type of journey from which they gained new knowledge and insight into their occupational lives. Some participants went onto to embrace this learning whilst others remained in a state of inertia. In essence, the collage journeys resulted in two key outcomes:

1. **Meaningful Continuity** – participants were stimulated through the collage journey to value what they had and considered that no changes to their existing lifestyle were required.

2. **Impetus for Change** – participants recognised and felt the urge to make changes to their existing lifestyles.

Participants who reported that talking through their collages provided the opportunity to confirm the worth of their lives, continued on with their already meaningful lifestyles. This reflects the significance of the continuity theory (Atchley, 1989) that the continuation of meaningful lifestyles is essential to life satisfaction in later life. Furthermore, the continuation of associations between the past, the present and anticipated future helps to smooth the transition into retirement (Atchley, 1989). The collage journey was not considered a waste of time for these participants as all conceded how positive and important it was to take stock of their occupational lives. The attainment of self-knowledge and self-worth seemed to be carried forth. As discussed in the literature review, meaningful continuity was also a major theme of the Well Elderly Study in which participants continued with or rediscovered their previously enjoyed occupations with successful mastery and achievement, which positively influenced their health and well-being (Jackson et al., 1998).
All other participants in the present study reported that the collage process provided an impetus for change whether or not they actually went onto execute that change. This resulted in two sub-themes: pursuit or inactivity. Those who did go on to pursue changes to their occupations and lifestyles encountered one of three further journeys: successful achievements, disappointing discoveries or obstacles encountered. Within the occupational therapy literature, Kielhofner describes how change or ‘transformational change’ is seen as a progression from “exploration to competence to achievement” (Kielhofner, 2002, p.127). ‘Exploration’ involves the search for and trial of new occupational experiences that provide individuals with feedback regarding their abilities, interests and values. ‘Competency’ is where individuals begin to consolidate their new experiences and knowledge and either strive to develop or improve their skills or learn how to adapt to the external demands that influence their ability to engage in activity. Competency is described as the “process of becoming, growing and arriving at a greater sense of efficacy” (Kielhofner, 2002, p. 127). ‘Achievement’ is the final stage of change when individuals feel confident to fully engage in meaningful occupation and transfer their skills and behaviours into other occupational areas of their lives. Occupational identity is thus formed or revised. This occupational perspective of transformational change can be applied to the outcomes in this research. The collage process could be perceived as part of the exploratory stage of change. Many participants proceeded with their occupational choices and goals through the competency stage to the achievement stage and reported contentment in their retirement (successful achievements). However, Kielhofner (2002) describes how progression through the stages of change is unique for every individual and some remain in each stage for longer or move back and forth. In the case of this research, some participants were dissatisfied with their occupational experiences (disappointing discoveries) and thus remained in the exploratory stage, whereas others suffered problems with their health (obstacles encountered) and ceased activity entirely. These findings are similar to those of Jonsson’s longitudinal retirement studies where retirement was found to be full of unexpected “surprises and temporary periods of turbulence” (Jonsson et al., 2001, p. 44) and plans remained as plans.
There appeared to be a common thread amongst those who remained inactive and did not go onto to utilise their learning to pursue their newly established goals. Those participants did not seem motivated to journey on independently. It would therefore seem that a key to successful occupation-based health promotion is to determine the individual’s “locus of control” (Carter et al., 2004, p. 614). An individual with internal locus of control believes that he or she is responsible for his or her own decision making and behaviour. Those with an external locus of control perceive that outcomes result from forces outside of their personal control and are more dependent upon others (McPherson et al., 2001). The participants who remained inactive would have perhaps benefited, then, from further advice, encouragement and support to actively explore their desired occupations in order to progress through the competency stage to achievement. In addition, for one participant in particular, it was evident that ‘not one glove fits all’ and perhaps a different exploratory intervention with a different frame of reference and alternative media choice would have been more applicable altogether.

I have found that many of my clients have quite clear thoughts about their health and preferred methods of coping with ill-health. New knowledge about healthy ways of living and compensatory strategies is sometimes not, seemingly, easily accepted. Providing older people with written information does not ensure that they will read, internalise and act upon the given advice. Behavioural changes and educational approaches to health promotion may be criticised when they assume there is straightforward progression from knowledge to attitude change to behavioural change (Naidoo & Wills, 2000). The UK Government has apportioned £5.8 million towards the new online NHS Mid-Life Check, comprising of multiple choice questions and answers regarding health, in 83 of the most deprived local authorities in England (Department for Work & Pensions, 2010). This style of health promotion tool is in complete contrast to the collage process and it will be interesting to learn the outcomes of the Mid-Life Check pilot scheme in terms of the intentional or actual health behaviour changes of the users.

The self-empowerment approach to health promotion relies on the principle that individuals need to internalise the information they receive so that it assumes a particular meaning for them (Naidoo & Wills, 2000). It is fair to say that only when
new knowledge has personal value attached to it, is there the potential for behavioural change. Such an approach was evident in the collage process where new knowledge was constructed, through reflection and subsequent discussion, on the foundational knowledge already portrayed within the collage. It was the participants’ personal interaction, understanding and ownership of the new knowledge that they internalised and made use of; making the collage process unique and viable as a health promotion tool.

One recommendation from the study is that the collage process should not be terminated after stage two of talking through the collage for the most beneficial outcome. It would be reasonable to propose that individuals continue to meet in the form of a retirement support group that is facilitated by the occupational therapist. This would help those who encounter unforeseen life events and encourage those who are less motivated to independently pursue their goals. Most participants, even those who had continued with their previous lifestyles and those that pursued their goals successfully, indicated that an on-going support group would be beneficial for their future well-being. It was suggested by some that additional individual sessions with the occupational therapist would also be helpful. Many participants also expressed that it would be valuable, at some point in the future, to repeat the collage process.

The flowchart overleaf illustrates the key outcomes of the collage process as discussed above and provides details of the recommendations for on-going input that were co-constructed by the participants and the researcher [see Figure 9]. The two sections that follow discuss how the collage process works.
Figure 9 - Collage Flow Chart
5.2 Making the Collage

As the three main themes, ‘do’, ‘visualise’ and ‘feel’ are so intertwined, they will be discussed as a multifaceted process rather than individual parts. In summary, the participants reported that making the collage was a creative and visual activity that was enjoyable and engaging to do. The positive frame of mind that ensued seemed to enhance the participants’ cognitive functioning by stimulating their visual memory and imagination. This then enabled them to self-analyse their chosen lifestyle, putting their retirement into perspective. The feel good factor surrounding the collage activity seemed to facilitate a sense of emotional release, providing optimism for the future.

The concept of positive emotion that appears to interlink these three main themes will be explored first. Over the last 20 years psychologist Barbara Fredrickson (1998; 2001) has studied extensively the empirical work surrounding positive emotion. Fredrickson’s ‘broaden-and-build’ theory proposes that “experiences of positive emotions broaden people’s momentary thought-action repertoires, which in turn serves to build their enduring personal resources, ranging from physical and intellectual resources to social and psychological resources” (Fredrickson, 2001, p. 218). In other words, positive emotion, stemming from meaningful events, can lead to the expansion of cognitive abilities and physical action responses or intentions, which facilitates opportunities for personal development and transformation thus enhancing well-being (Fredrickson, 1998; 2001). According to the theory, experiences of certain positive emotions such as joy or contentment “prompt individuals to discard time-tested or automatic (everyday) behavioural scripts to pursue novel, creative and often unscripted paths of thought and action” (Fredrickson, 1998, p. 304). This concept has been supported by a number of randomised controlled laboratory experiments where positive emotions, stimulated by movie clips, have resulted in participants broadening their range of problem solving abilities and actions during various cognitive tasks (Fredrickson & Branigan, 2005). Consideration of the themes in light of these concepts contributes to an understanding towards the mechanisms of the collage process.
The participants expressed positive emotion through the following statements: “it was fun” and “enjoyable to do”; “it was great” and “I loved it”. Even those who were initially sceptical voiced feelings of enjoyment. Enjoyment has been described as “a positive affective response… reflecting feelings such as pleasure and fun” (Scanlan & Simons, 1992, p. 203-204) that facilitates the realisation of a goal (Lazarus, 1991). Csikszentmihalyi (1975; 1990; 1992; 1997), who has been studying human enjoyment since 1963, furthers these ideas by suggesting that enjoyment occurs when:

“a person has not only met some prior expectation or satisfied a need or desire but also gone beyond what he or she has been programmed to do and achieved something unexpected, perhaps something even unimagined before” (Csikszentmihalyi, 1990, p. 46).

The participants described their experiences of making a collage positive and worthwhile. Notably, they spoke of revelations, realisations and confirmations surrounding their occupations, health and well-being that were often unexpected. In light of Csikszentmihalyi’s definition, this could explicate the reasons as to why the collage was deemed enjoyable. These unexpected achievements were evidently the outcomes of thought processes that occurred whilst making the collages. According to the broaden-and-build theory, this cognitive activity would have stemmed from the positive emotion that arose from the creating of the collage itself. These thought-provoking concepts stimulate the need for further exploration. Is positive emotion the catalyst behind stage one of the collage process? Are there other mechanisms behind the collage process that attributes to its worth a health promotion tool?

In line with Fredrickson’s broaden-and-build theory, Csikszentmihalyi (1997) maintains that enjoyment can lead to intellectual and psychological growth, but to experience this one must first invest effort and attention. As an artist himself, Csikszentmihalyi conducted his initial studies of enjoyment amongst other artists. He went onto observe that some of these artists were more focused on the creation of the work rather than the end product. He proposed that a person who was completely engaged and absorbed in a creative activity would enter into an
altered state of consciousness which he termed the ‘state of flow’. Csikszentmihalyi (1990) identified nine dimensions of the total state of flow: balance between challenges and skills; merging of action and awareness; clear goals; immediate feedback; concentration on the task; sense of control; loss of self-consciousness; losing track of time; and intrinsic satisfaction. Many of these dimensions were encountered by the participants in the present study giving rise to the possibility that making a collage could facilitate states of flow. Indeed, both I and the observer witnessed how focused, engaged and absorbed the participants became whilst they sifted through images, tore and cut them up and glued them onto their piece of card. Ripping, tearing and arranging seemed natural and spontaneous. The completed collages were described as tangible pictures of personal thoughts, feelings and wishes. In creating something for an hour and a half with little interaction or communication between each other, participants’ seemed ‘lost’ in thought whilst so involved in their own creation. Some wanted an aesthetically pleasing end result which appeared to bring delight. Each collage was unique and meaningful to that individual, in content, construction and presentation.

The concept of creativity needs further reflection here, as there seemed to be two creative facets to the collage process. The first was the act of creating a piece of artwork, described by one participant as “something tangible from thoughts, feelings and wishes”. Second, collage became a vehicle for the reflection of day-to-day occupations, and for the generation of novel and useful ideas about health and retirement. Furnham & Bachtiar’s (2008) discovered over 60 definitions of creativity in the literature but found no agreed upon meaning. The Concise Oxford Dictionary (2002) defines a creation “as a product of human intelligence, especially creative thought”. May’s (1975, p. 37) widely quoted definition of creativity is “the process of bringing something new into being”. Weisberg (1988) proposes that creativity is the process of developing an idea as well the idea in itself. Creative ideas often arise when one ‘thinks outside the box’ and thinks more laterally to arrive at that “magical ‘a-ha’ moment” (Maddux & Galinksy, 2009, p. 1047). In light of these definitions, the findings confirm that collage is a creative occupation that facilitates creative thoughts and ideas.
Humans are occupational beings (Wilcock, 1998) and there is an innate need for individuals to engage in creative occupations (Sadlo, 2004) that are essential for survival (Schmid, 2005). It is proposed that everyone has a creative capacity within and, if roused, can lead to feelings of pleasure and self-esteem that are beneficial to health and well-being (Schmid, 2005). Notably, participants in this study commented that creating a collage was “spontaneous” and “natural”. The participant who initially described himself as “very analytical and rational”, expressed his surprised at how his collage “all came together” and how simulating it was. Creativity is linked to a spiritual dimension and self-actualisation (Schmid, 2005) in that humans create meaning in their lives through doing and making (Sadlo, 2004). It was conveyed by participants that collage is “personal”, “positive” and “valuable” and that it “fits the coat to the person”.

According to Jackson (2000), being fully absorbed in activity can lead “to a number of positive experiential qualities” (p. 135). Csikszentmihalyi (1992) proposes that, following flow, a person may become “enriched by new skills and fresh achievement” (p. 66). As already mentioned, this parallels Fredrickson’s broaden-and-build theory, that positive emotion can expand the scope and depth of attention and concentration, and thus increase the level of cognitive functioning that is relevant to the activity at hand. Positive emotion has been linked to higher levels of intellectual functioning in tasks which involve creative problem solving (Isen et al., 1987) and executive functioning (Ashby et al., 1999) leading to new ideas (Fiedler, 2000). Alice Isen, a leading psychologist in the exploration of positive emotion, conducted a randomised controlled study that differentiated the effects of positive emotion from those of negative emotion and non-specific arousal (Isen et al., 1987). Isen found that a significantly greater proportion of her participants who viewed a comedy clip were able to solve a practical task afterwards, compared to those who watched filmed scenes designed to induce negative affect and those who exercised for two minutes prior to embarking upon the problem. Isen concluded that the observed facilitation of creativity was due to positive emotion and that the induced positive emotion was not the same as general arousal. Functional neuro-imaging studies now offer some light on the brain mechanisms that facilitate these effects. For example, Ashby et al. (1999, p. 530) propose the “dopaminergic theory of positive affect” suggesting that many of
The observed effects of positive emotion on cognitive capacity may derive from increases of the neurotransmitter dopamine in certain regions of the brain.

The participants described a number of positive experiences that occurred whilst creating their collages. The results suggest that the images they had selected from the magazines helped stimulate their imaginations, trigger memories and enabled them to reflect upon their occupations, putting their retirement into perspective. These visual and cognitive elements of the collage process seemed to assist the participants in broadening their scope of thinking about the future. Francis Galton (1907) conducted pioneering work in mental imagery at the beginning of the 20th century. He distributed, globally, a two-page questionnaire, notoriously known as the 'breakfast table questionnaire', asking people to try and imagine what was on their breakfast table that morning. He discovered a vast range in imaging ability and concluded that, whilst some people think and see vivid mental pictures, those "with low pictorial imagery, would remember their breakfast table but they could not see it" (Galton, 1907, p. 64). The participant in the present study, who described himself as not at all artistic or creative in nature, described how an image of an angry looking film star triggered vivid memories of his unhappy childhood but also positive thoughts of his church. He explained how his important relationship with the church had empowered him to face life more positively. Perhaps, for those individuals with low pictorial imagery or those who perceive themselves as unimaginative, collage could be a means to assist them to 'think in pictures' and to become more aware of the deeper meanings behind their occupations.

Within the literature surrounding neuroscience, cognitive science, psychology, the arts and advertising, the term ‘thinking in pictures’ is used interchangeably with the terms ‘seeing in the mind’s eye’, ‘visual imagery’, ‘pictorial imagery’, ‘mental imagery’ and ‘visualisation’. The most cited definition of imagery in the psychology and sport psychology literature is by Richardson (1969) who defines imagery as:

“all those quasi-sensory and quasi-perceptual experiences of which we are self-consciously aware and which exist for us in the absence of those stimulus conditions that are known to produce their genuine
sensory or perceptual counterparts and which may be expected to have different consequences from their sensory or perceptual counterparts” (Richardson, 1969, pp. 2-3).

Generally speaking, thinking in pictures is considered to be the experience of actually perceiving some object, event or scene with any sensory qualities which occurs in the absence of the appropriate external stimuli (Thomas, 1999). According to this definition, one could reasonably contend that the collage process does not involve thinking in pictures as the images used in the collages are present in real terms and are tangible. However, it has emerged from this research that these tangible images seem to go on to trigger the imagination and vivid memories that are not necessarily directly linked to the image itself. In the example with the film star, the participant did not go onto think about the actor but of his own emotional childhood and his attachment to the church. Participants described how images enabled them to think of things that they would never have thought of if they had been questioned verbally or required to fill in a questionnaire. The late Scottish Psychiatrist Ronald David Laing (1927-1989) is well known for the following quote:

“The range of what we think and do
   is limited by what we fail to notice.
   And because we fail to notice
       that we fail to notice
       there is little we can do
       to change
   until we notice
   how failing to notice
   shapes our thoughts and deeds”.

R. D. Laing (Goleman, 1985, p. 24)

A participant encapsulated this notion and commented that the availability of the images brought several things to mind that she would have probably overlooked in a verbal or written session. This is Laing’s point: we are limited in what we think
and do by what we fail to notice. The visual nature of the collage and the mental imagery it triggers seems to be a significant part of the collage process. Participants described how images “caught their eye” and “stimulated and inspired” them; how “thoughts came flooding in”, “triggering ideas towards different directions and better choices”. The collage process appeared to enable the participants to think in pictures or to visualise scenes in response to external stimuli that were not directly correlated. In this context, the images cut out from the magazines were considered a pre-requisite in order to enable participants to notice or recognise their thoughts. The choices of magazines provided are therefore likely to affect the outcome of the collages and perhaps the success of the process. It is essential that a wide assortment of magazines is provided to cover a variety of topics relevant to the client group.

In a recent BBC News on-line interview, visual data author David McCandles (2009) described how reading text in linear paragraphs and columns can be dreary; advocating instead, the predominate use of pictures as information. He believes that “there can be a directness and clarity to visual information that cuts through the noise, the smoke and the walls of information around us. It can help us zoom in and see what really matters or what might be being hidden from us.” Some participants described how thinking in pictures unlocked “hidden thoughts” and “surprises” from their minds and inferred that collage had accessed their subconscious. The subconscious is an ambiguous concept cautiously referred to in scientific and academic writing. In the psychoanalytical and alternative medical literature, the subconscious is used synonymously with the imagination. Rossman (2000, p. 13) describes the imagination as the “currency of dreams and daydreams; memories and reminiscence; plans, projections and possibilities” - all of which was referred to by the participants. One participant described how her husband had praised her life achievements, but she did not come to appreciate or realise them until she had seen and internalised them during the creation of her collage. Rossman (2000) portrays this form of imagery as looking through a window on your inner self; a private moment in which to observe your own thoughts, emotions and explanations. Perhaps this explains how participants encountered buried thoughts and feelings. Art therapist and author David Edwards furthers that:
“Once an emotional investment has been made in the image, the pictures become alive and invested with feeling and meaning and through the image making process it becomes possible for the client to fully engage with their inner world” (Edwards, 2004, p. 58).

Participants often referred to the collage as if it had therapeutic attributes, for example, “it showed me...”, “it told me...”, “it made me aware...”, “the collage revealed...” which led to greater insight into the occupations that filled their lives. In some cases, the apparent potency of the collage brought a strong release of emotions in terms of happiness, sadness, regret and even anger. This comes across in the poetic transcriptions. One participant was even moved to tears, describing her experience as cathartic. This reinforces the powerfullness of the collage process and its therapeutic nature. Certain images were described as fortuitous and emotions were unpredictable. This present study highlights the need for the facilitator of collage techniques to have specialist knowledge and training, particularly in a counselling capacity, to effectively manage any unforeseen reactions. With their training and experience, occupational therapists would be able to competently fulfil such roles.

The participants also described how the images triggered immediate, vivid and often emotional memories. Isen (1987) speculates that positive affect may also be responsible for enhancing memory. Ashby et al. (1999) concur with this and suggest that memory is heightened due to increases, again, in brain dopamine levels that occur with mild elevations in mood. A number of studies have examined the benefits to older people of reminiscing about past positive experiences. Research has shown that reminiscing not only generates pleasure; it gives perspective to life (Sedikides et al., 2004) and influences perceptions of the quality of one’s own life (Van Boven & Ashworth, 2007). Cappeliez et al., (2008) explored, through interviews, the emotional aspects of reminiscence amongst 80 older adults with a mean age of 70 years. The findings indicated that reminiscence was mostly considered a positive experience and participants not only remembered enjoyable experiences from the past, they also received pleasure from the act of reminiscing. Cappeliez et al. (2008) also reported that reminiscences of intimacy, in most cases, commenced as a positive memory but resulted in negative
emotions such as sadness. In the present study, most of the participants who described sad or nostalgic memories conveyed that, although sometimes painful, it was not actually a negative experience to remember them. In fact, to reiterate, one participant stated:

“One of my worst fears is not being able to remember the past as I feel that’s the sum of what I am - everything that has happened to me is very precious; even the painful experiences”.

On the other hand, one participant became quite agitated during the interviews with regards to a section in her collage she had labelled ‘yesterday’ deciding not to talk about it.

It seems that the means by which people reminisce makes a difference. Byrant et al. (2005) randomly assigned a number of students to three groups: using cognitive imagery, one group was asked to reminisce about happy memories; the second group asked to do the same but with memorabilia such as photographs and souvenirs; and the third (control) group was asked to just think about current issues in their lives for ten minutes twice daily for a week. The findings revealed that both reminiscence groups reported greater incidences of happiness than the control group and happiness increased more in the cognitive imagery group than in the memorabilia group. Most of the participants in the present study also reported that the reminiscence they experienced whilst they made their collages was mainly positive and enjoyable. The reminiscence did not occur as a result of personal photographs and memorabilia, but as a result of random pictures that unfolded memories of scenes, events and/or people from the past. It would be interesting to add a fourth dimension to Byrant’s field experiment – one of collage perhaps.

It transpired that the participants’ memories seemed to be an important element in how they chose to shape their future. Recalling and reflecting on the past seemed to help participants to make sense of their worlds and gave them meaning. This, coupled with the stimulation of the imagination, seemed to enable the participants to create new possibilities and opportunities. Positive emotion has been shown to
help people draw connections between thoughts and ideas (Isen, 1987). By connecting the past, present and future together in a visual format, the participants made defined relations to the activities they had performed before and those that they aspired to do. Previously enjoyed activities were rediscovered again. Parker (1999) compared the reminiscence behaviours of younger adults and older adults (over 47 years). Although she found the younger adults in her study reminisced more frequently than the older adults and were more likely to reminisce during transitional periods in their lives, the older adults reported greater emotional satisfaction after reminiscing about the past. Parker’s findings suggest that reminiscence occurs throughout the life span indicating that this is an important feature of the collage process that would potentially benefit a wide range of ages.

As well as thinking and reminiscing about the past, collage provided the opportunity to focus on the present. By seeing their life story laid out in pictures before them, participants were encouraged to contemplate their occupations. The phrase “it made me think” cropped up time and time again. For some, it was the first time they had really thought about being occupied in retirement. Participants commented how it helped them to think about what was important, realistic and achievable. This period of evaluation was described as “putting lifestyle into perspective”, “taking stock” and “an opportunity to reflect if life is going in the right direction or not”. Moon (2004, p. 4) explored the literature surrounding the term reflection and teased out two general classifications – a common-sense definition and a more structured one. In the common-sense definition, the word reflection parallels that of thinking, but the more structured definition of reflection proposes a purpose and an expectant outcome. Reflection is an everyday practice which we may not fully attend to. We think about and mull over a range of issues in our head all the time and it involves the re-organisation of our previous knowledge, understanding and feelings (Moon, 2004). The ability to reflect has become an important feature of professional training programmes in many disciplines. In these contexts, the concept of reflection is more formally structured, for example:

“There is likely to be a conscious and stated purpose for the reflection, with an outcome stated in terms of learning or clarification – or, in particular, action. In this context, it is likely to be preceded by a
description of the purpose and/or the subject matter of the reflection. The process and outcome of reflective work are most likely to be written and to be seen by others and both of these factors may influence its nature and the quality of the reflective process itself” (Moon, 2004, p. 4).

Boud et al. (1985), who have been influential in the scholarly field of reflection, describe its complexities and how it entails higher level cognitive processes to actively explore experiences and events. This form of self-examination takes place “out of the stream of action, looking forward or (usually) back to actions that have taken place” (Louden, 1991, p.3). Participants in this study spoke of reflections both during the making of the collage and when talking through the collage. In my evaluation I found that a common-sense type of reflection or basic level reflection seemed to occur during the making of the collage (in-action). A more structured approach was experienced when we talked through the collage in partnership (looking back on the action). The reflective nature of the collage is discussed in more depth further on in this chapter in section 5.3.

What is relevant in the context of making the collage and its purpose is the kind of future projection it generated. For example, participants spoke of their excitement of the prospect of pursuing new occupations or resuming old ones. Within the social psychology literature, Weigert (1983) proposed one of the main types of human experiences is one of “wishing, desiring, choosing, striving or aspiring to a moment in life that we have not yet realised” (p.51) and refers to the experience of reaching to the future as “conation” (p. 51). Weigert developed a continuum of three conations: wishing, desiring and aspiring. He hypothesised that we wish for many things that we actually do not really desire or aspire to do that he terms as “wishful thinking” (p. 51). Next we desire which involves strong feelings and ideas about something we want. Finally, we reach the form of aspiring which finds us planning and eventually choosing the means to achieve what we yearn. Conation is closely linked to the concept of volition or will (Mischel, 1996) and Bagozzi (1992) proposes that this type of motivation is essential for transforming knowledge and emotion into action. The Model of Human Occupation (one of the most widely used conceptual models in occupational therapy practice) comprises three variables that refer to an individual's motivations, their occupational
behaviours and their functional performance, that interrelate to establish the individual's occupational identity (Kielhofner, 2002; 2004; 2007). Kielhofner (2007, p. 12) groups these variables into three sub-systems: “volition” (the process by which individuals are motivated toward and choose occupation), “habituation” (the process by which occupation is arranged into routines) and “performance capacity” (the functional abilities that enable occupational performance). This model proposes that all three sub-systems, as well as the consideration of environmental conditions, interact with one another to generate occupational meaning and behaviour (Kielhofner, 2004).

In relation to the collage process, it seems the concept of volition is significant in determining and motivating meaningful and healthy occupation for retirement. Kielhofner (2007) suggests that some older adults may be particularly creative and effective in dealing with change whilst others may hold unrealistic views of their abilities and aspirations and struggle to adapt. Perhaps this was the case with the participants in Jonsson’s retirement studies (outlined in the literature review) in that their levels of motivation, pace of life and occupational meanings unexpectedly changed during their retirement transitions (Jonsson, 2000; Jonsson et al., 2000; 2001). It seemed the making of the collage provided the opportunity for the participants in the current study to consider and reflect upon the volitional component of their past and present occupational behaviours. In turn, this seemed to generate the wishes, desires and aspirations that Weigert describes, but in terms of occupation. It emerges that in the initial stage of the collage process, wishes and desires were considered by the participants and in stage two of the process their aspirations were further explored. When talking through their collages, it seemed the participants were able to differentiate their wishes from their desires and transform those desires into more realistic decisions and actions. This is discussed in more depth further on.

Conversely, it could prove more problematic to reflect upon the future than on the past or present because the future is unknown. The past and the present consist of powerful memories and current experiences that are more obvious and familiar. The concept of ‘planning’ might be more appropriate here. Fredrickson (2009) suggests that “deep within the core of hope is the belief that things can change
and turn out better” (p. 43). Indeed, Weigert (1983) attributes an emotional element to the absence of an object or situation that we desire so strongly. Seeing and visualising their future occupational desires within their collages reportedly provided some participants in this study with hope and optimism for their future retirement.

Visualising techniques have been established in the field of music. Pascual-Leone (2001), for example, found that the same degree of brain activity occurred when individuals either played or imagined playing the piano. The brain scans of those who learnt to play the piano and of those who imagined playing the piano were almost identical; the areas of the brain responsible for finger movements enlarged in both groups. This suggests that we can learn through visualisation and mental rehearsal. Within the realms of sport psychology, mental rehearsal is thought to stimulate neuromuscular, physiological and emotional activity similar to the that of the actual experience (Suinn, 1993) and may arouse positive emotions associated with victory and success (Suinn, 1984). In the context of the collage it is possible then that the vivid imagery of future occupations, events and situations could have stimulated further positive emotions similar to those that Suinn describes. It could even be proposed, that through making a collage, an individual’s desires are visually experienced and the first step is taken in distinguishing and converting those desires into realistic aspirations or behaviour intentions. Perhaps even the collage process emotionally energises and prepares individuals to start visualising and anticipating their transitional dilemmas thereby smoothing the transition into retirement.

It would appear that positive emotion is most probably key to the collage process and interwoven throughout stage one. However, Csikszentmihalyi (1996) proposes that, when in flow, one is not aware of the feelings of positive emotion. In the extract below he portrays the positive emotion ‘happiness’ as a reflective afterthought:

“First of all, when we are in flow we do not usually feel happy - for the simple reason that in flow we feel only what is relevant to the activity. Happiness is a distraction. The poet in the middle of writing or the
scientist working out equations does not feel happy, at least not without losing thread of his or her thought. It is only when we get out of flow, at the end of a session or in moments of distraction within it that we might indulge in feeling happy. And there is the rush of well-being, of satisfaction that comes when the poem is completed or the theorem is proved” (Csikszentmihalyi, 1996, p. 123).

According to the excerpt above, an individual’s awareness of any positive emotion emerges as an end product of flow or during momentary distractions from the activity in hand. In the case of this research, whether or not the participants actually experienced flow whilst creating their collages is ambiguous. Although participants experienced a sense of emotional release and optimism on completion of their collages, they reported feelings of enjoyment and elation amongst many other emotions throughout their creative experience. It transpired that participants focused upon their inner states throughout their creations.

The findings from stage one of the collage process suggest that one may experience positive emotion whilst creating a collage and also after its completion. Positive emotion appears to be a significant part of the collage process and perhaps, in addition to the visual component, is one of the main catalysts for putting lifestyle and occupational behaviour into perspective in a unique and meaningful way. To summarise, making a collage was considered to be a creative, an engaging and an enjoyable occupation. The choosing, cutting out and gluing of images triggered the release of positive feelings. This creative, visual and emotional course of action seemed to involve fundamental reminiscent and reflective processes that centred on past and present occupations, identities, behaviours, experiences and events. An increased awareness of the impact of these upon health and well-being seemed to help put lifestyle and retirement into perspective. These cognitive and visual processes stimulated the imagination leading to the development of creative ideas, wishes and desires for future retirement. The participants completed the activity on a positive note with feelings of hope and optimism for the future.
5.3 Talking Through the Collage

Participants described how talking through their collages was as equally enjoyable and important as creating it. It afforded them more time to think about the meanings behind the images. One participant described how it “released it” from him and that he “needed to talk”. My experience as an occupational therapy practitioner finds that people sometimes struggle to convey their feelings. It was inspiring to witness how the collage process seemed to enable participants to be more open and comfortable in expressing themselves. Foremost, the completed collages provided a channel for in-depth and meaningful discussion. The participants revisited the images; explained the purpose for selection and the meanings behind them. The collage, as laid out on the table before us, provided a point of focus for any ensuing conversation and seemed to break the ice. Participants concentrated upon the pictures and traced their fingers across the card, reading the collage almost like a story book. In some cases, I found the storylines to be fairly ambiguous. In dual-roles as qualitative researcher and occupational therapist, I instinctively encouraged the participants to venture beyond this point towards rich, thick narrative. Thick narrative description involves an explanation of the context of the story so that it becomes meaningful and clearer to an outsider (White, 1995). It was at this point of the collage process that my background as an occupational therapist and my experience of narrative therapy came to bear considerable influence upon the research - both in data collection and the interpretation of the findings. In my re-conceptualisation of this, I needed to return to the literature within these domains to expound my role within the research.

In their seminal ethnographic study of clinical reasoning in occupational therapy, Mattingly & Fleming (1994) initially identified three types of clinical reasoning that occupational therapists use in day-to-day practice which they named “the three track mind” (p. 196). Fleming (1991, p. 1007) outlines the three tracks as follows: “procedural reasoning” directs the therapist to thinking about their client’s functional performance needs and in selecting procedures to meet those needs; “interactive reasoning” guides the monitoring of the therapeutic relationship that ultimately drives the motivation and collaborative problem solving necessary to
achieve goals; “conditional reasoning” focuses on the social and cultural aspects of the client’s life and is used to help the client to imagine a future situation for themselves to help facilitate change. A fourth form of reasoning called ‘narrative reasoning’ (Mattingly, 1994, p. 240) was introduced at a later stage to delineate the way in which occupational therapists use story-telling to think about, understand and relay the meaning of their clients experiences. Mattingly & Fleming (1994) found that experienced occupational therapists move effortlessly between these four tracks to assess, interpret and help solve the challenges their clients may face. On reflection, these modes of reasoning were not something that I could preclude from the study as my occupational therapy education influences the way in which I approach situations. As the participants relayed their stories I contemplated the participants’ perspectives, the meanings behind their experiences, their needs and their envisioned futures. In hindsight, perhaps this reasoning guided my style of questioning to encourage further meaning about the images that were deemed most important to the participants.

Narrative therapist Alice Morgan (2000) explains how narrative therapy “views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives” (p. 2). As discussed in the methodology chapter, narrative therapy proposes that our narrative accounts of our lives shape our identities. White & Epston (1990) encourage their clients to analyse and evaluate their own stories in order to identify meaning. As a result clients are able to re-author and re-live their stories with new perspective and alternate direction (White & Epston, 1990).

As a result of my experience of narrative therapy, I encouraged participants to explicate, the sometimes multiple, meanings behind the images which often triggered further stories that were not necessarily directly linked to the images. In narrative therapy, these stories are otherwise known as “externalised conversations” (White, 2007, p. 9) where needs and challenges as well as personal qualities such as strengths, confidence and self-esteem, are voiced and considered by the client. White (2007) proposes that externalised conversations free the challenge from the individual so that it can be considered with some
degree of detachment. In the case of this research, it seemed that these externalised conversations enabled the participants to mentally step back from their collages and detach themselves momentarily in order to view their retirement more objectively. Roth & Epston (1996) explain that the purpose of externalised conversations is not to view issues, or in this case the collage, as separate entities, but “as linguistic counter-practices that make more freeing constructions available” (p.5). This suggests that the focus of the externalised conversations for the participants in this research became an expansion of choice and possibility in the future pathways within their collages.

Exemplars of this are where I encouraged participants to convey further stories behind the images that they dreamed or fantasised about such as living abroad or owning a boat. Returning to Weigert’s continuum of conations (1985), it was during the narrative discussions of these images where the participants’ desires seemed to be transformed into aspirations. Participants described how they managed to separate the realistic and the achievable from their dreams and fantasies. To reiterate, one participant encapsulated this during her second interview:

“Thinking about it [the collage] makes you more in touch with reality and what’s achievable. Also I suppose it could make you think in depth about how you could achieve some of the things that first might seem unachievable - like having a boat - and then through discussion and logical, rational thinking, a way is found. It’s a starting point.”

During his keynote presentation at the 3rd UK Occupational Science Symposium, Professor Staffan Josephsson (2004) provided an inspiring account of how dreams and fantasies can shape our future into more realistic goals. He described two main worlds that we live in: one is the interpretive world or narrative account we assign to our everyday actions and the other is our imaginary or fictitious world of how we would wish it to be. Through entering the passages or ‘rabbit holes’ to this fictitious wonderland from our world of certainty, an ideological third world that is symbolic and meaningful can transpire. This cathartic world is seen as a recreated world and, according to Josephsson, one that can result in occupational transformation enabling change in occupational identity. Perhaps this imaginary
world is synonymous to the collage; the concept of the rabbit holes resonating the externalised conversations and the world of certainty paralleling that of the realistic and achievable one outlined in the participant’s excerpt above.

As a researcher-practitioner, I had already considered “the fine line between gathering data and engaging in therapeutic practice” (Lysaght, 2009, p. 36) from the outset of the research. Reflecting on the first set of interviews, I further appreciated that the navigation of the externalised conversations or rabbit holes with the participants was both productive for the participants and aligned to the paradigm in which the research is situated. To reiterate, the focus of social constructivism in this research is how new meaning is dynamically co-constructed through communication and interaction between the participant, myself and in the social-environment where the discourse takes place. Even though the participants constructed meaning or reality in their minds when making their collage, their thoughts were eventually “informed by influence from social relationships” (Gergen, 1999, p. 60) i.e. during the interview discussions. Even so, I was left with some uncertainty in that what I had practised may have been a rendition of art therapy? Indeed the principles of art therapy parallel those of narrative therapy, with the difference being that the emergence of inner experiences, feelings and conflicts are facilitated through the making of images and objects in art therapy.

Returning to the concepts of art therapy, first outlined in the literature review, it is concerned with accessing and making sense of a client’s inner world and their often hidden emotions. The goal for the art therapist is to help the client unravel and explore these multiple meanings and feelings and to understand how they influence relationships in daily life. Edwards (2004) explains that by helping the inner experiences of the client to surface, an opportunity is “created to stand apart from them, think about and change them” (p. 44). Within this discipline, a person-centred approach is mindful to avoid any interpretations of their client’s artwork, whereas a psychoanalytic approach aims to interpret and understand hidden meanings behind images from the perspective of the therapist (Edwards, 2004). Art therapist and author, Liesl Silverstone (1997, p. 268) explains that “person-centeredness aims to empower the person; interpreting does the opposite”. She goes onto criticise the psychoanalytical approach in that it can
impede the personal awareness and development of the client. This is because it assumes that the art therapist knows best the meaning behind an image and that this results in the client becoming dependent upon the therapist rather than being empowered to construe their own meanings.

The rationale behind this person-centred approach is similar to that used in occupational therapy. The difference between the use of collage in art therapy and the use of collage in the context of this study is that one is usually referred to art therapy following an episode of mental ill-health to further his or her understanding of the inner experiences and turmoil. The use of collage by occupational therapists in primary health promotion is for the purpose of working with well populations and is grounded in occupation. Although the psychodynamic approach is drawn upon, as it seems collage helps to access hidden meanings and emotion behind the images, it is not the role of the occupational therapist to interpret or psychoanalyse these experiences. A more humanistic applied frame of reference (Hagedorn, 1997) or client-centred approach is taken where the purpose is to empower the client. In partnership, the therapist and the client explore, recognise and understand the occupational meanings behind the images. The ultimate goal of the therapist is to encourage the client to take control over and be responsible for their occupational lifestyle in order to determine their own health and well-being in their retirement. These reflections reveal that, within collage work, the researcher’s frame of reference and methods does have a profoundly strong effect upon the data and indeed the whole study. A researcher with a different professional background and a different set of epistemological and ontological orientations would almost certainly bring a distinct theoretical framework, set of skills and influence to the research which suggests that other elements to the process may be constructed.

It seems these narrative conversations provided the means for the participants to undergo a more facilitated period of structured reflection surrounding their occupations in comparison to that experienced in the making of the collage. This encouraged deeper thinking about their occupations and retirement. Structured reflection is the dynamic practice of examination and evaluation of lived experiences in relation to theoretical concepts or preceding knowledge to devise a
line of action if the situation were to re-occur (Kemmis, 1985). Johns (2009) proposes that when we can see and think things through clearly, we have the ability to make appropriate judgements whilst being attentive to the potential outcomes of our decisions. This typically leads to new insight and learning or a change in perspective (Boud et al., 1985; Johns, 2009). In his seminal writings, Schon (1983; 1987, p. 26) categorises two main forms of reflection in professional practice: “reflection-in-action” or “thinking on your feet”, and “reflection-on–action” which involves thinking retrospectively. Both of these reflective processes could be applied to the collage process within this study. The participants’ reflected-in-action whilst they made their collages and reflected-on-action or thought further about their creations during stage two when they talked through their collages. Johns (2009) asserts that the reflective process becomes more meaningful when the dialogue is shared.

Models for reflection are considered structured or cyclical. Structured models involve question and answer exercises whereas cyclical models follow an active process of continuous reflection that often journeys on into another cycle. Gibbs’s (1988) well-known reflective cycle is a straightforward example that encourages a clear description of the situation; examination of feelings; evaluation of the experience; analysis to make sense of the experience; conclusion of events and alternative options; and a plan of action of what to do if the situation arose again [see Figure 10]. Johns (2009) advises that reflection is complex and not a simple progression from one stage to another. Therefore the purpose of applying Gibbs’s model in the context of this research is to explain the rudimentary reflective processes that appeared to have occurred.
The participants were first asked to describe and relay the stories within their collages. Through externalised conversations they identified and considered the meanings and their feelings associated with the images. Evaluation occurred where positive or negative aspects of their stories were identified in relation to their occupations, health and well-being. It seems that some degree of analysis took place whilst the participants pondered and made sense of these aspects following further questioning. Values, interests and abilities surrounding their occupations emerged. In collaboration, we summarised the key elements learnt from the reflective process in relation to their retirement which included needs, challenges, aspirations and opportunities. Many of the participants completed the process with some sort of action plan to embark upon. It is evident that any future application of the collage process would need to incorporate a more formalised goal setting component facilitated by the practitioner.

Figure 10 - Gibbs’s Model of Reflection (Gibbs, 1988)
This structured reflection appeared to contribute to the participants’ awareness of the impact of their occupations upon their health and well-being in retirement. It also seemed to facilitate the realisation of needs and helped the participants to set themselves realistic future goals. According to Boud et al. (1985) this form of learning does not occur unless one reflects. This was first proposed by Knowles (1968; 1980) in his concept of ‘andragogy’ as “the art and science of helping adults learn” (1980, p. 43). Andragogy assumed the following about the adult learner:

- adults come to learning in order to perform a task, solve a problem or achieve higher satisfaction in life
- readiness to learn for adults is a function of need that arises from changing life circumstances
- adult learners have acquired a wealth of experience upon which new learning can be based
- adults are motivated to learn by internal rather than external factors
- adult learners are self-directed
- adults learn through doing
- adults learn best when the subject is of immediate use
- adults have the need to know why they are learning something

These assumptions continue to be supported by more recent theorists who highlight the main features of adult learning to be experience, critical reflection and development (Garvin, 1993; Merriam & Caffarella, 1999; Argote et al., 2003). In this present research, it did seem to emerge that the experience of the collage process indeed created a reflective and relevant learning opportunity for adults pursuing retirement. A participant summarises his learning experience:

“It [collage] makes you think about your life – what you want – what you want to pursue and what will drop by the wayside. It really focuses your mind on the elements of your life – changing and progressing and that sort of thing.”
The collage process fostered an environment that was conducive for both reflection and analysis. Personal development is considered to be the final outcome of the learning process and although Merriam & Caffarella (1999) state that “the ability to think critically, which is mandatory to effecting a transformation, is itself developmental” (p. 330) the collage process took this further and seemed to promote the development of intentional behavioural changes in terms of goal setting. This is discussed further on.

Kolb’s ‘Experiential Learning Cycle’ (1984) is the most commonly cited model for understanding how the process of learning works. This straightforward cycle includes four processes: feeling, watching, thinking and doing. It helps to distinguish the learning processes that appeared to emerge from the collage process [see Figure 11]. Using Kolb’s model to interpret the findings, the participants commenced the collage process by first making or creating a collage. It was observed that this ‘concrete experience’ appeared to involve intuitive or common sense reflection which was later transferred into a more structured format through articulating their thoughts and feelings surrounding the images, which relates to ‘reflective observation’. In order for the participants to arrive at some sort of conclusion about their occupational lifestyle and retirement, they, in partnership, participated in storytelling and externalised conversations in order to consider the impact of their occupations upon their health and well-being. The conclusions or needs they generated from the ‘abstract conceptualisation’ stage then paved the way for planning changes and goals in their retirement ready for ‘active experimentation’ such as “taking up salsa or ballroom dancing again” or “developing some friendships”. 
I am not proposing unquestioning acceptance of Kolb’s learning cycle to define the learning processes that appeared to emerge from the collage process. The stages in the cycle simply provide the foundations and highlight a useful way of thinking about how the participants developed further insight into their occupational lifestyle, health and well-being. A number of critics of Kolb’s work have identified areas for further expansion. For example, Michelson (1996) criticises that the cycle ignores the premise that knowledge is socially constructed. Certainly this is a significant factor in the collage process and the research as a whole. Also a number of the processes or stages can occur at once or can be jumped or missed out completely (Smith, 2001). We all have different learning styles and as individuals, we might regress or work in different orders to the proposed cycle. Rogers (1996) points out that "learning includes goals, purposes, intentions, choice and decision-making and it is not at all clear where these elements fit into the learning cycle" (p. 108). As in the case of the collage process, it seems these elements are interwoven throughout, but more distinct during stage two when talking through the collage where ‘reflective observation’ and ‘abstract conceptualisation’ took place. Kolb’s cycle also demonstrates that individuals learn in a continual, although perhaps disjointed, cycle based upon a set of experiences.

**Figure 11 - Kolb’s Learning Cycle (Kolb, 1984).**
The collage process appears to provide all of these but only at single points in time. There needs to be a continual element to the collage process perhaps in the form of an on-going retirement group whereby individuals can carry on revisiting the learning cycle within a collective.

Occupational therapy is based on the belief that participation in occupation contributes to the health and well-being of people (Wilcock, 2007a) and can be related to the learning cycle. Wilcock (1999, p. 2) portrays the experience of meaningful occupation as a process of “doing, being and becoming” which results in some kind of transformational change. Wilcock (1999, p.2) goes onto explain that balanced interaction between the direct, observable experience (the doing) and our reflections and self-discovery upon how we are situated in the world (being) leads to the realisation of our competencies and who we are (becoming). The collage process offers occupational therapists an approach to learning about health which is firmly grounded in the occupation base of the profession. In applying Wilcock’s theory, it seems that the creative and occupational nature of the collage (the doing) provided the participants a means to reflect upon themselves and their life as occupational beings (being), which led to realisations about their occupations, their occupational identity, health and well-being for retirement (becoming). Returning to Haywood & Taylor’s paper (2011) on the relationship of well-being in occupational therapy practice discussed in the literature review, this research demonstrated that the collage process not only encouraged the participants to consider the occupations that they performed or desired to undertake, but stimulated them to imagine the experience of doing and to think about the value of that experience. The subjective experience of doing or ‘being’ enabled them not only to learn about the health related benefits of their occupational lifestyle but to help them take stock of their life situation or domains and consider their well-being in terms of life purpose, value and meaning.

Mezirow’s ‘Transformative Learning Theory’ (Mezirow, 2000) also resonates with Wilcock’s framework and concentrates on those aspects of adult learning and knowledge construction that entail meaning making. Mezirow (2000) calls this ‘subjective reframing” which is:
“the process by which we transform our taken for-granted frames of reference to make them more inclusive, discriminating, open, emotionally capable of change, and reflective so that they may generate beliefs and opinions that will prove more true or justified to guide action” (p. 8).

Not only did the collage process seem to facilitate learning and personal development in terms occupational awareness and goals, it also provided a degree of confirmation to those whose lifestyles were already meaningful to them. This suggests that the collage process could be applicable for anyone in the pre or post retirement phase of their lives enabling them to evaluate their position – not just those that are driven by a need for change or to develop as assumed by andragogy.

Talking through, reflecting upon and discussing the completed collages was reported to provide the participants with enthusiasm and motivation to venture on in their retirement to either continue as they were or to pursue new goals. Returning to Fredrickson’s broaden-and-build theory (1998), again, it is this positive emotion that is considered to broaden the scope of action either actual behaviour or behaviour intentions. It was conveyed that the visual nature of the collage motivated many participants to make a commitment towards maintaining or changing their behaviours as they reported that the images became ‘cemented’ in their minds. Participants summed up their feelings associated with stage two of the collage process with the following statements: “I think we’ve been able to be a lot more positive as a result of these opportunities” and “I feel quite happy with it – now I want to get on with it all to be quite frank!”

5.4 Limitations of the Study and the Collage Process

Referring back to the evaluation criteria adopted for this thesis in section 3.5, a number of steps were taken to ensure the research design was trustworthy and well justified in relation to the research aims. The goal was to ensure the research was credible in that the findings represented a believable interpretation of the data.
that was extracted from the participants’ original data; dependable in that the findings were consistent; and confirmable in that the quality of the findings were well supported by the data collected and through the audit trail.

The key limitation is in the study’s transferability or the degree to which the findings can be applied to other situations. Although measures were taken to enable readers to judge whether the findings may have meaning or relevance if applied to other individuals, contexts or settings; all the participants in this study were white British. As explained in section 3.8, attempts to recruit participants from other ethnic groups were unsuccessful in this study. It is essential to include individuals from different ethnicities in participatory research that aims to inform health education and policy within a multicultural nation, as messages and interventions may need to be tailored. Further work is required to explore the adaptability of the collage process to different ethnic groups of older people to determine ethnicity and cultural appropriateness. Also, the participants were ‘well’ which limits the transferability of the findings if the intentions were to use collage within rehabilitation settings.

In this research, I considered the participants as more than just the subjects of study. They were invited to take part in the collage process with their experiences and constructive feedback providing insight and meaning to the collage process; ultimately informing future practice. However, the Royal College of Nursing guidance ‘User Involvement in Nursing by Nurses’ (Royal College of Nursing, 2007) advises that service users involved in research should be also be encouraged to actively manage and implement aspects of the research process as well as participating in them. Although the participants actively took part and were consulted during this study, they did not lead or control the research process itself. On reflection, the participatory approach of user involvement adopted could be expounded upon in this research. The Royal College of Nursing guidance highlights areas in which users can engage in, such as research design, data collection, data analysis, and the dissemination of findings and commissioning of research. The document goes on to state that “in user-controlled or user-led research, users develop, take forward and drive a research study” (Royal College of Nursing, 2007, p. 4). This approach determines research needs, process and
purpose from the perspectives of the users (Griffiths, 2009). Service users can potentially bring a different array of life skills and qualities to the research process. Their expertise in the area of study can help ensure issues important to them are prioritised and disseminated, ultimately empowering themselves and fellow users of the service. Service users can also improve the transferability of the findings to other settings through helping to access, build relationships with and recruit other users such as those from black and minority ethnic communities.

As with any occupational therapy media, collage itself is not without its constraints. The research revealed that some individuals may initially find the concept of collage to be amusing or not serious as they perceive it to be childish. Perhaps those individuals who struggle with the idea do not identify themselves as being creative or artistic. They may be uncomfortable with self-expression or with facing a blank canvas. However, in the case of this research, such perceptions and doubts evaporated once the participant who was the most sceptical took part and was spontaneously engrossed in this seemingly straightforward and enjoyable activity.

Returning to the notion of 'not one glove fits all’, Jackie’s accounts highlight that collage is not for everyone. Although she reported benefits of the technique, she also expressed displeasure in cutting out, arranging and gluing the images. King & Gurland (2007) examined the effects of the threat of evaluation upon the creativity of a collage-making task and found that people’s feelings of competency were sometimes thwarted by the presence of evaluation. With this in mind, Jackie may have felt pressurised to produce a ‘work of art’ that she misunderstood would be judged as part of the research. As a result this could have made her feel anxious, blocking her creativity and enjoyment. Alternatively, she may simply not have enjoyed that particular type of fine motor activity. This is important for future practice and occupational therapists can use their core skills of assessment and adaptation to select and modify the most appropriate assessment and intervention tools to suit the individual’s interests, abilities and needs.

The selection of magazines available is likely to impact upon the collage process. A limited choice of material could restrict individuals’ imaginations and have some
bearing on what individuals are able to reflect upon. It is imperative that an extensive assortment of magazines is provided to cover a variety of topics relevant to the client group. In this research participants were also invited to bring their own magazines or images of personal interest in order to enhance the process. The option of drawing or writing on the collages to give further clarity of thought was also encouraged.

As discussed in detail within this chapter, the occupational therapist’s frame of reference and interviewing style will also have an effect on the collage process. A therapist without knowledge or experience in narrative interviewing could influence the interview process and thus reduce the richness of the potential stories and inhibit the narrative space. If a client centred approach is not undertaken, there is a possibility of a more psychodynamic approach being applied which again will affect the meaning of the collage for the individual and thus the outcome.

These limitations of the collage process also pose implications for practice which will be discussed further in section 5.6.

5.5 Contribution of the Thesis to Knowledge

This research contributes to and expands knowledge in the three key domains where collage is currently utilised: as a therapeutic medium in art therapy, as a data generation technique in qualitative research and as a mode of inter-professional learning in postgraduate education. The findings strengthen and underpin the suppositions surrounding the use of collage in these areas. In particular, the thesis explicates the mechanisms behind the collage process when used as a tool and provides evidence of its effectiveness in eliciting deep and meaningful thoughts and feelings about a particular topic or issue, in developing insight and self-awareness, in fostering learning and forming the basis for actual behaviour change or behaviour intentions. Consideration of the findings in light of Fredrickson’s broaden-and-build theory (1998; 2001) contributes an understanding of how the collage process works. Positive emotion, evoked by the creative and visual nature of the collage, seems to facilitate the development of a number of
cognitive skills and capacities such as remembering, imagining, projecting and reflecting. This in turn broadens the scope of attention, deeper reflection, insight, awareness and action.

More specifically, these findings position collage as a special occupational therapy health promotion tool that encompasses elements of assessment and intervention, in the emerging field of occupation-based health promotion. In this context, the research finds collage to be a creative and enjoyable occupation that actively engages a person in the selection and assembly of images from pictorial resources to portray his or her past, present and future occupations. The result is a tangible composition, unique and real to the world of the client, full of multiple meanings and emotion. The completed collage becomes a catalyst for in-depth, meaningful discussion with the occupational therapist, about occupation, health and retirement. This enables the client to reflect profoundly upon the meanings behind the images and to gain deeper insight into how his or her occupational life influences his or her health and well-being. This graphic way of thinking then forms the basis for the client’s realistic and attainable occupational and lifestyle goals leading to the meaningful continuity of their lifestyle, the successful achievement of goals or the intention to make changes.

This contribution to practice is both apposite and timely in response to the UK Governments’ (both old and new) calls for innovative, cost-effective initiatives to promote the health and well-being of older people and to prepare them effectively for their retirement years in this unfamiliar demographic climate. Our new Coalition UK Government advises that a forthcoming Health Bill and White Paper will support the creation of a new Public Health Service with an more emphasis on the research and development of innovative techniques to help people take responsibility for their own health and to prevent ill-health (Department of Health, 2010). This thesis contributes to the body of knowledge that can be drawn upon by these public health policy makers and those involved in retirement planning in the private and corporate sectors. The relationship between occupation and health is only just being recognised in primary health promotion. The collage process highlights the significance of occupation in people’s lives and how its consideration and understanding enables individuals to become more aware of how it impacts
their health. A collage can generate and reveal so many deep and meaningful emotive and factual elements about an individual’s lifestyle that an occupational therapist can act upon to help facilitate engagement in healthy occupation. It seems to be a tool that can give such rich data in comparison with the more standard interview process. This research emphasises the benefits of and need for occupation-based health promotion and could be used as evidence to support the employment of occupational therapists in working with well populations.

5.6 Implications for Practice

This research has a number of important implications for practice. It tapped into what was once the arts and craft core of occupational therapy philosophy and employed the use of a creative medium to promote healthy occupation and well-being in retirement. Although the health value of creative art occupations are recognised by other disciplines, there is a lack of research that examines the use of creative arts within occupational therapy. The study provides evidence into the specific benefits of the use of creative occupations in occupational therapy practice and will, hopefully, prompt further debate and discussion in practice and education around the issues of creativity in occupational therapy and further encourage the return of the profession to its creative roots.

In contrast to traditional assessment and intervention tools such as straightforward verbal interviews, quality of life checklists and written questionnaires, the collage process elicits expressions of both feelings and facts thus having the potential to bear upon clients in more remarkable ways. Materials and resources required for undertaking collage are inexpensive and fairly straightforward to organise. It relates to the concept of recycling which leads to sustainability which could be promoted within the UK Green Occupational Therapy Network. Collages can be created either individually or in a group setting and thus, can be time and cost effective. The collage process can be easily adapted to meet the unique needs of different clientele across many settings and could even become standard practice in occupational therapy assessment in some areas.
The narrative mechanisms behind the collage process may help inform the customary occupational therapy initial interview. It seems that the ‘therapeutic interview’ and the occupational therapy interview are more intertwined than we ever thought. Importantly too, this research has the potential to inform occupational therapists to be more aware of the potential therapeutic and powerful effects of the initial interview process itself, and prompts careful consideration of the possible impact of this seemingly straightforward exchange in practice.

This research also confirms that some individuals, especially those with an external locus of control, do need on-going advice, encouragement and support to assist them to actively engage in their desired occupations and to attain their goals. Behavioural intentions could have been more supported over the eighteen months following the collages sessions, if participants had continuing access to occupational therapy. In any future practice, it would be beneficial to evaluate any additional intervention using a self-rating scale such as the Canadian Occupational Performance Measure (Law et al., 2005). This client-centred outcome measure would detect change in a client’s self-perception of occupational performance over time in response to the realistic and achievable goals resulting from the collage process.

Dissemination of the study’s findings to wider audiences, through presentations and publications, will increase awareness of the valuable role occupational therapists have to offer in providing creative and occupation-based health promotion. It is hoped this will motivate others to develop initiatives to establish themselves and the profession in upstream health promotion and retirement planning. The publication of a booklet providing evidence based guidelines on how to employ collage as a tool to promote healthy occupation and well-being would also be useful for practice. The application of creative methods used in this research to collect and analyse data and to present findings could also be disseminated and shared amongst other researchers, whilst also raising awareness of the potential therapeutic effect of the research interview.

Finally, collage could be introduced to retirement planning courses in the public, private and corporate sectors. The use of collage could enable attendees to
synthesize and consolidate the didactic information provided together with their personal thoughts and feelings regarding their occupational lives in retirement. This would provide occupational therapists with opportunities to develop their roles in health promotion to wider sectors.

Cross cultural research and participatory research are two important agendas that I would wish to take forward as a result of this study. Future research requires consideration of the diversity of our multi-cultural society and the different needs or agendas that are demarcated by, for example, the nationality, culture, ethnicity, sexuality or disability of service users. The way forward might be to collaboratively research with occupational therapists and occupational therapy researchers in other regions of the country who perhaps work with more diverse populations. Additionally, it would be valuable to conduct future studies in partnership with service users so they could influence the purpose and process of researching the collage process from their own perspectives. Retirees involved with organisations such as the University of the Third Age for example, might be a good starting point.
CHAPTER 6

6 Conclusion

The population of the UK is ageing. The Office of National Statistics tells us that there are currently more people over state pension age than there are children under 16. With the government’s plans to raise state pensionable age in line with increasing longevity, well older people may have to continue in some form of paid employment. The concept of retirement has altered irrevocably. Alongside changes in the employment landscape, such as the move from defined benefit to defined contribution, peoples’ views on retirement have also been altering. Factors such as personal material wealth, the recent recession, health and well-being are all playing a part in defining how an individual’s life might be after leaving remunerative employment. With the concept of retirement changing into an unknown entity, this time of life brings challenges and uncertainty.

Health policy rhetoric calls for cost-effective, innovative initiatives to promote the health and well-being of older people and help them prepare effectively for their retirement years. The profession of occupational therapy has always promoted meaningful occupation as a vital ingredient in maintaining health and well-being but, in practice, working with people’s needs after their health has been compromised had to be the priority. The significant role that occupational therapists need to play in the field of health promotion is only now being fully realised. The growth of occupational science, which has revived a focus on the relationship between occupation and health, provides the theoretical background for this realisation. In particular, within occupational science, human beings are viewed as a creative species with a need to express their aesthetic selves through what have become known as The Arts. Occupational therapists are ideally placed to collaborate with individuals to attain optimal levels of physical, cognitive, social, emotional and spiritual health, functioning and life satisfaction whilst the individual adapts to life changes, such as retirement, even as retirement takes on new forms. This research explored an important aspect of the potential role of occupational
therapy within health promotion, by returning to the creative foundations of the procession.

The research explored the nature and use of one creative media – pictorial collage - as a potential health promoting tool; from the perspective of a group of retirees. The findings indicate that the medium of collage has a worthwhile contribution to make in occupational therapy assessment and in support of the UK Government’s current health promotion policies and priorities. Collage is valuable in that it is a creative and enjoyable, potentially therapeutic process encompassing elements of assessment, intervention and goal setting. Whereas other visual art media, such as painting or drawing, might also have potential to help people visualise their past, present and future occupational lives, collage provides instant images and needs no practice and little manual skill. It is grounded in creative occupation which is central to occupational therapy and vital to health and well-being. An important skill in occupational therapy is being able to gain insight into the prior knowledge of the client that has been embedded in them through their unique life experiences. Each client needs to be understood as an individual in order to provide opportunities that will help their individual construction of new knowledge. In line with both public health policy and occupational therapy principles, the collage process is client-centred and needs led. In partnership with the occupational therapist, the process focuses upon working toward individual client goals.

The findings demonstrate how collage has the potential to elicit positive emotions and visualising capabilities that stimulate deep and meaningful self-expressions; resulting in raising an individual’s awareness about their occupations, occupational identity, health and well-being; particularly in retirement in this case. Collage seems to have the power to facilitate the continuity of meaningful occupation or the impetus to make changes in occupation that is sometimes lacking in other forms of health promotion.

Regarding the collage process itself, participants described how enjoyable and engaging it was to be physically creative and make something tangible out of thoughts and feelings surrounding occupation and lifestyle. This visual and
creative experience focused their concentration; helping them to broaden their scope of thinking, use their imaginations and to access memories. The participants’ ability to reminisce about the past seemed to be an important element in how they chose to shape their futures. The participants were able to determine defined associations to the occupations they had been motivated to perform previously and those they aspired to do or continue in the future; by connecting the past, present and future together in a visual format. This then enabled them to self-analyse their lifestyle, putting their retirement into perspective. Concepts were sometimes unexpected and pleasantly surprising. Seeing and imagining in this way energised participants to have hope and optimism for the future.

When asking participants to reflect back on their collages, the therapists’ role is not to interpret their completed collages but to set in motion their own discovery of personal meaning and deeper understanding of their occupations, occupational identities, retirement lifestyle, health and well-being. Storytelling helped the participants to make sense of the images they had selected which in turn deepened their understanding and learning about their occupations. Collage seemed to help them reflect upon what occupations were important, realistic and achievable. As a result, some participants were able to positively take stock and value the lifestyle they were leading whilst others made the first step towards making changes or plans.

The process of collage brings a new dimension to the assessment of peoples’ health and well-being. This research demonstrates, from a practical and public health perspective, that collage, used as a media by occupational therapists, could be added to the assortment of health promotion initiatives being launched by the UK Government. This would simultaneously raise the profile of occupational therapy’s unique contribution to health promotion. There needs to be a health promotion ‘toolkit’ with a choice of media for practitioners to draw on. Individuals respond to different methods in distinct ways and practitioners require the ability to tailor assessments and interventions to an individual’s unique learning style. Occupational therapy has a valuable role to play in primary health promotion and retirement planning, as yet unrealised. Occupational therapists could assist retirees and prospective retirees to consider and pursue suitable healthy lifestyle
choices; in terms of purposeful and meaningful occupation. This would then aid older people’s transitions from their main careers into healthy and rewarding retirement. In this research, the collage process was considered worthwhile to a group of people aged from 58 to 82 years. It therefore has relevance to those in pre or early retirement as well as to individuals further or well into retirement. Ultimately, it could be a vehicle to help maintain the daily functional levels and mental health of older people across a wide spectrum of society. In the long term, it could even have the potential to help decrease health care costs.
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Appendices
Appendix A

Notification of Ethical Approval:

From: Ingrid Pugh  
Sent: 15 November 2004 14:34  
To: Sally Martin-Young  
C.C. Gaynor Sadlo  
Subject: REC minutes

Dear Sally,

Please find attached the minutes regarding your proposal from the Research Ethics Committee held on 5th November.

Ingrid Pugh  
Assistant Registrar (Research)  
University of Brighton

230.12

Sally Martin-Young, Prof Doc in Health and Social Care (REC04-59)

The proposal was approved. The Committee congratulated Mrs Martin-Young on a thorough and well-presented proposal and asked her to consider whether it could be used as an example to assist other students.
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<th>Retired early for health reasons</th>
<th>Retired early made redundant</th>
<th>Retired early personal choice</th>
<th>Pension Age (F at 60 yrs - M at 65 yrs)</th>
<th>Years retired at time of research</th>
<th>Ethnic Group</th>
<th>Sex</th>
<th>Socio-Economic Classification</th>
<th>Undertaking part-time work at time of research?</th>
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Appendix B

Sampling Grid

249
Appendix C

Research Invitation

You are invited to participate in an innovative health and lifestyle study being undertaken at the University of Brighton in Eastbourne and at the Life Academy in Guildford, by occupational therapist and researcher Sally Martin-Young.

Sally is studying for a Professional Doctorate in Health and Social Sciences at the University of Brighton and is exploring new ways in which we can plan and occupy our time in retirement with a view to maintaining our health and well-being.

Sally will be running activity groups at the beginning of 2006 in which people will be asked to create a collage of images from magazines that best describe their feelings about retirement and the activities that they do. This will be followed by two individual interviews to explore the results of the collage in more depth. The aim is to encourage awareness about health and daily occupations and to determine possible needs and achievable goals for the future.

Together, with Sally, you will be helping to evaluate the potential benefits of this assessment tool. It is estimated the data collection will be undertaken over a period of 6 months and participants will need to be in travelling distance to either Guildford or Eastbourne to attend one of the activity groups.

Please note your details will remain confidential during all stages of the research process.

Thank you very much for your help.

For further information and details please contact Sally Martin-Young on:

Tel: ********** E-mail: **********

I would be grateful if you could read through the following pages…

If you are interested in participating, please complete the consent form and post this back to me at the following address:

Address: **********
Participant Information Form

Who will be taking part in this study?

There will be a maximum of 15 participants in this research study. All the participants will have been retired from full time remunerative employment. There could be a mixture of males and females from all sorts of different work and cultural backgrounds.

Where will the research be carried out?

The collage activity groups will be carried out either in Guildford at the Life Academy offices or in Eastbourne at the University of Brighton campus – whichever is closest to your home. Travelling distance will be kept to a minimum. Follow up interviews will be carried out at either of these locations or if you prefer at your own home.

What will I be expected to do?

At the activity group you will be joined by 4 other participants. Following a briefing you will be provided with stacks of magazines, glue and scissors in order to construct your own collage about how you occupy your time. You will also be asked to portray what sort of activities you used to enjoy doing whilst working, those you do now, and perhaps those you would like to do in the future.

Activities can be related to anything you do to occupy your time during the day – at work, in your personal time, family time and during your social or leisure time.

This will be followed by a light lunch. In total the session should take approximately 2 hours.

In a previous practice session, people told me they wished they had brought a particular picture with them as they couldn’t find a particular image on the day. Before we meet, you may like to cut out any pictures from magazines, books or photographs ready for the session. These may be of any activities or things that you have ever enjoyed doing or of any interesting images related to activities or things that you have ever dreamed about doing.

But don’t worry - you will have lots of time to search though magazines during the activity group. There will be other art media available in case you wish to draw or write on your collage. I will also display examples of other people’s collages on the walls for inspiration!

I am going to make a collage at the same time about my own thoughts and feelings surrounding the group activity itself. I will be bringing along a colleague who will be sitting quietly and making notes in the background. The observer will also be monitoring my performance during the group.
I hope to interview you each individually about a week or so after the collage group. I anticipate the interview will take approximately 1 hour and I would like you to talk to me about the pictures in your collage and tell me about your experience of the collage session.

I would also like to carry out a second interview approximately 6 months after to discuss the results of the first interviews in more depth. Both the interviews will be tape recorded to remind me of what has been said.

I would like you to feel part of the research process and be involved in reading through the transcriptions of the interviews that I will post out to you.

The final thing that I would like you to do during the research is to fill out questionnaire asking you to evaluate your experience of the collage session immediately afterwards.

**Why do you want me to take part in this research?**

As you will have been retired for a few years you will have already had experiences of retirement and have reflected upon the lifestyle changes you have been through. You will most likely bring the fullest and most relevant information to this study to date. More importantly, you will be playing an important role in evaluating the use of collage as a potential assessment tool to help others determine their lifestyle and health needs and goals for retirement.

**When will I take part in the research?**

I will contact you to arrange convenient dates for March 2006 for the activity groups and first individual interview. I will stay in touch with you until September 2006 throughout the analytical phase of the study. During that time, I will undertake a second interview with you.

**Is it safe to tell you personal information about myself?**

Yes, very safe! I am trying to find out general things about people and society, not to analyse or judge you individually. You can ask me to stop processing information about you if you are unhappy about it.

As I’ll be storing personal information about you, I have to comply with the Data Protection Act. Confidentiality and privacy will be strictly observed at all times, and all data will be anonymised unless you otherwise choose to be acknowledged. Paper and computerised data will be stored safely and securely.

With your permission, I would like to take photographs of the activity group in progress and the created collages to illustrate the research if it is published in the future. Your identity will remain anonymous if you wish. You are free to refuse a photograph being taken.
What if I don’t want to talk about certain feelings I have about retirement?

There is a possibility that by doing the collage or talking to the researcher about your lifestyle and/or anticipations of retirement, some feelings might arise that you find quite sensitive to talk about. Please note that you do not have to divulge any information that you do not wish to be known.

You are free to withdraw from the study or terminate the interviews at any time. You do not have to give a reason for changing your mind.

The study does not involve formal ‘therapy’ or require exploration of any unwanted issues or feelings. If you would like to seek further advice or support following the research you will have further access to the key life planning tutors and advisors employed by the Life Academy at no cost to you.

What about money?

Unfortunately, I am unable to offer payment for your time. Light snacks and refreshments will be made available to you during the activity groups undertaken at the University of Brighton or Life Academy.

Who can I talk to for more information?

For further information please speak to:

Sally Martin-Young (Occupational Therapist & researcher, University of Brighton)

Telephone: ******** E-mail: ********

Or

Anthony Chiva (Head of Education and Training, Life Academy)

Telephone: ******** E-mail: ********
Example of a Collage Group and Some Created Collages
Participant Consent Form

Please read the following and circle YES or NO if you consent to:

Constructing an individual collage in a group setting  YES ❌ NO

Having a photograph taken of your collage  YES ❌ NO

Having your photograph taken during the activity group  YES ❌ NO

Being interviewed about your personal life and feelings on retirement  YES ❌ NO

Being tape recorded during your interview  YES ❌ NO

Filling in a questionnaire evaluating your experiences  YES ❌ NO

The research being used for educational and teaching purposes  YES ❌ NO

Having the photographs you have consented to being published  YES ❌ NO

Would you like your name to be made anonymous when I write up the research and in future publications  YES ❌ NO

Would you like your face obscured from recognition in the photographs  YES ❌ NO

Statement of Agreement

I have read the attached participant information form and understand what Sally Martin-Young has told me about the study. To my knowledge there is no reason why I should not participate. I am aware that I am free to change my mind about the above and that I can withdraw from the study at any time. I do not have to give a reason for changing your mind. I understand that all information will be treated confidentially.

Name:.................................................................................................................................

Address:...............................................................................................................................
..................................................................................................................................................
..................................................................................................................................................

Telephone Number:..............................................E-Mail:..................................................

Signature:..............................................................................Date:...........................................
Appendix D

Participants’ Aide-Mémoire:

Imagine being at work again….

How did you fill your day?
What was your role?
How did your work make you feel?
How did you spend your spare time. What did you do?
Was it on your own? With family? With friends?
Why did you do these activities?
How did they make you feel?

What do you do now?

How do you spend your day?
What sort of things do you do and with whom? How often?
How do you feel about what you do?
What sort of activities are more meaningful to you now?
How do you feel about retirement? What images best describe these feelings?
How do you feel about your health? What images best describe these feelings?
Are the things you do healthy?

How do you imagine the future? What do you see?

What sort of things do you picture yourself doing?

Do you dream of any unfulfilled ambitions or things that you wished you had done – however unachievable or wild they may seem?
Appendix E

My Reflective Collage:
Excerpt from My Reflective Journal:

"You what?" - "I'm nervous!" - "I don't understand!" - "I'm blank!"

"These were the expressions their faces portrayed. The four of them sat for a few seconds and slowly surveyed what was in front of them. The 'four facets of the man's face' captured my interpretations. It became the centre of my picture.

One by one the participants started to sift through the magazines until a certain one appealed. They tentatively flicked through the pages. Apart from the soft background music and the rustle of paper, the room was deadly silent. I cut out a picture of some 'sealed lips' and a 'jukebox'.

No one touched their scissors. Twenty minutes went by. The clock was ticking. I was really conscious of the time - I glued a large 'silver watch' to the paper.

A picture of an 'astronaut' caught my eye. I was willing them to take a jump - "Go on, go for it - start tearing the paper".

Images started to jump from the page that I started to relate to. The 'opaque glass baubles', the 'child with the silver balls in from of his eyes', and the 'elephant under water'. Was this how they were feeling? Could they not see? Did they not understand? Did I not explain myself adequately? Was I not transparent enough? I felt like the 'elephant' - my spirits were sinking.

Eventually all three of the participants started to cut out pictures. One stood up and started arranging them on his card. He seemed intent. I saw a picture of a 'river' - was he 'flowing'? I became aware that another participant was cutting out furiously. I glued a picture of some 'hands' - one with 'thumbs up'.

A picture of a 'woman relaxing by the sea' stood out. I felt calmer.

I started to ponder just like the 'man with the bowler hat'. Perhaps it just took time for them to get into it? Of course, it must be an alien concept to some - just like the' psychedelic image of the women'. So it wasn't really going down the drain - or the 'plug hole' as I first thought.

The female participant continued to sit and flick through the pages. Every so often she would take a peek at the other creations going on around her. Maybe she hated it? I came across some 'garlic'. It must be the same thing - some people like it and others just hate it.

Perhaps it was too wacky - just like the 'lady pulling the funny face' or the 'multi-coloured tear drop'? Or even just childish - like the 'boy with the colourful streamers on his head'?

I went over to her and gave her some guidance. She just kept saying, 'I don't have any dreams'. I told her it didn't matter and just to cut our any pictures she liked the look of - pictures of people doing things or objects.

She picked up her scissors and started cutting. She looked up and smiled – Yes! Result!

Towards the end I felt elated - just like the 'little boy opening his presents'. The 'champagne cork' was my final image – it had finally popped!"
Appendix G

End-of-Session Questionnaire: Name: __________________________

The purpose of this questionnaire is to help me to understand how the initial process of collage works and the impact it has had on you. Please try not to answer just yes or no. I would be grateful if you could expand upon your thoughts and feelings and give as much detail as possible. All information provided will be kept confidential.

1. Which types of magazines did you mainly select?

2. What are your thoughts about the types and variety of magazines provided?

3. What were your initial feelings after the introduction?

4. What were your views on the information and guidance given?

5. Explain how you went about selecting your images.
   a. What specific images were you seeking?
   b. Did any images catch your eye as you scanned the pages?

6. Did you find certain images inspiring in any way? Please explain how…

7. What other art media, if any, did you use? What else could have been provided?

8. How long did it take you? Please comment on the length of time given…

9. How did you feel whilst creating your collage?
   a. What did you find positive about it?
   b. What negative feelings, if any, did you experience?
   c. During the activity, what thoughts occurred that may have surprised you?

10. Did the collage provide you with insight into your lifestyle?

11. Do you think you could have produced the same information about your lifestyle by being questioned just verbally or by being asked to write down your thoughts and feelings?

12. What do you consider to be the advantages of being in the group?

13. Conversely, what were the disadvantages of being in the group?

14. Describe your feelings about the group discussion, if any, afterwards.

15. Please provide any constructive feedback on how the session could be improved in any way.
Appendix H

Second Interview Questions:

- What, if you remember, were your feelings after you discussed your collage at the first interview?
- If the collage helped you to think about your lifestyle, how did it achieve this?
- What inspired you to make changes, if any, to your lifestyle?
- What short or long term goals, if any, did you set yourself?
- Which elements of the collage activity do you believe would be worth repeating?
- How do you feel about your experience on the whole?
- Where do you keep your collage?
Appendix I

Example of the Process of Poetic Transcription:

Using Sandra as a case example, the poem is transcribed from the re-crafted narrative of the section entitled ‘Lifestyle and Collage Reflection’

“Within my collage and on reflection, I think I've got quite a good balance in terms of physical health, intellectual stimulus, creativity, and relaxation. I am trying to have a good balance of different activities. The part time work and the other activities are a nice balance at the moment. If the job was 5 days a week then I would resent all my free time being taken away. So I do feel good about working part time at the moment. I probably wouldn’t have applied for the permanent position otherwise. The temporary contract is fine and I would have been happy to have walked away from it when it was up. But things have changed slightly.

My motivation for applying to the permanent post is because my husband's work may be taken over by another company so that means that his job might be affected by it. The future is slightly unknown. It could be that it doesn't have any impact whereas on the other hand it might mean there are redundancies. Because he's just over 60, he's towards the end of his working career but he's not quite ready to go. It would be very inconvenient for him if he was forced into retirement early. So that was at the back of my mind when I decided to apply for the permanent job in the end. I had originally decided not to at the time I made the collage.

When I made the collage, I was enjoying my life so much that I really thought I didn't want to go back to work. So none of the pictures in my collage are about work. But then the day before the closing date for the job, my husband came home and told me the news. It was as if a switch was flicked in my mind and I thought ok, I ought to do this. I would have kicked myself if had I passed up the opportunity to apply for a job that I knew I could do and that I knew I liked. If the future of my husband’s job wasn’t uncertain then I wouldn’t have applied. But I don’t feel resentful in any way.

The university does have a compulsory retirement age of 65 and I’m coming up to 63. So it’s not forever. Even if I get the job its two and a bit years. I don’t know if I’d want to continue any further than that – I couldn’t say. Circumstances might force me to, if, for instance, my husband was made redundant. I might think I ought to go on, and I suppose all the time whilst I was enjoying it would be worth doing. But if it starts to become a grind and you don’t feel very well, then there’s no point.”

261
Sandra’s Poetic Transcription:

21 When I made the collage I was enjoying life so much
21/22 I really thought I didn't want to go back to work.
1 On reflection I've got a good balance
2 Physical health and intellectual stimulus
2 Creativity and relaxation.
22/23 None of the pictures are about work.

24 Then my husband came home and told me the news
27 His job wasn't certain anymore.
24/25 It was as if a switch flicked on in my mind
25 I thought ok, I ought to do this.
25/26 I would have kicked myself if I'd have passed up the opportunity
26/27 For a job that I knew I could do and liked.

4 But there's still a nice balance
3/4 Between the part time work and my different activities.
4/5 If the job was 5 days a week
5 I would resent all my free time being taken away.
5/6 I do feel good about working part time though.
Appendix J

Sample from Sandra’s Transcript from Her First Interview:

Sandra, can you take me through your collage…

“Ok. There isn’t really a starting point. The collage is about everything I like to do, everything I like to be involved in, and everything I would like to do. It’s all just kind of put down in not really any kind of an order or sequence or anything – just placed. To some extent it was to do with the size of the images and the ideas that came through once I’d started. I thought, ‘oo, I must remember to do this, include this or that and other bits’. So I think I started over on the left hand side and it just kind of evolved from there!

Where shall I start? I could start with that rather hideous image of a flabby, middle aged lady! [laughs] I’m sort of much more aware now… I gained a little bit of weight since I’ve stopped working full time and I’m more aware of how relatively difficult it is to keep yourself in shape when your older. For a start it’s harder work [laughs] – it’s not so easy to lose weight – and you have to more positively work at it. It’s quite hard really I find. It’s very easy to become like the lady in the picture – she’s rather thick around the middle and a bit droopy! I do feel I’m a bit like that and I would like to… that accounts for the text that’s stuck on there, ‘eating more healthy foods and keeping active’.

There are some people working out in the gym. Also, there’s a little image of an ‘osteocare’ treatment – I was quite shocked a few years ago to have a bone density test and found mine was borderline for osteoporosis. That was very unexpected because I’ve always been active and I walked a lot at the time. I had to walk to and from work and that was a vigorous 20 minute walk each way and I thought that’s bound to be doing me good but apparently it wasn’t a long enough time to actually do me any good – it just made me tired! [laughs]

So, I’m thinking more now about osteoporosis and the effect it has. I’m a bit more concerned about my health now.

I have been doing some exercise – I do Pilates. I hate going to the gym and working out and getting all sweaty and that kind of thing – I really don’t like it [laughs]. But I do like Pilates and I expect I’d probably like yoga as well. I’ve been doing Pilates for about a year and unfortunately I’ve had to stop because I’ve taken up a new job. But I’m hoping to be able to find another class with the time I have available now. I like the Pilates because I feel virtuous when I’m doing it [laughs]. I realise that I’m doing myself some good and it’s what I ought to be doing given the fact that I’m aware that it’s so easy to get out of shape and I like it because it doesn’t make me feel all hot and sweaty. It’s in a pleasant place on the seafront so it’s nice to walk there in the morning and there are nice people in the group so it’s quite social. So, it’s all round ok.

So that’s the flabby lady! [laughs]
There’s the usual travel things of course which I guess practically everyone likes to do or wants to do. We always have had holidays and particularly enjoyed going to Egypt and doing a cruise down the Nile. It was so interesting. I loved the Caribbean – it was just so lovely – the colour of the sea, the sky and the beaches, and the chilling out lifestyle was so great. We have had holidays throughout our working lives but now I suppose there’s more opportunity to do it a bit more. Although of course, you have a reduced income so your opportunities to a certain extent are less than they were. You’ve got the time but not the cash. But it’s not something I want to give up. So I think like a lot of other people, we’re making the most of the fact that we’re both still fit and going to places perhaps a little bit far more flung now whilst we’ve got the energy and health to do it, and leaving the places that are close for later when we are not so active and able.

I’ve got pictures of Paris, Prague, Barcelona and Rome – those are places we’ve visited and like. We like cities as well as the beachy type things so, you know, we just like to experience other cultures basically.

That picture on the top left is a house in Provence – it’s so lovely. I would love a house there surrounded by lavender bushes painted yellow with soft green shutters. It just looks so idyllic. It’s many people’s dream. Some people realise it and achieve the great escape and for some people it goes wrong doesn’t it? And some people never do it! [laughs] But it’s one of things that you have at the back of your mind. We’ve booked a holiday to go to Croatia – we’re staying on the coast – so that should be very interesting. It’ll satisfy 2 elements that we’re interested in - the history and the culture and then there’s the lazing around on the beach [laughs] which will be nice.

On the left had side of the collage about half way down, there’s a picture of - I think it’s somewhere on the East coast - of a small coastal town – it might even be somewhere near Scarborough – I don’t know. I just chose it because it was a nice little town and I suppose I have the urge to move away from where we live now – not because I don’t especially like it, it’s because I think I’d like a change. Somewhere small would appeal – a smaller community. That’s probably why I’ve got a picture of the cottage [laughs]. It could be realistic – you sometimes have to talk your partner round to these sorts of things, you know [laughs]. My husband is someone who likes cities – he likes living in towns – so he would take a bit of persuading. He does enjoy the countryside as well, so maybe a small country town would be a compromise [laughs]. It’s not in order to move nearer the family – it’s just because I like the countryside. So that’s something that’s a possibility for the future, but it’s not something that’s set in stone and not terribly, terribly important. It’s something that would be really nice.

So moving down the collage on the left hand side, you come to the gardening bits. There’s a picture of a slightly exotic garden which I really like. That’s what I’m trying to achieve in my own garden. Don’t look at it! [laughs] because it’s in its winter resting phase! [laughs] But it’s full of colour and tall exotic plants – that’s the sort of thing I like – the feeling I like – heat.

These images here are more to do with technical aspects of gardening really, and become more interesting as you have more time… how to do things properly like
pruning and growing your own plants from cuttings and seeds. I would like to do more serious study and was going to do a horticultural society proper course with a qualification at the end, except work came along and intervened which is unfortunate. But it’s something I could do in a couple of years’ time.

Gardening is a family thing. The women in my family have always been gardeners and with various degrees of success but pretty keen and good at it. So, I’ve always enjoyed it. I get a lot of satisfaction from it.

Why is that?

Creating something attractive I think. The colours and shapes – it’s hard to define really. There’s the actual doing of it – the digging, the planning, and placing of plants, and visualising how it’ll be and that sort of thing.

So kind of moving round anticlockwise, the images at the bottom here are to do with the arts in general really. 2 are shots from films, and there’s a picture of someone dancing, and that’s a painting – and further round to the bottom right, there’s picture of handicrafts and works of art that would appear in an auction perhaps. They’re all loosely connected.

I very much enjoy the theatre and film. I go often to the theatre with a friend – a school friend. We go to the National Theatre a lot to matinees and things, you know, so I’ve seen some really fabulous plays recently and we have always done that, but we do it more now. You occasionally get discounts for being an OAP [laughs] and also we’ve got more time in the week to take advantage of the matinees. My friends a great reader too and we often discuss what we’ve seen and read. In fact, I haven’t got a picture of a book down - that was an omission! [laughs] We have very similar interests so we do discuss films and theatre and people that we like and we’ve seen and books that we’ve read.

I like to read a lot – mostly modern fiction. Just good books. I do monitor the reviews and try and read the ones that are prize winners. I just pay attention to what’s being published and what other people think of them and try them myself. There’s just so much out there to read. It’s nice to find a book and take it home and really get stuck in – it’s lovely. I really do like that and I like to keep my books. I’m not a great re-reader but I like to look at them and think I really really enjoyed that book. I might not take it off the shelf again but I like to think that was so good. I just like to see them.

However, she’s not interested in auctions. I love auctions. I love the atmosphere of actions. They’re great. I don’t really collect anything – although I have a collection of funny, quirky little animals but it’s not the sort of thing I would buy at an auction and I usually can’t afford the things that are really nice that you think you might like to bid for, you know. I always want to buy small bits of furniture and so then up sort of thing. It’s really the idea and feeling of being at an auction and feeling the excitement. I usually go to the local ones which are quite interesting but are quite low key.”
Appendix K

Sample from Sandra’s Re-Crafted Narrative:

PAST

Employment

I retired in May 2004 from full time employment. I was a Librarian for the Police at their headquarters. I wasn’t yet 65 so I didn’t have to retire, but I’d got pretty fed up with all the travelling on public transport and all the bad weather in the winter. There had also been a few problems at work which had been quite stressful so I felt the time was right anyway. I calculated I’d done enough years to get a reasonable pension so I decided to leave.

I don’t regret it – I don’t regret it at all. However I did miss my colleagues. I found it quite difficult to begin with because I went from full time to nothing. I felt a bit lost around the house for several months. I suppose I noticed it more in the autumn and the winter. I felt a little bit at a loose end and then gradually I made contact with people and I started to do things regularly and then my time was full. I signed up for classes and this and that, and then I thought goodness however did I find the time to go to work! So, it does take a while to adjust.

But not long after I retired, a job vacancy came up at a University library. It was for 15 hours a week. I’d worked there about 20 years ago and some of the people I’d worked with were still there!

I think my head was still in work mode and I thought it was an absolutely brilliant opportunity. I felt it was made for me and that it would keep my interest going. So I applied for it. I was fairly confident that I had a good chance of getting the job but unfortunately on the day there was someone competing against me who had a lot more experience of working in a University with students. The university felt that was very important for this particular post because there was a lot of day to day contact with the students and my job in the police had been rather different. So I didn’t get the job.

I was quite disappointed because I felt that it was just made for me. Then it dawned on me that perhaps by emphasising how well the job was made for me I gave them the wrong impression! I was thinking more about me than them! It was disappointing but life goes on. So I switched my head off work and started doing other things.

Arts and Craft

I did my degree in teaching with a specialism in creative embroidery. It was very stimulating and challenging to creative something in a traditionally artistic way - the whole process you know – like listening to a piece of music and putting on paper how it made you feel. It’s ever so difficult, transferring your feelings into a different form and learning that’s how people create. So that was really good, I enjoyed that and have always maintained an interest in arts and craft.
I used to display or use my work depending on what it was. If it was sewing or patchwork, like a quilt, then I would use it or give it someone for a present. If it was appliquéd and I thought it was reasonable, I would probably frame it and put it on the wall or use it as a wall hanging. I wouldn’t sell it – it isn’t worth it! They take so long to create, you would have to charge thousands of pounds if you costed your time.

**Travel**

We’ve always had holidays throughout our working lives and particularly enjoyed going to Egypt and doing a cruise down the Nile. It was so interesting. I loved the Caribbean – it was just so lovely – the colour of the sea, the sky and the beaches, and the chilling out lifestyle was so great. We’ve visited Paris, Prague, Barcelona and Rome. We like cities as well as the beachy type things as we like to experience other cultures.

**Health and Exercise**

I was quite shocked a few years ago to have a bone density test and found I was borderline for osteoporosis. That was very unexpected because I’ve always been active and I walked a lot at the time. I had to walk to and from work and that was a vigorous 20 minute walk each way. I thought that was bound to be doing me good but apparently it wasn’t a long enough time to actually do me any good – it just made me tired!

**PRESENT**

**Exercise**

I’m thinking more now about osteoporosis and the effect it has. I’m a bit more concerned about my health now.

I have been doing some exercise – I do Pilates. I hate going to the gym and working out and getting all sweaty– I really don’t like it. But I do like Pilates and I expect I’d probably like yoga as well. I’ve been doing Pilates for about a year but unfortunately I’ve had to stop because I’ve taken up this new job. It was in a really pleasant place on the seafront so it was nice to walk there in the mornings. There were also nice people in the group so it was quite social.

**Gardening**

I like exotic gardens because they’re full of colour and tall exotic plants. I like the feeling of heat. That’s what I’m trying to achieve in my own garden. I like creating attractive shapes and colours. I also enjoy the actual doing of it – the digging, the planning, the placing of plants, and visualising how it’ll be at the end.

Gardening is a family thing. The women in my family have always been gardeners and with various degrees of success but they are all pretty keen and good at it. I’ve always enjoyed it. I get a lot of satisfaction from it.
Appendix L

Sample from Sandra’s Second Interview Transcript - Colour Codes/Notes:

What, if you remember, were your feelings after you discussed your collage at the first interview?

I don’t very clearly recall how I felt. I do remember talking through my collage.

It sort of reinforced everything and made me think. It made me think how easy it is not to do anything and let your life drift and how unsatisfying that would be. I think that was it really - it didn’t make me make any definite plans to do things – it just made me think about my situation I guess.

<table>
<thead>
<tr>
<th>Reinforces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes you think more</td>
</tr>
<tr>
<td>Didn’t formally goal set</td>
</tr>
</tbody>
</table>

If the collage helped you to take stock of your current lifestyle, how did it achieve this?

I think just because it was visual and it had aspects of lots of the things that I do or wanted to do. Visual things always have a bigger impact for me. I always find things are easier if I can see them rather than just think about them. I always find that with crosswords – I know you see a crossword – but if I’m doing a vertical clue and I write it horizontally, I find it much easier to come to a solution - so I suppose just seeing things in another dimension makes things easier for me to take forward I think. It’s a visual representation. I don’t know - it sounds like silly jumble! [laughs] It’s difficult to explain – that’s probably why I like pictures!

<table>
<thead>
<tr>
<th>Needs and wants - goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual images =more impact</td>
</tr>
</tbody>
</table>

What inspired you to make changes, if any, to your lifestyle?

Ahhhh! Well, yes, to a certain extent! Do you see the picture of the flabby women in the collage? [laughs] Well, I’m not actually doing an exercise class at the moment because it doesn’t fit in with the work I do and the rest of my life – but I have made a big effort and I’ve lost a stone – just by cutting back on food and things like that. I do regular exercise in a minor sort of way – I do go swimming with friends and I do more walking now that Terry is working part-time. Unfortunately I’m not doing my Pilates at the moment because the timings of the classes weren’t right. I did really like the Pilates. I don’t do that at the moment but that’s one of the things that’s on a back burner. But when the situation is
different and I’m not working in the week, I will definitely go back to that. So, yes I’ve achieved something there!

\[Changes made to lifestyle – goals achieved\]

I think the collage probably gave me the impetus to do it because it did make me aware that that was what I looked like [pointing to the image of the lady in the collage]. I look slightly better now – not so thick around the middle! [laughs] The lady is quite prominent – she’s one of the first things you see.

\[Images – size of image important – has an effect\]

\[What short or long term goals, if any, did you set yourself?\]

Some things have been kind of abandoned like living abroad and things like that – reality kicked in! Everybody has these fantasies when they retire! You think when you’re retired there are going to be huge changes in your life and you are going to achieve all things that you’ve ever dreamed of when you are at work but it doesn’t happen that way.

\[There seems to be a fantasy element in the collage\]

Dreams?

Perhaps this helps to make life more realistic – helps sort out realistic ventures from rosy fantasies or unrealistic expectations

[See Josephsson (2004) 3 worlds – wonderlands]

So those have been abandoned in favour of other things which I notice surprisingly are not really covered on here. That’s a bit of an omission on my part!

\[Not everything is included in the collage – why?\]

But then again – perhaps they are – subconsciously?

Well, I’d always wanted to have a boat. Oh, I suppose there is a little boat there [pointing to a holiday picture in the collage]. But I don’t know why I didn’t – although there’s also a few of them on the Nile there! [pointing to some more boats]. Maybe they were put in there subconsciously!

Maybe because I’ve had cold water poured on there from various quarters! But after discussion, now that Toby is semi-retired it has made a lot of difference to what I might do but it’s not just me it’s him as well. With the aspect of doing stuff together or not doing stuff together – you know, or both those things going on concurrently. Toby was quite keen for me to go down that particular route of playing bowls with him and his crowd and that didn’t appeal to me in the least so then we started investigating other things that we would enjoy doing together. So that’s when we decided we’d like to have a small boat.
## Appendix M

Sample from Sandra’s Second Interview: Cut and Pasted Colour Codes

<table>
<thead>
<tr>
<th>Extracts</th>
<th>Codes/Tentative Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>- It sort of reinforced everything</td>
<td>Reinforces</td>
</tr>
<tr>
<td>- Made me think</td>
<td>Makes you think more</td>
</tr>
<tr>
<td>- Made me think how easy it is not to do anything and let your life drift and how unsatisfying that would be</td>
<td></td>
</tr>
<tr>
<td>- Made me think about my situation</td>
<td></td>
</tr>
<tr>
<td>- It makes you think about your life</td>
<td></td>
</tr>
<tr>
<td>- When you start thinking about the things that you do</td>
<td></td>
</tr>
<tr>
<td>- Suppose it could make you think in depth</td>
<td></td>
</tr>
<tr>
<td>- It’s just thinking in depth</td>
<td></td>
</tr>
<tr>
<td>- It was quite hard to get started but I found once I had started it all came flooding – you know brrrrrrr! [laughs] and there wasn’t really enough room on the paper for everything.</td>
<td>Positive cognitive explosion!</td>
</tr>
<tr>
<td>- Some things have been kind of abandoned like living abroad</td>
<td></td>
</tr>
<tr>
<td>- Reality kicked in</td>
<td></td>
</tr>
<tr>
<td>- Everybody has these fantasies when they retire</td>
<td></td>
</tr>
<tr>
<td>- You think when you’re retired there are going to be huge changes in your life and you are going to achieve all things that you’ve ever dreamed of when you are at work but it doesn’t happen that way</td>
<td></td>
</tr>
<tr>
<td>- Those have been abandoned in favour of other things</td>
<td></td>
</tr>
<tr>
<td>- Holidays and being abroad are not so important but the other bits of my collage are. I suppose because it’s easier to do them. They’re not so expensive.</td>
<td></td>
</tr>
<tr>
<td>- That’s reality kicking in. You have the dreams to travel to far flung places – and for some people that is a real urge for them and they discard other things in order to do that</td>
<td></td>
</tr>
<tr>
<td>- You realise how much there is going on. Thinking about it makes you more in touch with reality and what’s achievable</td>
<td></td>
</tr>
<tr>
<td>- About how you could achieve some of the things that first might seem unachievable</td>
<td>There seems to be a fantasy element in the collage Dreams? Perhaps this helps to make life more realistic – helps sort out realistic ventures from rosy fantasies or unrealistic expectations</td>
</tr>
<tr>
<td>- [See Josephsson (2004) 3 worlds – wonderlands]</td>
<td></td>
</tr>
<tr>
<td>- It’s just one of very many things and there isn’t so much time as you think there is</td>
<td>Awareness of time management - prioritising</td>
</tr>
<tr>
<td>- The gardening – I am still interested in gardening but perhaps not at such a high level. The course is still something that I would like to do when I can fit it in around everything else – when I’m fully retired perhaps!</td>
<td></td>
</tr>
<tr>
<td>- It really focuses your mind on the elements</td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>I found it a useful experience.</td>
<td>Increased awareness of lifestyle/occupations</td>
</tr>
<tr>
<td>It’s made me aware of how quite full my life is actually.</td>
<td></td>
</tr>
<tr>
<td>It quite surprising looking at other peoples – seeing big gaps, white areas, and small writing</td>
<td></td>
</tr>
<tr>
<td>I notice surprisingly are not really covered on here. That’s a bit of an omission on my part!</td>
<td>Not everything is included in the collage – why? But then again – perhaps they are – subconsciously?</td>
</tr>
<tr>
<td>Increased awareness of lifestyle/occupations</td>
<td></td>
</tr>
<tr>
<td>It didn’t make me make any definite plans to do things</td>
<td>Didn’t formally goal set</td>
</tr>
<tr>
<td>It had aspects of lots of the things that I do or wanted to do</td>
<td>Needs and wants - goals</td>
</tr>
<tr>
<td>What you want – what you want to pursue and what will drop by the wayside, I suppose, just naturally.</td>
<td></td>
</tr>
<tr>
<td>Yes, to a certain extent</td>
<td>Changes made to lifestyle – goals achieved</td>
</tr>
<tr>
<td>I have made a big effort and I’ve lost a stone – just by cutting back on food and things like that.</td>
<td></td>
</tr>
<tr>
<td>I do regular exercise in a minor sort of way – i do go swimming with friends and i do more walking</td>
<td></td>
</tr>
<tr>
<td>Yes I’ve achieved something</td>
<td></td>
</tr>
<tr>
<td>It was visual</td>
<td>Visual images = more impact</td>
</tr>
<tr>
<td>Visual things always have a bigger impact for me. I always find things are easier if I can see them rather than just think about them.</td>
<td></td>
</tr>
<tr>
<td>I always find that with crosswords – i know you see a crossword – but if I’m doing a vertical clue and i write it horizontally, i find it much easier to come to a solution</td>
<td></td>
</tr>
<tr>
<td>Seeing things in another dimension makes things easier for me to take forward</td>
<td></td>
</tr>
<tr>
<td>It’s a visual representation.</td>
<td></td>
</tr>
<tr>
<td>It’s difficult to explain – that’s probably why i like pictures</td>
<td></td>
</tr>
<tr>
<td>It’s a starting point</td>
<td></td>
</tr>
<tr>
<td>It’s the images – It always is with me – the visual stuff</td>
<td></td>
</tr>
<tr>
<td>Picture of the flabby women</td>
<td>Images – size of image important – has an effect</td>
</tr>
<tr>
<td>I think the collage probably gave me the impetus to do it because it did make me aware that that was what i looked like</td>
<td></td>
</tr>
<tr>
<td>The lady is quite prominent – she’s one of the first things you see.</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix N

### Sample of Collated Coded Extracts from the Entire End-Of-Session Questionnaires:

| There were a number of beautifully clear and sharp pictures and scenes that caught my eye in so many magazines on so many topics. ‘How can I use that?’ kept cropping up. | Visual Noticing Triggering ideas |
| Many images were inspiring, in that one picture could often trigger ideas. | |
| I was surprised I wanted my collage to be visually pleasing. | |
| My collage was succinct and illustrative. | Creative |
| I found it positive to create a picture of thought to be set out on a piece of paper and see it build the way you design a collage. | Do /make/construct |
| It was good to have the freedom to choose any images from a wide choice. | |
| It was positive to reflect on the opportunities presented by retirement and put these into a creative activity. | |
| It was worthwhile and positive to create something tangible from thoughts, feelings and wishes. | |
| I was surprised by my visual expression. | |
| Towards the end of the hour and a half, I was becoming less spontaneous, with less interesting ideas, and more focused in direction. | Spontaneous |
| I enjoyed doing the collage. | Fun |
| I felt enthusiasm. | Enjoyable |
| I felt excited, enthusiastic. | |
| The collage was very constructive. | Helpful |
| It was very worthwhile. | Valuable |
| It was positive to reflect on the opportunities presented by retirement and put these into a creative activity. | Positive |
| I was satisfied with the end result. | |
| I found an inner motivation to progress at a faster pace and thought. | Captivating |
| Ideas came flooding in and built up my enthusiasm with a ‘let’s get started’. | Enthralled Engaged |
| I felt excited, enthusiastic, stimulated, and involved. | Motivating |
| There was a feeling of being engaged and focused. | |
## Appendix O

### Sample of Collated Coded Extracts from the Entire First Interviews:

<table>
<thead>
<tr>
<th>Extract</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was great. I loved it.</td>
<td>Enjoyable</td>
</tr>
<tr>
<td>The collage was fun to do.</td>
<td>Fun</td>
</tr>
<tr>
<td>But I’m glad I did it. I enjoyed it.</td>
<td></td>
</tr>
<tr>
<td>I was thrilled when I found that picture.</td>
<td></td>
</tr>
<tr>
<td>I didn’t come with a plan for the collage. I had a completely blank canvas.</td>
<td>Spontaneous</td>
</tr>
<tr>
<td>I was surprised at how spontaneous I found it.</td>
<td>Natural</td>
</tr>
<tr>
<td>I was quite sort of doubting about the exercise and I thought that there would be lots of large gaps. But in one way or another it all came together in a sort of creative way. It seemed spontaneous and natural whilst I was doing it.</td>
<td>Creative</td>
</tr>
<tr>
<td>I had doubts about creating a collage. I don’t see myself as a very creative or visual sort of person. So when it all came together I was really stimulated by it. In the past I would have been very analytical and rational about it but it just happened on the day.</td>
<td>Aesthetically pleasing</td>
</tr>
<tr>
<td>I started off with cutting out the pictures but then I thought no I don’t want sharp edges - I wanted it all to blend in. So I ripped the paper instead whereas my husband’s is all lined up in straight rows.</td>
<td>Very individual outcomes</td>
</tr>
<tr>
<td>It’s funny how people do such different collages. Me and my husband thought about it the same basically, but I saw the lady and gentleman next to us had it all jammed together. The other lady to my left did a lot of writing on hers.</td>
<td></td>
</tr>
<tr>
<td>I think it’s been particularly valuable in the sense that it is a picture of where I am at, at the moment. Therefore you can always retain that picture in your own mind. Whereas if you just have the construct or philosophy that says, you know, here I am at the moment and I want to be physically healthy and financially competent and in touch with things, it’s almost single dimensional. Looking at this collage as a whole - its interactive and mutually reinforces the whole thing. I am quite surprised actually.</td>
<td>An image (snap shot) that’s multi-dimensional and interactive – easily visually retained</td>
</tr>
<tr>
<td></td>
<td>Interactive – doing – creating – sticks better – feedback - processes</td>
</tr>
</tbody>
</table>
## Appendix P

### Sample of Collated Coded Extracts from the Entire Second Interviews:

<table>
<thead>
<tr>
<th>Extract</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think the cutting out of the pictures was useful because it showed what I wanted to do.</td>
<td>Doing – cutting – handling/working with the data</td>
</tr>
<tr>
<td>I think it is the making of the collage that’s important. For me, the making of it made me focus my mind on what I was actually going to do.</td>
<td></td>
</tr>
<tr>
<td>It was good. I found it a useful experience. It's prompted me to do things like lose weight [laughs]. It's made me aware of how quite full my life is actually... [pauses] which is nice. It's also quite emotional – I don't know why – it's weird [begins to cry and laughs]. I feel so stupid. I found it quite surprising looking at other peoples – seeing big gaps, white areas, and small writing [continues to be weepy – reaches for tissues]. It's not that the collage has aroused any memories or anything – I guess it's just thinking in depth I suppose. I'm sure it's the images – it always is with me – the visual stuff! It's obviously a cathartic experience! [still weepy but laughs]</td>
<td>Cathartic</td>
</tr>
<tr>
<td>It was helpful – looking back. It released it from me.</td>
<td>Liberating</td>
</tr>
<tr>
<td>It was emotional at the time.</td>
<td>Emotive</td>
</tr>
<tr>
<td>It was quite helpful – it was a positive experience.</td>
<td>Enjoyable</td>
</tr>
<tr>
<td>Oh, I thought it was a good idea – it is a good idea. I enjoyed it!</td>
<td>Fun</td>
</tr>
<tr>
<td>I did enjoy it. It gave me something fairly positive to do at the time.</td>
<td>Positive experience</td>
</tr>
<tr>
<td>Oh I enjoyed it.</td>
<td></td>
</tr>
<tr>
<td>I've thoroughly enjoyed taking part in your research though.</td>
<td></td>
</tr>
<tr>
<td>It was a good experience at the time.</td>
<td></td>
</tr>
<tr>
<td>I enjoyed it all.</td>
<td></td>
</tr>
<tr>
<td>it was enjoyable</td>
<td></td>
</tr>
<tr>
<td>I enjoyed doing it.</td>
<td></td>
</tr>
<tr>
<td>People might stumble across something new and think, ah, I never thought of that.</td>
<td>Generates ideas</td>
</tr>
</tbody>
</table>
## Appendix Q

### Sample of Overall Collated Codes and Candidate Sub-Themes/Themes:

<table>
<thead>
<tr>
<th>Creative</th>
<th>HANDS ON CREATIVITY</th>
<th>DOING MAKING CREATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freedom of choice</td>
<td>CUTTING</td>
<td></td>
</tr>
<tr>
<td>Spontaneous</td>
<td>ARRANGING</td>
<td></td>
</tr>
<tr>
<td>Natural</td>
<td>GLUING</td>
<td></td>
</tr>
<tr>
<td>Doing, making and constructing</td>
<td>MAKING</td>
<td></td>
</tr>
<tr>
<td>Tangible</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Focused the brain / mind | ENGROSSING / ENGAGING | |
| Captivating | | |
| Enthralling | | |
| Engaging / involving | | |
| Sparked enthusiasm | | |
| Motivating / stimulating | | |
| Helped you to concentrate on the things that were important and plans for the future | | |

| Fun | PLEASURABLE/ENJOYABLE | |
| Enjoyment | | |
| Delight | | |
| Excitement | | |
## Appendix R

### Sample of Collated Sub-Themes/Themes with Supporting Extracts from all Three Data Sets:

**KEY**

- **Blue** = Evaluation Questionnaires
- **Yellow** = 1st Interviews/Re-craft
- **Green** = 2nd Interviews

<table>
<thead>
<tr>
<th>Ref</th>
<th>Extracts</th>
<th>Notes</th>
<th>Sub/Theme</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOB Qu. 9a</td>
<td>I found it positive to create a picture of thought to be set out on a piece of paper and see it build the way you design a collage.</td>
<td>• Creative</td>
<td>CREATIVE</td>
<td>DO</td>
</tr>
<tr>
<td>CLAIRE Qu. 9a</td>
<td>It was positive to have the freedom to choose any images from a wide choice.</td>
<td>• Freedom of Choice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CATHY Qu. 9a</td>
<td>It was positive to reflect on the opportunities presented by retirement and put these into a creative activity.</td>
<td>• Spontaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANDRA Qu. 9a</td>
<td>It was worthwhile and positive to create something tangible from thoughts, feelings and wishes.</td>
<td>• Natural</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLIN Qu. 11</td>
<td>My collage was succinct and illustrative.</td>
<td>• Doing, making and constructing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JACKIE Qu. 9c</td>
<td>I was surprised I wanted my collage to be visually pleasing.</td>
<td>• Tangible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLAIRE 200</td>
<td>I didn’t come with a plan for the collage. I had a completely blank canvas.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLIN 225</td>
<td>I was surprised at how spontaneous I found it.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLIN 198-200</td>
<td>I was quite sort of doubting about the exercise and I thought that there would be lots of large gaps. But in one way or another it all came together in a sort of creative way. It seemed spontaneous and natural whilst I was doing it.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLIN 203-206</td>
<td>I had doubts about creating a collage. I don’t see myself as a very creative or visual sort of person. So when it all came together I was really stimulated by it. In the past I would have been very analytical and rational about it but it just happened on the day.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLAIRE 214-216</td>
<td>I started off with cutting out the pictures but then I thought no I don’t want sharp edges - I wanted it all to blend in. So I ripped the paper instead whereas my husband’s is all lined up in straight rows.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLIN 212-225</td>
<td>I think it’s been particularly valuable in the sense that it is a picture of where I am at, at the moment. Therefore you can always retain that picture in your own mind. Whereas if you just have the construct or philosophy that says, you know, here I am at the moment and I want to be physically healthy and financially competent and in touch with things, it’s almost single dimensional. Looking at this collage as a whole - its interactive and mutually reinforces the whole thing. I am quite surprised actually.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WENDY 267-272</td>
<td>Words are very nice and fine. but one coat doesn’t suit everybody. A presentation is important but there can be so much of it, you don’t take it in.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANITA 186-188</td>
<td>It's funny how people do such different collages. Me and my husband thought about it the same basically, but I saw the lady and gentleman next to us had it all jammed together. The other lady to my left did a lot of writing on hers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JANE 103</td>
<td>I think the cutting out of the pictures was useful because it showed what I wanted to do.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLAIRE 85-86</td>
<td>I think it is the making of the collage that's important. For me, the making of it made me focus my mind on what I was actually going to do.</td>
<td></td>
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</tr>
<tr>
<td>CATHY 100-102</td>
<td>I wanted to do a good job of showing my life really – even if it's for yourself – I wanted to do it properly.</td>
<td></td>
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</tr>
<tr>
<td>BOB Qu. 9</td>
<td>I found an inner motivation to progress at a faster pace and thought.</td>
<td></td>
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<tr>
<td>BOB Qu. 9c</td>
<td>My concentration levels and being absorbed to detail surprised me.</td>
<td></td>
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</tr>
<tr>
<td>BRIAN Qu. 3</td>
<td>Ideas came flooding in and built up my enthusiasm with a 'let's get started'.</td>
<td></td>
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</tr>
<tr>
<td>SANDRA Qu. 9</td>
<td>I felt excited, enthusiastic, stimulated, and involved.</td>
<td></td>
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<tr>
<td>CATHY Qu. 12</td>
<td>There was a feeling of all being engaged in the same task, though every person was very engaged and focused on their individual task and I was surprised how little communication there was during the task.</td>
<td></td>
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</tr>
<tr>
<td>ANITA 182-184</td>
<td>I could have done with a little bit longer because once I got into it, my mind was running away with me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JACKIE 43-44</td>
<td>It did help to concentrate the mind if you like. It did make me think about past, what I was doing and what I hoped for in the future.</td>
<td></td>
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<tr>
<td>JANE 7</td>
<td>It did sort of pin me down.</td>
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<tr>
<td>JANE 92-93</td>
<td>It's useful because it gives you something to focus on really.</td>
<td></td>
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<tr>
<td>SANDRA 97-99</td>
<td>It really focuses your mind on the elements of your life – changing and progressing and that sort of thing.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>CATHY 13-14</td>
<td>Yes - I suppose that's what I'm saying – it helped to focus on the aspects that were important to me and actually where you thought you may be going in the future.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLAIRE 85-86</td>
<td>I think it is the making of the collage that's important. For me, the making of it made me focus my mind on what I was actually going to do.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WENDY 6</td>
<td>It made me fix on what I should be doing next.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WENDY Qu. 3</td>
<td>What fun!</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WENDY Qu. 14</td>
<td>I enjoyed the experience.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JANE Qu. 9a</td>
<td>Enjoyment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CATHY Qu. 9</td>
<td>The activity was, on the whole, enjoyable.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANDRA Qu. 9</td>
<td>I felt excited, enthusiastic.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALAN Qu. 14</td>
<td>Enjoyable.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANITA Qu. 14</td>
<td>Quite enjoyable perhaps could have gone on a bit longer.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLAIRE 201</td>
<td>It was great. I loved it.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WENDY 217</td>
<td>The collage was fun to do.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANITA 182</td>
<td>But I’m glad I did it. I enjoyed it.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ENGAGING**
- Focused the brain / mind
- Captivating
- Enthralling
- Engaging / involving
- Sparked enthusiasm
- Motivating / stimulating
- Helped you to concentrate on the things that were important and plans for the future

**ENJOYABLE**
- Fun
- Enjoyment
- Delight
- Excitement
<table>
<thead>
<tr>
<th>CLAIRE 209</th>
<th>I was thrilled when I found that picture.</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLIN 203-206</td>
<td>I had doubts about creating a collage. I don’t see myself as a very creative or visual sort of person. So when it all came together I was really stimulated by it. In the past I would have been very analytical and rational about it but it just happened on the day.</td>
</tr>
<tr>
<td>JANE 92</td>
<td>Oh, I thought it was a good idea – it is a good idea. I enjoyed it!</td>
</tr>
<tr>
<td>EILEEN 43</td>
<td>I did enjoy it. It gave me something fairly positive to do at the time.</td>
</tr>
<tr>
<td>BOB 17</td>
<td>Oh I enjoyed it.</td>
</tr>
<tr>
<td>BOB 86</td>
<td>I’ve thoroughly enjoyed taking part in your research though.</td>
</tr>
<tr>
<td>BRIAN 87-88</td>
<td>It was a good experience at the time.</td>
</tr>
<tr>
<td>ALAN 3</td>
<td>I enjoyed it all.</td>
</tr>
<tr>
<td>CATHY 6-7</td>
<td>The experience of actually doing it... as an activity – yes it was enjoyable.</td>
</tr>
<tr>
<td>ANITA 53</td>
<td>I enjoyed making the collage.</td>
</tr>
<tr>
<td>WENDY 6</td>
<td>I enjoyed the experience</td>
</tr>
</tbody>
</table>
Appendix S

Sample of Thematic Map

DO

Creative
- freedom of choice
- spontaneous
- natural
- tangible
- blank canvas
- making
- cutting, ripping, gluing

Engaging
- concentration
- being absorbed
- inner motivation
- involved
- focused
- stimulating
- mind running away
- enthused

Enjoyable
- fun
- exciting
- positive
- stimulating
- loved it
- thrilling
- great
## Appendix T

### Further Narrative Exemplars

**Claire**

<table>
<thead>
<tr>
<th>Abstract</th>
<th>I’m pleased with my collage. It’s a busy collage and it starts on the left hand side – the beginning is my past life, the middle is now – I’ve written change in the middle – and the right hand side is what I hope to start doing in my retirement – some of which has already started.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>The beginning part is... my life was very busy with children of all kinds. I had 4 of my own [laughs] and then when they sort of started to leave the nest then I went to work in a school and took on other people’s children. So, that’s sort of me.</td>
</tr>
<tr>
<td>Complicating Action</td>
<td>There’s a picture of me in the kitchen with children. So that gives you an idea... that was an important part of my life. Then there’s me balancing children and work because I did go out to work when 3 of them had gone – I just had one left. It wasn’t full-time work. At the same time there was the garden which is</td>
</tr>
</tbody>
</table>
a lot of where it all happened – bringing up the children. That was important to me – very important to me. I did it all really. So there are lots of pictures of that. In the past, I spent some time in India. It’s always been the thing that’s hung around – ‘when Mum was free, that’s what she did!’ That was before I was married. So I want to revisit that – that comes up at the other end – represented by Buddha. In the middle here are the children growing up. That’s an actor doing Shakespeare – now we’ve got more time, we’re able to spend more time on cultural things which I didn’t have chance to do in the past. So, I want more of that. There’s the doorway in the centre, which is the doorway to the next part of our lives. I was thrilled when I found that picture.

| Evaluation | So, finding all these things in the magazines made me think about, you know, how I felt about it. |
| Resolution | There’s also the signpost – and there’s more time here represented by the clock. |
| Coda | To me there is more time now than there was before to do what we choose to do. |

So what is the point of the narrative?

Claire starts her narrative by stating how pleased she is with her collage and how it represents a story with a beginning, middle and an end. She relays how most of the images she has selected represent how her children, and others, have featured predominately in her life. The feelings that were generated from re-visiting the past and the selection of significant images such as the signpost and the clock seem to have helped her embrace the future. She indicates that she now has the luxury of moving forwards with quality, well-deserved time for herself and her husband. In summary, this narrative suggests that the collage helped Claire to determine what she thought about her past life and her future retirement – arousing certain feelings. For Claire the collage was a means of valuing and celebrating her life, and anticipating a new way forward.
### Jane

There’s also a picture of a swimmer. I go swimming to the local pool which is very close to me so very convenient. But I will also start swimming at the new sports club which has a really super-duper swimming pool.

**Orientation**

I like swimming because it’s very active. [Pauses] I don’t know why I really enjoy it. I’m frightened of the deep end – I’m not what you call an expert swimmer or a professional as you say. There again, I suppose that’s me really, I do things in small doses, I don’t want to do it for hours on end – maybe for half an hour. I used to go swimming in Liverpool when I was younger. We used to go swimming then. But I only started going again really since I became a senior I suppose since 60.

**Complicating Action**

I’ve started going more regular now – I try to go once a week. I’m never madly keen about going – no I’m not. But I go because it’s good for you and when I come away I think ‘yeah, I enjoyed that!’ At Motcombe, I do enjoy it but I don’t particularly enjoy that pool because it’s small and when you have the other senior citizens there, they’re all inclined to form little groups and stand around chatting which irritate me because I really just want to the swim. So, when I went to the
new swimming pool, the new sports club, the other day we did an aqua session there, aqua aerobics.

| Evaluation | I really did enjoy that there and the pool was, oh, a thousand times better. So I am pretty certain I will enjoy that. It was to music and it was fun. |
| Resolution | It was hard going because the teacher there was more or less geared towards the young ones. I was the oldest there. They were all 20, 30, maybe 40. But she does do it for the seniors though. They call us ‘toffs’! I think that’s rather nice! I like being called a ‘toff’! They have a special Friday session for that. It was really quite hard because you had various pieces of equipment to use and they were heavy – like a piece of sponge in the shape of an arch that you were holding onto, front and back. You could throw it if you wanted to. |

Jane then moves onto talk about another image in her collage of some apples and pears, referring to her diet. After a couple of sentences she returns to the image of the swimmer and concludes her original narrative.

| Coda | I like to watch my diet and keep fit. I mean, keep healthy. Once you get to a certain age and see old people the way they are, and this is why I don’t want to be amongst too many old, old people because it’s depressing because you can’t help but think, ‘Am I going to be like that in 10 or 15 years’ time?’ |

So what is the point of the narrative?

Jane initially commences the narrative by stating she enjoys swimming because it is active. Then, she pauses, and seems to question this in her mind. She goes onto reveal that she does not really know why she enjoys swimming and that she’s ‘never madly keen about going’. Throughout the rest of the narrative, Jane acknowledges she is classed as a senior but does not really like to associate with other older people of retirement age. She reveals how she enjoys being around
others younger than herself and having fun. Perhaps it is not the actual fitness aspect of swimming that is of the utmost important to her as the image in the collage might first indicate. It seems as though she relishes the feelings of being accepted as a respectable elder to the younger generation. She also relays how she enjoys the modern facilities in the new sports club, the aqua exercises to music and the use of the equipment – again preferring the more youthful exercise environment. She concludes by expressing feelings of gloom when being around much older individuals resolving the main reason as to why she selected the image of the swimmer in the first instance.