2022

The Impact of Mindfulness on Communication With Health Care Providers for Older Adult Quilters

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This is to certify that the doctoral dissertation by

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Abstract

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by

Mary Peyton Cauthorn Gill

MSW Fordham University, 1986

BS, Kansas State University, 1982

Dissertation Submitted in Partial Fulfillment

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Social Work

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Abstract

Active aging plays a pivotal role in countering the effects of multimorbidities and enhancing mental and physical well-being of individuals. Prior research supports the benefits of mindfulness, a key component of active aging, in enhancing older adults' physical and mental health, but the effect of mindfulness on older adults' communication with medical social workers and other health care providers has not been studied. The purpose of this phenomenological qualitative study was to gain a better understanding of how older quiltmakers experienced mindfulness and how this affected their communication with their health care providers. The study, which drew from empowerment theory, included eight women and one man in East Central Kansas who were 65 and older, lived independently, and quilted. The participants engaged in interviews that were transcribed and coded to identify key themes. One of the themes that emerged was connection to others. Although all of the participants reported that quilting enhances communication with others, only half of the respondents perceived that quilt making increased communication with their healthcare providers. The other themes that emerged were creating and mental health. Through this research, older adults can gain an understanding of the importance that hobbies or engaging in other interests can potentially provide a means to practice mindfulness and communicate with others. This can possibly improve mental and physical health. This study affirmed the importance of connection with others, productivity, and the feeling of well-being that can be generated through quiltmaking.

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Dedication

To my wise and genteel Aunt Kitty, who made me promise that I would obtain a PhD one day. I am beholden to her for her insight and for her demonstration that it takes only one person who believes to plant a seed and help a little girl reach the best version of herself.

Acknowledgments

First, I am thankful to Jesus Christ for his unfailing love and blessings. I acknowledge deep gratitude for my parents and sisters, who provided an environment that valued education and knowledge, and for all of my family for their support and encouragement. I am particularly grateful to my sister, Jane Cauthorn, for the never-ending support and countless hours spent reading drafts and providing suggestions. A special thank you to my son, Thomas Gill, for his unwavering support, encouragement, and understanding. I am thankful for Greta and Maddie, the little canine scholars and constant companions throughout the process. I am grateful for my friends who were understanding and encouraging. I am appreciative of them providing breaks for visiting and laughter that were greatly needed to refresh and refocus.

I am grateful to the following individuals who provided guidance and support: Sue Alexander, Shin-hee Chin, Dr. Lee Anne Coester, Buff Cooke, Charlotte Davis and the ladies of Village Presbyterian Church, Norma Duerksen, Ruth Fowler, Peggy Goertzen, Dr. Marilyn Gugliucci, Dr. Sheila Litke, Doris McWenie, Nancy Methvin, Dr. Aleen Ratzlaff, Rev. Adrian Stair, and Janet Williams.

I am appreciative of my committee, Dr. Dorothy Scotten, Dr. Savvas Georgiades, and Dr. Tim Mclaughlin, who gave of their time, efforts, and humor to support my success. I am grateful to my cohort for their support, ideas, and accountability. Finally, I am grateful to the participants of the study. Their time, insight, and knowledge helped provide a deeper understanding of their experiences and the importance of mindfulness to positive aging and enhanced communication.

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Chapter 1: Introduction to the Study

Older adults are living longer, with a projected increase to 1 billion older adults age 65 plus by 2030 globally, and an increase of 140 percent in developing countries (Why Population Aging Matters, 2017). In the United States alone, the population count for individuals 65 and over is projected to be 77 million by 2034 (United States Census Bureau, 2018). This figure is thought to be due to baby boomers living longer, primarily due to better health care and low birth rates (United States Census Bureau, 2018). In 1979, the United States Department of Health and Human Services launched an ambitious plan for promoting national health and reducing disease and health disparities called Healthy People, which is updated for each new decade (Healthy People, 2020). Goals in the 2030 framework include creating environments that promote optimum health and healthy behaviors for all life stages, including people 65 and older (Why Population Aging Matters, 2017).

Active aging is a concept that has emerged in response to the aging of the global population (Desjardins et al., 2019). Active aging can be considered from various standpoints, including increased productivity, health, and well-being (Desjardins et al., 2019). The concept also considers optimizing health, participation, and security of individuals as they age (Swift et al., 2017; World Health Organization [WHO], 2002, 2015).

One aspect of active aging is creativity. The current standard definition of creativity requires originality and effectiveness (Runco & Beghetto, 2019). Alternative definitions add various concepts such as surprise, potential, and discovery (Runco &

Beghetto, 2019). This definition of creativity is very broad: it allows for the process of creativity in individuals to take place in both traditional ways, such as in music, in writing, or in producing art, and in more unconventional forms, such as inventing or organizing (Runco & Beghetto, 2019). One aspect of creativity is mindfulness.

Mindfulness is defined as being aware and nonjudgmental in the present moment (Husain, 2020; Kabat-Zinn, 1994). Mindfulness is a way to reframe fear-based thoughts (Fiocco & Meisner, 2020; Grabovac et al., 2011). Experts consider it to be a life enhancing tool that promotes both physical and mental health (Nilsson et al., 2015; Nilsson & Kazemi, 2016). The ability to experience each moment just as it presents without judgment can improve an individual's overall well-being (Mars & Oliver, 2016). Mindfulness has aided in reducing diabetes, stress, and depression (Fanning et al., 2018; Fisher, et al., 2012). In another study, researchers determined that the combined routine of mindfulness, bladder education, and bladder diaries showed a reduction in bladder issues (Long et al., 2018). By using mindfulness, individuals can view the world surrounding them in greater detail. In turn, this can enhance their communication skills.

Good communication between patients and health care providers is an integral part of health care, as it impacts clinical outcomes, compliance, and patient satisfaction (Hall et al., 1988; van't Jagt et al., 2016; Roter et al., 1988; Stewart, 1995). Interpersonal communication has been defined as the exchange of information between two individuals within the context of a relationship (Abric, 2002; Chichirez & Purcărea, 2018). The person who is verbalizing provides a set of information that will be interpreted by the listener (Blakar, 1979; Chichirez & Purcărea, 2018). Communication is transmitted

through verbal and nonverbal means and can translate into an exchange that can enhance or repress outcomes (Peltola et al., 2018; Step et al., 2009). One of the main goals of communication is to foster mutual respect; another goal is to express personal needs and values (Boström et al., 2014; Mead & Bower, 2000; Peltola et al., 2018). More effective communication occurs if an individual can actively seek and provide information during exchanges with health care personnel, including social workers, and if there is also a higher level of participation (van't Jagt et al., 2016; Katz et al., 2007; Nutbeam, 2000; Rubin et al., 2011; Williams et al., 2002).

One strategy to enhance communication is through quilt making. Because it involves creative processes, quilting requires mindfulness and problem-solving abilities that strengthen communication skills. This art form is a worldwide tradition, and, although both men and women quilt, it is generally associated with women (Piercy & Cheek, 2004). Quilts originally served utilitarian functions, such as providing warmth and family heirlooms; however, individuals also crafted for other reasons, such as financial or social imperatives (Piercy & Cheek, 2004). There is limited literature on the association between health care outcomes and quilt making. This is an area worth exploring, according to MacDowell et al. (2018), who noted that researchers can explore the ways that quilts are used in health care contexts and how they provide a hands-on activity for an individual with chronic conditions.

Examining how older quiltmakers experience mindfulness and how it manifests in their lives can provide more information to health care providers and medical social workers. There is limited current literature that provides insight into how older quilters

experience their quilting and the benefits that emerge from this creative outlet. In the 2018 book *Quilts and Health*, MacDowell et al. acknowledged the limited literature on quilting and health but noted that there is a great deal of anecdotal evidence that demonstrates a distinct connection between quilting and health. The authors further posited that quilting may be of more therapeutic and clinical significance than other art forms. This is thought to be possible as quilts are often created in community and the receiver can benefit from warmth and comfort, which potentially contributes to well-being and health-care outcomes for all individuals involved.

In this study, I examined how older adults who crafted quilts experienced mindfulness and how it impacted their communication with their health care providers. Through this research, health care personnel and policy makers may gain insight on ways to improve the health care system to meet older adults' needs and incorporate more opportunities for creativity and mindfulness more effectively. The participants resided in a two-county area in Mid-Central Kansas. Empowerment theory, specifically medical empowerment theory, was the lens through which the study findings were examined. I employed a qualitative, phenomenological approach. In this chapter, I provide an overview of the study. The assumptions, scope and delimitations, and limitations are outlined. I also explain the significance of exploring the lived experience of older adults who pursue quilt making and the benefits they gain from practicing this form of creativity.

Background

Although there is limited documentation to support the impact of quilt making on mindfulness, creativity has been found to have a beneficial impact on the health of older adults. Antonovsky (1979) developed a theory that considered stress and health in his book, *Health, Stress, and Coping*. Antonovsky's salutogenic theory maintains that good health is accomplished by using "generalised resistance resources" (Morrison & Clift, 2006, p. 366). The belief is that when these resources are inadequate, the individual's health deteriorates (Morrison & Clift, 2006). Another theory, the sense of coherence theory, is based on these premises: individuals understanding the world around them, having the ability to control their environment, and finding meaning in it (Eriksson & Linstrom, 2005). These concepts include three elements—cognitive, behavioral, and motivational—and reflected an individual's ability to respond to the stresses in life (Eriksson & Linstrom, 2005). One of the ways in which individuals respond to stress is to release their creativity (Eriksson & Linstrom, 2005).

The concept of creativity has abundant information in the literature that includes supporting evidence of the benefits of creativity in later life (Adams-Price et al., 2018; Price & Tinker, 2014; Tanggaard & Wegener, 2016). Gallistl (2018) considered older adults and how they described themselves in the process of creativity. He suggested that creativity was born out of a purpose, which provided direction for the product being created. Other researchers (Engelbrecht & Shoemark, 2015; Flatt et al., 2015; Fletcher, 2017; Parisi et al., 2015) have examined other means to promote creativity for older adults. They have found expressive therapies, for example, to be instrumental in the

comprehension of the experience of creativity (Cantu & Fleuriet, 2018; Ehresman, 2014; Hallam & Creedo, 2016; Rose & Lonsdale, 2016; Seo et al., 2016). Expressive therapies involve different modes of artistic expression, such as art, music, writing, and play, in conjunction with psychotherapy to encourage emotional and physical integration and growth (Malchiodi & Crenshaw, 2014). Others have investigated the integration of arts-based research into evidence-based practice (Lapum et al., 2014; MacLeod et al., 2016 McNiff, 2009; McNiff, 2015; Sandelowski & Barroso, 2007). The Psychoeducational Approach to Transcendence and Health Program, a program that addressed the creativity and health of older women by completing a psychoeducational approach to transcendence and health, is the subject of two studies (McCarthy et al., 2015, 2018).

Researchers have also examined creativity from the perspective of health. Fox (2013) considered creativity and health and the benefits of factors used in harmony. Creativity was described as a flow of affect; the author asserted that the human body was capable of change due to other influences. This moved away from a bio-medical model and recognized the presence of thoughts, feelings, and actions that affect the active process of maintaining or moving toward health. Other researchers have considered creativity from the standpoint of the health care provider (Almansa et al., 2013; Kowalski, 2017; Trueland, 2015) or from a mental health perspective (Caddy et al., 2012; Gillam, 2013).

Some literature addresses the craft of quilting as a specific form of creativity. Butler (2019) considered quilt making among African American women as a form of "othermothering" in which women share maternal duties. Butler identified the

importance of social bonds as well as an ethic of care. Although I found two other articles that addressed quilt making (Hansen, 2019; Sohan, 2015), I found a lack of literature addressing quilt making and mindfulness.

Mindfulness has been found to be effective in positively impacting physical and mental health (Creswell, 2017; Ludwig & Kabat-Zinn, 2008). There was a gap in the literature regarding the positive effect of various forms of creativity on physical and mental health. How older adults experience quilt making and mindfulness and how this impacts their communication with health care personnel was not documented in the literature. In conducting this qualitative study, I sought to address this gap in the literature and provide knowledge that may inform older adults, health care staff, and program and policy makers.

Problem Statement

Health care is an increasing concern as people live longer. The concerns of older individuals are of particular interest to the social work discipline as they involve the provision of social services as well as legislative issues. Aging affects various factors, including potential multimorbidity concerns and the need for increased social support (Cesari et al., 2016). Multimorbidity is defined as a diagnosis with two or more simultaneous chronic conditions in an individual, such as hypertension and diabetes (Willadsen et al., 2016). Multimorbidity impacts society because it results in increased health costs and hospital admissions; from an individual standpoint, multimorbidity results in increased mortality and the decrease of quality of life as the number of

conditions increase (Willadsen et al., 2016). Older adults can also experience functional impairment that is a by-product of the multimorbidities (Commisso et al., 2017).

One lifestyle option that may counter the effects of multimorbidities is active aging, or a strong regard for quality of life, including mental and physical well-being (Clare et al., 2019; Walker, 2002). Active aging, as embraced by the WHO, requires that age barriers and ageism be lessened (Swift et al., 2017). Active aging supports the idea of individuals intentionally pursuing opportunities that will optimize health, participation, security, and learning (International Longevity Centre Brazil, 2015; Sousa & Barros, 2020; WHO, 2002). Focusing on the enhancement of programs and services that promote active aging can help individuals attain maximum health expectancy (Lak et al., 2020). When there is planning for health services, the environment, and legislation to strengthen the interests of older adults, it is more likely that the goal of active aging can be realized (Lak et al., 2020).

One of the ways that older adults can enhance active aging and positive health outcomes is through the act of creativity. Expressing oneself creatively enhances health by fostering a sense of control, which centers the mind over the body and affects the immunosystem, cognition, and social engagement (Cera et al., 2018). Creativity can enhance self-esteem, socialization, and health indicators (Cera et al., 2018; Colombo et al., 2018). Research on cognitive reserve indicates that various life experiences help protect against brain damage or pathology by compensation (Colombo et al., 2018). Some of these experiences include occupation, education level, social networks, and engagement in leisure activities (Colombo et al., 2018).

Social workers, as members of an individual's health care team, are intent on providing support that can enhance positive health and active aging. It is important for social workers to understand the biopsychosocial aspect of a patient's health care status (Friedman et al., 2018). If they are aware of a patient's situation, then they can determine how best to support the patient. Identifying areas of patient enjoyment may help the social worker to better determine resources and support systems beneficial to maintain positive health. Therefore, active aging may be achieved and a healthy lifestyle enhanced.

For the purpose of this study, the definition of creativity is the production of original and effective ideas or products (Runco & Jaeger, 2012). The belief is that everyone has the ability to be creative: The frame of reference can be internal or external (Runco & Jaeger, 2012). Individuals have a variety of creative outlets. Creative engagement is a natural response to the environment; whether pursuing work or play, it can have a positive impact (Langer, 2006). Much research supports the positive impact creativity has on health (Cantu & Fleuriet, 2018; McCarthy, Hall et al., 2018; McCarthy, Ling et al., 2015; Palmiero et al., 2016). The ability to think in a creative manner is a way to express oneself, which can lead to an enhanced quality of aging due to the development and frequent use of problem-solving skills (Cera et al., 2018). As noted in this subsection, research shows that creativity can improve certain social and health indicators (Cera et al., 2018; Colombo et al., 2018). Also, research on cognitive research shows that certain life experiences can protect the brain. Adding to this research, Marshall and Coblentz (2014) found that older adults had an ability to combine new concepts, which validates the highly integrative ability of this demographic.

Cohen and Bai (2019) regarded the components of aging as rich and necessary for ego transformation. Creativity is viewed as a component that is necessary in moving individuals into a postegoic self (Cohen & Bai, 2019) In addition to addressing older adults' health and social service needs, health care workers need to acknowledge and encourage introspection and sagacity (Cohen & Bai, 2019). Evidence shows that active engagement with the arts results in enhanced well-being, quality of life, and improved mental and physical health (Vella-Burrows et al., 2021). Creativity is a novel way to address older adults' health behaviors (Vella-Burrows et al., 2021).

A dimension of creativity that influences physical and mental health is mindfulness. One definition of mindfulness is noticing new things: It requires putting aside preconceived ideas about how the world should function and being open to fresh ways to approach the world (Langer, 2006). Mindfulness can enhance health by developing resilience, supporting restful sleep, decreasing stress and depression, and lowering blood pressure (Stannah Stair Lifts, 2019). Further, it can boost the immune system, assist in the control of anger, reduce pain symptoms, and improve mental function (Stannah Stair Lifts, 2019). Enhancing communication may occur when there is a realization and presence. Being more aware of their artwork can help them be more expressive and thoughtful regarding their health (Stannah Stair Lifts, 2019), When individuals are better able to articulate more effectively with others, including their health care providers, then a clearer understanding can be communicated. Effective communication includes the ability to recognize emotions and thoughts (Schellekens et al., 2017). Mindfulness of current experiences can help an individual to have more

awareness of their psychological status and therefore be able to express their feelings more effectively (Schellekens et al., 2017). In a case study, Dickinson et al. (2017) found that mindfulness meditation increased the participants' cognitive processing, reduced anxiety, and improved language outcomes.

One form of creativity that has not been extensively explored is quilt making. Although quilts have been crafted for many centuries, recent literature revealed very few studies regarding quilt making. There were no articles that addressed mindfulness and communication enhancement due to quilt making. The process of quilting itself is often precise and requires attention to detail. To produce a quality product requires planning and skilled execution. It requires the quilter to be in the moment with the work. An individual must be present to be in the flow of creativity with the process of quilt making.

These required mental processes may be important for older adults addressing their health and for their health care providers. Evidence that supports individuals vary widely in how much medical information they want and how much they want or can be involved in their health care decisions (Elkin et al., 2007). So health care providers must be sensitive and responsive to these differences (Shen et al., 2020) Further, health care providers have responsibility in developing and enhancing their own skills (Shen et al., 2020). But, how individuals communicate and approach their health care can be enhanced through skills they acquire and practice in their quilt making.

Taylor et al. (2019) found that social workers can help older adults to self-manage their health care. For self-management, there are five skills that aid in this manifestation.

Decision-making and problem-solving are components that support self-management.

The ability for individuals to access resources, be able to act,

and work with their health care providers conclude these skills (Taylor et al., 2019). The

results of the Taylor et al., (2019) quantitative study revealed that self-management can

aid in older adults' communication with health care providers. Drawing from the research

of Taylor et al., (2019), I examined how participants perceived quilt making as enhancing

both their mindfulness and communication with health care providers.

Purpose of the Study

The purpose of this study was to gain a better understanding of how older adults

who craft quilts experienced mindfulness and whether mindfulness enhanced their

communication with their health care providers. In a study of metaphor and interactions

in mental health care between Spanish patients and staff, Magaña (2019) highlighted the

importance of health care staff having knowledge of peoples' social values and use of

colloquial or regional terms to discuss issues or concepts. More knowledge can be gained

by studying how patients express ailments in different settings. Understanding how older

adults view their health and how mindfulness may provide staff with more tools to

increase competence (Magaña, 2019). This can lead to enhanced patient-centered care

and positive interactions with health care personnel, conditions that may contribute to

patient compliance with health care personnel recommendations (Hansen & Cabassa,

2012; Interian et al., 2011).

Research Question

The research question for this study was, how does the process of quilt making impact an older person's ability to communicate effectively with their health care providers?

Theoretical Framework

Empowerment theory (more specifically, health empowerment theory) served as the theoretical framework for this study. Empowerment is a concept that is both multilevel and multidimensional, because it refers to individuals and communities and, therefore, has intrapersonal, social, and community aspects (Francescato et al., 2017). Empowerment is a process in which individuals discover self-acceptance and self-confidence and take control of their lives. This translates into taking a sense of personal accomplishment and putting it into action in their life (Francescato et al., 2017). The term *empowerment* was initially used to describe oppressed groups (Kalso, 2019). It was originally used in psychological studies but later became attractive to researchers studying legal, economic, and political topics (Kalso, 2019). In more recent years, those studying empowerment processes have considered the concepts of control, resources, and the social environment in a variety of settings (Fetterman, 2015).

Empowerment theory is based upon the belief that the engagement of particular processes assists people in achieving increased control over different facets of their lives (Estebsari et al., 2018). Although the definition of patient empowerment is not always agreed upon, researchers support the idea of empowerment impacting improved health outcomes (Agner & Braun, 2018). This theory, from a health promotion standpoint, is a

strategy for healthy aging. This strategy involves equipping an individual with the skills and abilities necessary to develop empowerment and assist in warding off issues that may threaten health (Agner & Braun, 2018). Empowerment can lead to effective interventions that can promote better living as well as living more satisfactorily with chronic disease (Azcurra, 2014; Estebsari et al., 2018). Some researchers contend that when individuals experience this sense of empowerment, they believe they can maintain good health and navigate the health system successfully (Azcurra, 2014). Specific to older adults, well-being and healthy lifestyles may be pursued because of empowerment. The theory that supports this idea is the health empowerment theory. This theory recognizes that growing older includes lifelong interactions and habits involving individuals and their environment (Shearer, 2009).

Other factors that often develop as individuals age are chronic health conditions and limitations in resources and personal connections (Shearer, 2009). Encouraging activities and lifestyles that contribute to the well-being of older adults is important to enhancing positive aging (Shearer, 2009). Health empowerment evolves from self-capacity, goal setting, and attainment. This includes endeavors that foster a sense of well-being and the ability to successfully navigate life changes (Shearer, 2009). Both the empowerment theory and the health empowerment theory relate to this study because quilting is an activity that older individuals can enjoy that gives them a means of being productive while encouraging characteristics such as problem-solving and nonjudgment that can be carried over to other areas in their lives. These characteristics may also be used in health empowerment as individuals may feel a sense of control over their health

and can make decisions based upon skills, including communication, which have been enhanced through their craft of quilting. I will further discuss the origin and development of the empowerment theory, as well as the health empowerment theory, in Chapter 2.

Nature of the Study

For this inquiry, I employed a qualitative, phenomenological approach. By using this approach, I was able to explore the lived experience of the participants is explored through conscience, language, and the interpretation of the individual (see Given, 2008). Heideigger (1962) suggested that phenomena came into being because of individuals' experience. Phenomena are how one experiences relationship with others and things (Heideigger, 1962). Phenomenology is a contemplation of how to be in the world: It is an attempt to capture how this experience is lived (Vagle, 2014). Furthermore, researchers conducting phenomenological studies have been instrumental in advancing knowledge about medicine, illness, and health (Zeiler & Kǎll, 2014). Feminist phenomenology and medicine considered together may aid in the understanding of the body experience, self-alienation, and prevalent themes that have emerged (Zeiler & Kǎll, 2014).

My plan was to interview women 65 years of age and older who were living independently in a two-county area in Kansas. However, when I spoke with one potential participant, she indicated that she did not qualify for the study due to age, but her husband also quilted and qualified. He consented to participate, and I felt that a male perspective would add depth to the study. It was my hope that participants would be willing to talk about their lived experience of quilt making and how the mindfulness derived from informed their communication with health care providers. Some

participants were not familiar with the definition of the word *mindfulness*. I provided the

textbook definition, but I listened for their definition to be provided through storytelling;

I needed to listen to the content for the inference of mindfulness. As the interviews were

conducted, transcribed, and read and reread, it became clear how the participants

experienced mindfulness through the process of quilting. One participant expressed this

connection. The transcripts of these interviews were analyzed, and then common themes

were extracted. In Chapter 3, I will address the nature of the study in more detail.

Definitions

Operational definitions are abstract constructs that are defined in a particular

manner, so they are observable and able to be measured (Suter, 2012). This clarification

will aid in intersubjectivity because the constructs can be replicated by other researchers

(Vogt, 2005). I used the following definitions in this study:

Active aging: The process of optimizing opportunities for health, participation,

and security for enhancing the quality of life as people age (WHO, 2002, as cited in

Rantanen et al., 2019, p. 1003). The WHO (2002; as cited in Rantanen et al., 2019) urged

the development of policies and programs that further the rights and capacities of older

individuals. Rantanen et al. (2019) added that activities for older adults should relate "to a

person's goals, functional capacities, and opportunities" (p. 1003).

Communication: The exchange of information and the expression of feeling that

can result in understanding (Cambridge Dictionary, 2022).

Creativity: The construction of something tangible that the individual has made; this expression is a part of the individual's identity, and it is original and effective (Runco & Beghetto, 2019).

Health: Total physical, mental, and social well-being (WHO, 2018).

Health care providers: As defined in the *Code of Federal Regulations*, individuals who are authorized to diagnose and treat physical or mental health concerns (Definition of Health Care Provider, 1993). These individuals include physicians, dentists, nurse practitioners, physician assistants, and clinical social workers. For this study, the group also included medical social workers without clinical training, as they are included on the care team in medical facilities and offices.

Mindfulness: A process of drawing original distinctions or noticing new things (Langer, 2006).

Older adults: In most developed world countries, individuals who are 65 years of age and older (WHO, 2018). Authorities use this definition for the provision of benefits for retirement and pensions. However, a socially constructed view of aging, based on the roles or loss of roles a person acknowledges, may be more appropriate (WHO, 2021).

Quilt: A covering used on a bed, which is two layers of material with a filler between them and stitching through all of the layers (Duke & Harding, 1987).

Assumptions

Assessing how assumptions are constructed is important when exploring particular concepts or relationships between observable phenomena: Assumptions are guesses that a researcher makes about study phenomena (Lewis-Beck et al., 2004). In

planning for this study, I had several assumptions about older adults and mindfulness.

Although aging is highly individualized, many health care providers disregard who the

individual is and what they have experienced (Dionigi, 2015). Often these stereotypes are

negative, suggesting that old age brings with it declining health, loneliness, loss of

independence, and inactivity (Dionigi, 2015). Because these ideas are socially

constructed, aging can also be considered in a positive manner, such as a time to develop

creativity, nurture relationships, and focus on mental and physical well-being (Dionigi,

2015).

In conducting the study, I assumed that almost all individuals have the capacity

for creativity and the ability to practice mindfulness, an assumption that is rooted in the

literature (see Boden, 2009; Lovichakorntiku et al., 2017). Although it may be termed

differently, creativity is about the creation of something original and effective

(Cambridge Dictionary, 2022). Specifically, the assumption that quilt making enhances

mindfulness was central to this study. However, older adults may not be aware of their

mindfulness or of how it impacts their communication skills. Listening for key words and

phrases was necessary to learn how the participant perceived and practiced mindfulness.

Sometimes those skills may be observed in health-seeking behaviors, and this factor

needed to be noted (Crawford, 2006; Kabel, 2015).

Scope and Delimitations

This study included participants from a two-county area in rural Mid-Central

Kansas. I conducted eight interviews. A sampling frame is a list of population members

from which the sample is drawn (Guetterman, 2015). Using convenience sampling, I invited individuals who were 65 and older in a two-county area of Kansas to participate.

These participants lived in an area largely supported by agricultural and/or ranching lifestyles. Participants were at least 65 and older and lived independently. I chose participants based on the recommendations of older adults whom I knew. I believe that the information gained will have transferability potential to other populations, as there may be common considerations and concerns shared by other older adults in different areas. Older adults in other areas also may be faced with the prospect of filling their lives with as much quality as possible and may be open to learning from others' thoughts and experiences.

Limitations

Limitations in a study identify some of the shortcomings of the study (Allen, 2017). Limitations are not only acknowledged, but also signify that the researcher has fully considered the study and is aware of some of the deficiencies (Allen, 2017). Two of the limitations of this study included the inability to generalize and to garner an accurate understanding of the responses.

There was a concern that this study would not translate to a better understanding about quiltmakers' mindfulness and communication with health care providers in other geographic areas. The study only reflected the experiences of individuals in this rural community due to a homogeneous culture. Finally, there was potential for limitations in my accuracy in understanding responses of the participants. I identified with these individuals since we were from the same small, culturally homogeneous, agrarian

community. An example of this thinking would be that our mid-west agrarian rearing fostered within us general commonalities. This may have been a false sense of understanding. The participants needed to be listened to with an open and fresh mind. One way that this limitation was addressed was to ask the participants to read their interviews once they were transcribed. The accuracy of the conversation was authenticated by the participant, and corrections were made under the direction of the interviewee. Another way in which to alleviate each of these limitations was to strive for credibility through transparency in data collection and analysis (Rubin & Rubin, 2012). Personal biases that were identified, credibility, and transparency will be further discussed in Chapter 3.

Significance

This research provided additional understanding of older adults by focusing specifically on how they used mindfulness as practiced through quilting when they conversed with their health care providers. This study was important for advancing our knowledge about how older adults viewed their mindfulness and how it affected their health. It could potentially help readers gain a greater understanding of how older adults use mindfulness in communicating with their health care providers. There can be further consideration regarding the health status of the individual and how using and expressing mindfulness may influence health quality and choices.

If a greater understanding of older adults' perceptions and experiences about mindfulness and health can be gained, health care staff could benefit from this information, as it may have a positive influence on how they communicate with older

adults. If health care staff can gain a better understanding of how older adults perceive the use of mindfulness in communication, it could potentially assist them in identifying services and resources that can meet patients' needs more effectively. Further, it could have a positive effect on policies and health care costs.

It is necessary to create age-friendly environments so that people can flourish as they age (Chitturu, 2018). The more consideration that is placed on these environments, the more health may be promoted, and the onset of chronic disease issues prolonged. I believe that social change can occur with a better understanding of what mindfulness means to older adults and by encouraging this aspect in a variety of settings. Mindfulness has the potential to change how people interact with the world (Mars & Oliver, 2016). Not only does mindfulness benefit individuals, but it also can promote prosocial behaviors, such as recognizing needs of others and responding to these needs (Brown & Ryan, 2003; Condon, 2017; Donald et al., 2019).

Summary

As people are living longer, society needs to consider how best to support older adults in the various areas in which they are affected which include health care services and spending (Henderson et al., 2017). In turn, these programs impact policies as well as other considerations that support an age-friendly society, such as housing, transportation, and technology (Henderson et al., 2017). Despite the fact people are living longer, there remains the sense of inevitability that individuals will experience age-related decline. Older adults will need to consider their psychological well-being during this time (Wiesmann et al., 2017).

This study explored the area of quilt making and its impact on communication with health care providers, for quilt making is an activity that older adults may participate in despite cognitive or mobility limitations. More specifically, how quiltmakers used mindfulness in communication with health care providers was the focus of the study. The goal was to gain more understanding of how the participants used mindfulness and perceived its effect on their communication skills used with health care providers. Based on the results of the study, the intent was to promote the use of mindfulness by social workers, other health care personnel in the community, and residential facilities to positively impact health and well-being.

A qualitative phenomenological study was used to interview participants identified by convenience sampling. In support of the study, I will provide in Chapter 2 a review of the literature that considers creativity, mindfulness, and their impact on the health of the older adults. In Chapter 2, I also give a more in-depth consideration of the empowerment theory and health empowerment theory. Addressing these theories will underscore the importance of the study. It may illustrate why it is essential to understand older adults and what they think about the creative activity of quilt making and mindfulness. Furthermore, it may reveal the impact that mindfulness can have on communication with health care providers.

Chapter 2: Literature Review

Introduction

In this study, I examined how older adults perceived their quilt making as affecting their communication with health care personnel. With individuals living longer, it is imperative to consider how best to support active aging (Foster & Walker, 2021). Gaining a greater understanding of the impact of mindfulness on communication with health care staff cannot be fully grasped without having a clear comprehension of creativity—more specifically, the art of quilt making, the origin of mindfulness, and how that concept has unfolded throughout the years. To create a foundation for this study, it was necessary to conduct a thorough review of the literature regarding the development of the concepts of creativity and quilt making, as well as the meaning of active aging in U.S. society.

Although there was research conducted regarding older adults and health, there was little current literature on this connection. I did not find studies in which older adults age 65 and older who engaged in quilt making were interviewed about how their creativity enhanced their mindfulness. Further, the literature review did not yield research on how older adults view mindfulness as enhancing their communication skills, particularly with health care providers. I conducted this study to address this gap in the literature. Medical social workers could benefit from a more thorough understanding of the importance of creativity and how mindfulness could enrich communication between older adults and their health care providers. In this chapter, I describe the literature search strategy, provide an overview of the theoretical framework, and review key literature.

Literature Search Strategy

To compile and review the relevant literature, I used scholarly research databases that included Thoreau, ProQuest Central, CINAHL and MEDLINE Combined Search. I also used the search engine Google Scholar. Keywords I used included *creativity, creativity and the older adult, creativity origin, definition of creativity, creativity and health, creativity in the medical field, quilt-making, quilt-making and mindfulness, mindfulness, older adults, health, rural social work, empowerment, empowerment and older adults, empowerment in social work, aging population, expressive therapies, expressive therapies and adults, creative arts therapies, communication*, and *communication with healthcare providers*. I found scholarly and peer-reviewed articles in this process. Although I focused on articles published within the past 5 years, I also examined some evolutionary and seminal literature, as my understanding deepened regarding how the concept of creativity had developed and been transformed throughout the years.

I primarily used Google Scholar to search for seminal scholarship related to the primary concepts of the study. To gain a better understanding of the development of creativity, I used a local college library and the interlibrary loan system to find books by seminal authors. From all my research, I identified a gap in the literature regarding quilt making and the experience of mindfulness and how older adults used that experience to communicate with health care professionals.

Theoretical Framework

von Bertalanffy (1950) was a biologist who developed the general systems theory by looking at life as parts and processes in isolation. He studied organisms and how they functioned, knowledge which can also be adapted to humans; he stated that it was important to understand the functioning of the systems, due to their ability to self-organize and self-regulate and be open to their environments (von Bertalanffy, 1950). Further, he suggested the potential for autonomy, spontaneity, and creativity within these systems (von Bertalanffy, 1950). Bertalanffy developed a language that could be understood about the scientific system by other disciplines (Cadenas, 2019). This common language allows for researchers and scholars to share views and findings regarding phenomena and understand the connections (Cadenas, 2019). The systems theory provides tenets that translate well in the social sciences. Three of those principles include integration, emergence, and synergy (Hofkirchner, 2019). The idea of synergy occurs at individual levels and affects society and its transformation (Hofkirchner, 2019).

The systems theory and some of the capabilities that organisms possess are shared concepts of the empowerment theory. The study of creativity and health of the older adult is well supported by the empowerment theory. Aujoulat et al. (2007) conducted a literature review regarding empowerment and considered the definition of this term. They determined that the anticipated outcomes in relation to the care and education of patients' empowerment are what were primarily defined, including the reinforcement of psycho-social skills and the advocacy for an active role in the provider-patient relationship. The social work practice implication is that empowerment is individually defined by each

patient based upon life priorities. Empowerment gives older adults the ability to address issues affecting their lives and provides an opportunity to identify issues and potential barriers, as well as a chance for establishing social connections (Blair & Minkler, 2009; Hand et al., 2019). Empowerment at an individual level means self-efficacy, personal confidence, and respect for self (Yob, 2016).

Empowerment theory from a community psychology perspective, which is closely aligned with social work practice, addresses control, resources, and an understanding of the social environment; it involves problem-solving and decision-making (Fetterman, 2015). The framework of empowerment is concerned with individuals developing more control over their lives (AlMaseb & Julia, 2007; Turner & Maschi, 2015). I explore empowerment theory from its societal inception to its current use in several disciplines, including social work and work with older adults.

Empowerment theory has roots in the Industrial Revolution with the consideration of the condition of individuals in the workplace (Wilkinson, 1998). F. W. Taylor, who is known as the father of scientific management, instituted the notion that large jobs could be broken down into small tasks; this approach left businesses with higher productivity but more turnover, absenteeism, and conflict, because workers were alienated and less involved in the process (Wilkinson, 1998). It was not until the 1960s that empowerment gained momentum as job enrichment came into being, along with the Civil Rights Movement and feminist theory (Wilkinson, 1998). The concept of empowerment developed in the backdrop of the civil unrest of the 1960s (Harrison, 2007). The philosophy of empowerment in the United States meant having a regard for the opinions

of oppressed individuals and encouraging the expression and enhancement of their power (Calvès, 2009).

Throughout the 1990s, empowerment literature was rich, particularly in the area of feminism (Calvès, 2009). The conversation moved from power of domination to a more creative power that accomplished individual goals. Further, much of this literature was focused on the relevancy of empowerment to both women and men (Calvès, 2009). During this time frame, leaders utilized the empowerment theory to develop organizations throughout the world. One of the pillars of the antipoverty struggle was empowerment. In the 1990s and 2000s, advocates encouraged people in poverty to become empowered (Calvès, 2009). All these societal changes fueled the concept of empowerment, which began to advance personal and societal abilities to transform societal conditions and affirm the need for change (Calvès, 2009).

The approach of empowerment was derived from the reaction to oppression and inequality regarding society (Hur, 2016). Personal empowerment is concerned with how individuals think about themselves, as well as their knowledge, skills, and talents (Hur, 2016). Rappaport and Hess (1984) wrote about empowerment being a process in which people or communities can gain mastery over their lives. This process occurs in many ways, and the end result varies. It may be easier to define what empowerment is not, which is powerlessness, alienation, and loss of a sense of control over one's life. The positive definition varies between individuals and situations, but with each description, the construct is better understood (Rappaport & Hess, 1984). The idea that some competencies and strengths are already present is a point supported by the empowerment

theory. In daily life, individuals develop these attributes, as well as identify new capabilities to cultivate a feeling of success, depending on how they or their community defines it (Rappaport & Hess, 1984).

Keys et al. (2017) determined that there are four domains of empowerment: (a) the level of analysis, from individual to societal; (b) processes and outcomes of empowerment, which range from intrapersonal and psychosocial to sociopolitical; (c) the nature of power and a better understanding of it; and (d) context, which includes physical and psychological features. Psychosocial views are more concerned with developing self-efficacy and a sense of worth, through interaction and skill-building. As Keys et al. noted, empowerment can aid an individual in recovering from systems of oppression; in the case of older adults, this may be ageism. This sense of empowerment for older adults may determine how they want their health care decisions made, which might be alone, with others, or delegated to a third party. The capability to make decisions can facilitate relationship building with individuals who have power to make policy changes. Empowerment should be experienced throughout the lifespan.

Rappaport (1987) examined empowerment from a community psychology perspective. He determined that this discipline needed to embrace a more streamlined description of the meaning of empowerment, then consider it in future research. This concept involves both a personal and community level; it acknowledges that people have control over themselves and issues in their communities, which suggests a belief in the power of people and diversity. Empowerment can be understood as a multidimensional

social learning process that aids an individual in gaining control by increasing knowledge and skills that can improve their life (Hur, 2016).

Empowerment theory is an ideal fit with the social work profession (Hur, 2006; Lincoln et al., 2002). The *Social Work Code of Ethics* includes the term *empowerment* when discussing work with vulnerable populations (Joseph, 2019). In 2014, the International Federation of Social Workers and the International Association of Schools of Social Work together provided an updated global definition of social work and it included the empowerment of people (Kam, 2020). This identification of empowerment shows a continued belief in this concept as widely held in the social work profession. One of the goals of empowerment is to reduce powerlessness; social work practice serves not only to help people problem-solve but also to empower themselves (Kam, 2020). People can experience empowerment by participation, which can develop strengths that will assist in reaching the goal of empowerment, gaining a sense of competence and an ability to effect change (Kam, 2020).

Empowerment can be considered from a variety of different perspectives, including goal, product, or process (Albuquerque et al., 2017; Gaventa, 2002; Simon, 1994). In the social work profession, the term *empowerment* is used frequently. It is often perceived as a process, the observation of the individual as the constructor of themself and context (Adams, 2008; Albuquerque et al., 2017; Deslauriers, 2007; Miley, 1999; Teater, 2010). Clinical practice and research based on empowerment includes six components of empowerment: partnership, listening, dialogue, reflection, action, and feedback (Huang et al., 2017; Kuo & Wang, 2013). For individuals who have

experienced powerlessness, the process of empowerment can provide an opportunity for growth and change (East & Roll, 2015). Joseph (2019) used the Theory Evaluation Scale to analyze the empowerment theory. The author found that the theory has a strong epistemological soundness and overall quality. Social workers at all levels of practice can use the empowerment theory to encourage patients to take control of their lives and of their decision-making, Joseph concluded. Gaining a sense of control can appear different for various situations and individuals, so this theory is adaptable (East & Roll, 2015). Empowerment-based interventions are a shift away from a focus on disease to the development of individuals and communities centering on wellness and positive change (Zimmerman & Eisman, 2017). Empowerment can be thought of in different ways, from gaining more information to exercising control over personal decision-making (Heumann et al., 2001). Encouraging an individual to gain information that pertains to them, effectively voicing needs and opinions, and expanding their choices in health care options is a form of empowerment, for example (Heumann et al., 2001).

The health empowerment theory has roots in the Rogers principle of integrality which posits that human beings and their environment are integral in their living and health decisions (Shearer, 2009). Individuals gain health empowerment through their personal abilities and resources available in their environment (Shearer, 2009), It aids in raising individuals' ability to be aware of health and health choices and encourages intentional health goals and choices to promote well-being (Shearer, 2009). As patient engagement is emphasized, interventions are sought that consider the patient, their family, and their social needs (Harrington et al., 2019). Identifying different ways of

supporting the patients' ability to participate in the decision-making of different areas of their life increases the sense of empowerment (Harrington et al., 2019). This includes the areas of health and health care so consideration can be given to all individuals, despite health disparities, and inform communities how to better meet the needs of all its residents (Harrington et al., 2019).

Additionally, empowerment has been applied to working with older people (Kam, 2002, 2003, 2020; Thompson & Thompson, 2001). For older adults, providing them with the ability to participate in their health care planning, and helping them to understand all the risks associated with various decisions may be the ultimate empowerment (Heumann et al., 2001). In an autoethnography by a researcher with chronic illness (Withnall, 2017), the author expressed the truism that as individuals age, it was inevitable that they may experience varying degrees of ill health. Withnall (2017) acknowledged the importance of accepting the disease and taking responsibility for increasing knowledge and learning about new developments regarding the disease. The author deemed self-management and productive relationships with care teams as essential. It is imperative that health care personnel be aware of and share support resources, such as support groups and exercise programs. Health care personnel should have familiarity with the lifestyles of older adults; one source of information is by clients sharing their stories as to how they cope (Withnall, 2017).

This study examined how older adults who crafted quilts experienced quilting and its impact on communication with their health care providers. Empowerment theory, particularly health empowerment was the framework for this study because

empowerment can be the result of mindfulness being engaged. Mindfulness is an element of creativity that propels individuals forward and can have impact on various areas of their life. As older adults gain empowerment through increased problem-solving skills and successes, this development can then be applied to their health and health care decisions. Medical social workers can employ their own skills in supporting older adults to strengthen their decision-making capability, particularly with health care choices. As medical social workers practice, it is important that they understand the importance creativity and mindfulness have in individuals' lives, and how these activities may be used to enhance their aging. With a recognition of the relationship between mindfulness and health through the lens of empowerment, social workers can employ their own communication skills and use the information that older adults provide to inform more effective social work practice.

Literature Review Related to Key Variables and/or Concepts

Creativity

Creativity can be studied from diverse perspectives, including cognitive, problem-solving, expertise-based, and systems (Kozbelt et al., 2010). The systems theory is one of the major social work approaches, so creativity was examined from this perspective. In exploring creativity, some seminal literature was also considered, providing a deeper understanding of the concept of creativity and some of the original thinking about it. It also contributed to an understanding of how the concept of creativity had evolved and how it had been used in current practices, such as expressive therapies. Creativity cannot be considered as a single entity, but rather as a concept emerging from interacting

subcomponents (Kozbelt et al., 2010). Each of these subcomponents should be considered to gain a rich, meaningful understanding of the concept of creativity. For an artist, the subcomponents might consist of their goals, reasoning, and background, all within the person, and it is these things that contribute to the creativity (Kozbelt et al., 2010). However, considering creativity from a systems perspective not only involves personal skills, but also the opportunities that are present in the individual's environment (Csikszentmihalyi et al., 2018; Csikszentmihalyi & Robinson, 1988). So, creativity is a result of the energized force which is developed through an individual, their knowledge, and the medium in which they practice (Csikszentmihalyi, 1996; Csikszentmihalyi et al., 2018).

In a study by Reed (2005), creativity and individuals' perceptions of it over time were investigated. Twenty-one visual artists, ages 53-75, were interviewed or participated in focus groups (Reed, 2005). Results showed that creativity did not decline over time, but rather reflected the life-span developmental theory. The researcher's findings in that study supported the idea that the process was perhaps more critical than the result (Reed, 2005).

According to Sinnamon et al. (2012), Csikszentmihalyi was a major contributor to the study of creativity. He contended that there were nine dimensions of creativity, which include defined goals, feedback, and a balance between skill and challenge (Guo et al., 2016). Furthermore, Csikszentmihalyi (1997) delineated five steps that were involved in the process of creativity. The first step in preparation was developing an interest and curiosity about the activity. This was followed by a time of incubation when ideas were

contemplated in one's mind. This period widely varied, from hours to weeks, and had been considered the most profound time of the creative process. The third phase of the creative process was insight, when it became clear as to how the individual wanted to proceed with the idea. The fourth component was an evaluation when the individual considered whether or not the idea was novel and worth pursuing. The final phase of the process, which was the completion of the project, involved monitoring feelings and goals, as well as maintaining current knowledge of research and the opinions of colleagues (Csikszentmihalyi, 1997).

Csikszentmihalyi (1997) also developed the flow theory. While he was studying the creative process during the 1960s, he noticed how artists would single-mindedly pursue work on a project while disregarding bodily needs (Kozbelt et al., 2010). However, when the project was completed, the artist would quickly lose interest in it (Kozbelt et al., 2010). In order to better understand this extrinsic motivation, Csikszentmihalyi proceeded to interview individuals who were creative in a variety of ways, with the defining factor being that enjoyment was derived from the activity itself (Nakamura & Csikszentmihalyi, 2014). Two conditions of flow were: challenges that stretch skills and clear goals, and immediate feedback about progress made (Nakamura & Csikszentmihalyi, 2014).

Csikszentmihalyi (1993) indicated that flow provided us with definite benefits, including enhanced quality of life, peak performance, high self-esteem, stress reduction, and creativity. He thought that the reduction of stress led to fewer health problems, more strength, and more sense of control (Csikszentmihalyi, 1993).

The flow theory continues to be utilized in most recent research in the fields of education, psychology, and sport (Guo et al., 2016; Sinnamon et al., 2012). Flow has been associated with effective sport, as it makes a positive connection with engagement, enjoyment, and motivation (Swann et al., 2018). Research has also looked at older women, particularly supporting creative flow that can contribute to well-being and enhanced health for them (Cohen, 2006; McHugh, 2016).

Along with these disciplines, work has also been studied to understand how it results in well-being (Ilies et al., 2017). The flow theory has been considered in this situation, that is, the workplace, because the experience itself is deliberated along with skill and task difficulty (Ilies et al., 2017). In another study that considered flow at work, the researchers concluded that flow is highest at work; however, leisure activities are only slightly less engaged in the flow process (Engeser & Baumann, 2016). Engeser and Baumann (2016) recommended that individuals should participate in activities where they experience flow. This research supports the current study, as the flow theory is a vital force that is interwoven throughout an individual's life. How that flow is utilized may positively impact the lives of older adults.

Origins of Creativity

Entire civilizations have been defined by the work of creative geniuses who were alive and productive in a particular period (Simonton, 1999). Engravings from the Middle Stone Age II were found in caves in South Africa, with artwork dating back between 85, 000 and 100,000 years ago (d'Errico et al., 2012). Ancient Greece profited from the achievements of many creative individuals such as Homer, Plato, and Hippocrates.

Modern European culture benefited from creative thinkers like Galileo et al. (Simonton, 1999). Other high cultures throughout the world had their beginnings formed by individuals with great creativity. A civilization was enjoying a golden age when creativity in different disciplines was flowing freely, a silver age when creativity was flowing less freely, and a dark age when little creativity was occurring (Simonton, 1999).

Early works concerning creativity included writings by Plato and Aristotle, and a story of the working habits of Euripides (Ghiselin, 1986). In the next 2,000 years there were writers who touched on the subject, but in the early 19th century interest in creativity increased. To understand the individual and creativity better, Ghiselin (1986) compiled a collection of writings by individuals who had been creative in numerous areas, from music to mathematics. These short essays have provided the reader with insight into the thought processes of individuals who have been able to articulate how their creativity evolved (Ghiselin, 1986). The well thought-out observations of these artists provided the reader with a better understanding of how they defined creativity, how it originated as well as defined itself (Ghiselin, 1986). One example of this expression was found in the writing of Poincare (1908), who wrote that the creative process began with a problem in search of a solution: the creator experienced conscious preparation, thinking about the creation until a standstill or incubation occurred, then a bolt of illumination ensued, and direction for the project was manifested (Simonton, 1999).

Creativity has been described as a basic necessity for all who depended on civilization (Haslam et al., 2013). Not only have businesses relied on the creativity of humankind, but it served a function for persons and society: through the years, humans

have developed capacity for culture as well as shared norms and values that led to shared meaning (Haslam et al., 2013). This was an interesting paradox, as people needed shared experience and conformity, yet simultaneously wanted to be creative and different. Further, it had been suggested that personality characteristics as well as environmental factors both impacted creativity to varying degrees (Haslam et al., 2013). More recently, organizational research had determined a connection between social networks and individual creativity: having access to diverse informational resources impacted individuals and what they thought and knew (Chua, 2018). One theory of the origin of creativity indicated that behavior enhanced the ability of a creature to adapt and was favored by natural selection: because humans exhibited more creativity than other species, humans could fill niches and be far more diverse than any other creatures (Simonton, 1999).

In his seminal work, *The Phenomenon of Man,* de Chardin (1959) discussed the evolution of man. His writing brought the importance of the environment's impact upon man's evolution into sharp focus: he included geographical and climate considerations as well as cultural and racial influences (de Chardin, 1959). Moving along in the evolution process, the taste for life spurred man on to invent and create in an ascent that moved toward greater and greater consciousness: de Chardin believed that there was nothing on this earth that could prevent a man from craving more knowledge or from having the desire to create (de Chardin, 1959). Having established some components of the history and origin of creativity, the characteristics of creativity was examined.

Characteristics of Creativity

Guilford (1973) noted 15 characteristics found in the creative adult that included among others flexibility, elaboration, originality, curiosity, reflection, and a sense of humor. These traits, coupled with imagination and problem-solving capabilities, all contributed to the process of creativity (Guilford, 1973).

In his book *The Courage to Create,* Rollo May (1975) considered creativity and wrote that although creativity was a part of our very being, it will continue to remain a mystery to us. Creativity presses us forward in our evolution as human beings, using our awareness in this growth (May, 1975). May (1975) believed that creativity was necessary to perpetuate living and society, as it allowed the birth of new forms, symbols, and patterns. On an individual level, creativity was the vehicle used for the act of self-actualization. Another way of considering creativity was the moment an individual experienced a breakthrough of an idea or an epiphany (van Iterson et al., 2017). These ideas were not borne in an instant, but rather came from time spent in contemplation (van Iterson et al., 2017).

Carl Rogers (1961) considered an additional characteristic of creativity, namely, the relationship between the individual and available materials. He believed that distinctions regarding the degree of creativity could not be made, but creativity had the ability to propel any individual toward self-actualization. Rogers (1961) identified some conditions that were favorable for the creative process to take place. These included an individual being open to experience, having both an internal locus of control, and an ability to explore concepts and elements. Creativity cannot be forced, but it must be

nurtured, with the provision of psychological safety and freedom. This psychological freedom could be nurtured by unconditional acceptance, the absence of external evaluation, and empathy (Rogers, 1961).

Having worked with many individuals throughout the years, Rogers (1961) studied "the good life" and what constituted the definition of this life. He believed that this was a direction rather than a destination; he felt that it could occur when there was freedom from a psychological standpoint for the individual to move in any direction of their choosing. Although this was purely choice, the direction that was chosen was frequently shared with many other individuals. One characteristic that was often found in describing "the good life" was being open to experiences. This person was aware of their feelings. Awareness of feelings included those with negative connotations, such as fear and pain (Rogers, 1961). Such individuals had the capacity to live in the moment without fearing what may happen next. They understood that life was fluid and unpredictable: humans were participants and observers rather than being in control (Rogers, 1961).

Natalie Rogers, Carl Roger's daughter, carried on his legacy and work by founding the Person-Centered Expressive Therapy Institute in 1984 ((N. Rogers, personal communication, April 21, 2003 as cited in Sommers-Flanagan, 2007). By incorporating person-centered principles into her work, Natalie Rogers encouraged therapeutic growth through art, movement, writing, and music. The person-centered theory encouraged new experiences as well as crediting the individual with knowing what was best for their situation.

Oatley (2004) concurred that one of the factors that affects our creativity was our emotions. Affecting our emotions was the society we live in and the ideas and concepts that were generated in society. In general, studies have shown that a happy mood can aid in facilitating creativity.

The process of taking knowledge and constructing understanding required creativity (Richards, 2007). Taking this view, creativity was an everyday phenomenon and was useful in many ways, such as adjusting to changes within a given day. Individuals have specialized expressions of originality in different domains every day. Even though personal creativity was a part of most individuals, creative self-expression skills were not used or developed by everyone.

Much study has been done regarding human brains and what makes humans different from other species (Lieberman, 2013). Neural structures that have been modified very slightly have resulted in cognitive flexibility indicative only of humans (Lieberman, 2013). In addition to having the ability to learn large amounts of information, humans can adapt to and induce change: this flexibility allows cultures, behavior, and concepts to be designed continuously (Lieberman, 2013). Different aspects of behavior, such as language, math and music abilities, and social skills, are governed by domain-specific modules: this is the theory of modularity (Leiberman, 2013). Leiberman asserts that humans are interested in a range of activities that make up art, music, dance, paintings, and fashion. Fashionable objects are, in a sense, art that is accessible to almost anyone. It is difficult to determine the difference between art and fashion, except that each is judged and labeled by the individual. Art and

fashion are reflective of human nature's value of aspects that may be functional yet provide enjoyment (Leiberman, 2013).

In 2004, Boden delineated the difference between historical creativity and psychological creativity (Picciuto & Carruthers, 2014). Historical creativity related to an entire society or historical event while psychological creativity related to an individual. Historical creativity was rare compared to psychological creativity, which was widespread and a trait that almost all humans possessed. Psychological creativity may be broken down still further into agent-relative and agent-neutral forms. Agent-relative creativity referred to the novelty of ideas or behavior that were valuable in a communal sense but had not risen to the level of historical creativity; the agent alone on the individual level can help us better understand how historical creativity evolves (Picciuto & Carruthers, 2014).

Boden (2009) further proposed that there were three types of creativity. The first type was to take familiar ideas and incorporate them in fresh combinations. Constructing these combinations may be intentional or unconscious. Another type of creativity was exploring conceptual spaces; these were not original thoughts but were taken from social groups or other cultures. This exploration was born out of an area that was already known, but there was potential to think about it in a different manner. The third type of creativity was transforming the space, which was taking a space that was known, but changing it in some way. This occurred when a style of thinking was changed and these changes in perception can assist something in being created (Boden, 2009).

In his book *The Origin of Ideas,* Mark Turner (2014) wrote about how individuals blended old ideas to create new ideas, so this blending was the origin of these ideas. Our brains were continuously working to blend ideas, and this fusion depended on factors such as memory and perception. Flexibility and systematic consideration lent themselves to blending; it was an ability that had been found only in humans. This characteristic brought increased understanding and creativity (Turner, 2014). This blending process was ongoing and dynamic and brought a combination of hope and uncertainty into the dynamic of creativity.

Tanggaard and Wegener (2016) echoed the postulation set forth by Turner that those old ideas do impact creativity as it relates to health care. By looking at two studies, Tanggaard and Wegener (2016) surmised that desired change appeared to be more critical than newness, that is, identifying the innovation in each day as well as recognizing the value of inspiration that was derived from old ideas. After exploring some of the characteristics of creativity, the domains of creativity were examined.

Domains of Creativity

Howard Gardner is a developmental psychologist who offered the theory of multiple intelligences through his book, *Frames of Mind: The Theory of Multiple Intelligences*, published in 1983 (Anderson, 2017). Gardner (1983) suggested that individuals had different domains of intelligence that were independent of each other. These intelligences were widely adaptive and could be used in different ways by an individual and by a whole culture. Originally seven intelligences were identified by Gardner (1983): linguistic, logical-mathematical, musical, bodily-kinesthetic, special,

interpersonal, and intrapersonal. Naturalistic and existential intelligences were later identified as additional domains (Jung & Chang, 2017). These domains are discussed further in the following paragraphs.

Linguistic intelligence referred to abilities that had to do with sounds, rhythms, and functions of language (Baer, 2017). It was believed that everyone possessed this intelligence to some degree, as it was seen in an individual's sensitivity to the different functions of language (Lunenburg and Lunenburg, 2014). Musical intelligence was the domain dealing with rhythm, pitch, timbre, and expression in music (Baer, 2017). There was evidence that supported the idea that musical training enhanced both untrained related and unrelated skills (Benz et al., 2015). Some examples of this were bilingualism (Bialystok et al., 2012), meditation (Lippelt et al., 2014), and enhanced executive function (Benz et al., 2015).

Logical-mathematical intelligence were abilities that can found logical and numerical patterns as well as identified chains of reasoning (Baer, 2017). Creative thinking skills facilitated problem-solving skills and provided an individual with an understanding of relationships, linkages, and inductive and deductive reasoning (Aini, 2017). Spatial intelligence involved abilities regarding the visual-spatial world as well as the transformations that occurred within it (Baer, 2017). This spatial sense was the ability of an individual to search the visual field and perceive shapes and positions of objects, shape representations of these forms, and manipulate these forms as desired (Muyadi et al., 2018).

Bodily-kinesthetic intelligence referred to the control of one's body movements (Baer, 2017). These individuals processed information through the body, as well as processed emotions through movement and dance (Tamilselvi & Geetha, 2015). Interpersonal intelligence was the ability of an individual to understand and respond to the emotions and moods of others (Baer, 2017). Intrapersonal intelligence was evident when an individual was keenly aware of their own feelings and motivations, could assess strengths and weaknesses accurately, and drew from this assessment to guide behavior (Baer, 2017). Individuals with strong interpersonal skills will be able to communicate and work well in groups, while strong intrapersonal skills will aid an individual in understanding the goals and purpose of their own life (Azid & Yaacob, 2016).

The naturalist intelligence, acute awareness of features of the environment, was added later than the other intelligences (Baer, 2017). Individuals with high naturalistic intelligence were sensitive to the environment around them and could identify flora, fauna, weather, and seasons (Tamilselvi & Geetha, 2015). Another added identified intelligence to Gardner's multiple intelligences was existential, which was being fully aware of the cosmos, and all that that entails (Tamilselvi & Geetha, 2015). Individuals with a high aptitude for this intelligence could see the "big picture" and look for connections across a wide area: they felt like they belonged to a global community.

Gardner (2011) viewed the creative process as requiring three components: relationships between the child and master, an individual and the work in which they are engaged, and the individual and other people in the world.

Gardner (2011) asserted that creative activity grew from the individual and their employment, as well as from the social support the creator had with other individuals. Although empirical and anecdotal breakthroughs in creativity were believed to occur in the earlier decades of life, Gardner (2011) further contended that with increasing longevity of individuals and the ability to remain engaged with society, a creative breakthrough might well occur far into later life. He further maintained that different experiences and sensations in an individual's childhood were part of the creativity process and contributed to the creation (Gardner, 2011).

There was also the belief that, when looking at creativity from a developmental perspective, one examined the lifespan, and focused on what occurred when a creative breakthrough was manifested (Gardner, 2011). The time of creative breakthrough was highly charged from affective and cognitive standpoints. In a study by the Berkeley Institute of Personality Assessment, researchers found that some common personality traits of creative individuals included independence, self-confidence, and unconventionality (Gardner, 2011). Despite the differences in the creative tasks of scientists and artists, seven themes recurred in the development of a creation. These included universal experiences in childhood, initial interest and then sustained mastery of a domain, creation after the mastery had been achieved, and the ways the creator went about a program of exploration (Gardner, 2011).

Further, individuals supported the creator by surrounding them while they were in isolation: The act of a new symbol system, language, or expression, the reactions of critics, and subsequent innovation often occurred in middle life (Gardner, 2011).

Individuals with strong intelligence in these areas were interested in patterns and order, although this was expressed in different ways. Gardner (1983) reminded us that besides the individual and their strengths, history, politics, and current culture must also be taken into consideration. The theory of multiple intelligences remains viable in current literature and has been implemented into educational programs throughout the world (Anderson, 2017).

Gardner's *Frames of Mind*, written in 1983, inspired studies in the classroom (Gardner, 1993). Gardner believed that his theory changed the nature of conversation: much work was occurring not only in finding new ways to evaluate work, but also in how to be responsive in capitalizing on these intelligences. Critics of this theory suggested that there was not enough empirical evidence to support it: there was only a dominant intelligence that included a variety of abilities (Anderson, 2017). Linda Gottfredson refuted Gardner's multiple intelligence theory, indicating that testing supported an overarching intelligence (Armstrong, 2009; Gottfredson, 2004). James Collins argued that multiple intelligences theory was weak, as it was not supported by research (Armstrong, 2009; Collins, 1998).

Other individuals have distinguished additional intelligences, however: one of those most recently identified was emotional (Goleman, 2017). One model of emotional intelligence consisted of four domains, which were self-awareness, self-management, social awareness, and relationship management. Within these domains, twelve competencies included adaptability, empathy, conflict management, and emotional self-awareness. The value of considering emotional intelligence was being able to recognize

strengths as well as to identify areas that could be further developed (Goleman, 2017).

Spiritual intelligence was identified as yet another intelligence (Zamani & Hajializadeh,

2015). This construct was the pursuit of holiness and awareness, and the application of

these values toward concern for human welfare. The basic theories of creativity will be

explored next.

Basic Theories of Creativity

Three major theories regarding creativity are: behavioral, psychoanalytic, and

cognitive (Simonton, 1999). The behavioral theory came from Epstein's generativity

theory and proposed that creativity was not new ideas that were sustained, rather new

ideas that stemmed from old ideas and together formed new thoughts (Simonton, 1999).

Teresa Amabile was instrumental in considering creativity and behavior by looking at the

workplace (Britzman, 2012). She believed that intrinsic motivation led to productivity, so

environment affected behavior and an individual's functioning (Liu et a, 2016).

Another area in which creativity and behavior had been studied was the classroom

(Forgeard & Kaufman, 2016). Arts-based teaching was founded on Gardner's multiple

intelligences theory. In using this method educators were encouraged to design

instruction by incorporating the arts to enhance learning (Pool et al., 2011). In his work,

Gazzaniga (2008) supported the idea that arts-based teaching enhanced cognition,

motivation, and attention (Pool et al., 2011). Russ (2014) wrote about the connection

between children's play and the adult benefits of creativity. Through both activities,

affective processes were activated (Russ, 2014). These processes included openness to

affective states, and an affective pleasure in challenge and problem-solving (Russ, 2014).

Pedagogy that fused arts-based training, group collaboration, and social activism was found through the program WOUND (Berg, 2018). This program offered an alternative way of viewing the present and using imagination to consider possibilities for the future (Berg, 2018). Although individuals agreed that creativity in school was important, more research was needed to explore how the benefits manifested themselves (Forgeard & Kaufman, 2016).

The psychoanalytic theory was taken from Freud's work: creativity being born from Freud's typology, the primitive process, and the primitive part of the mind, or the id, and ruled by unconscious desires that cannot be contained through reasoning (Simonton, 1999). Freud posited that the id was the source for energy and passion, and its primary goal was to satisfy an individual's desires (Simonton, 1999). Psychologists perceived creativity as being an act of divergent thinking, or creative people seeing multiple responses to a problem or idea (Gardner, 2011). Freud purported that creative people focused their libidinal energy into creative projects (Gardner, 2011). Although this could be said of non-creative people as well, Freud was instrumental in framing this concept about creative people. Melanie Klein (1975) practiced psychoanalysis and wrote about children using drawing and painting to turn destructive wishes into restoration. When fears were alleviated, then destructive thoughts became less intense and more manageable, and energy could then be directed to more productive thoughts and activities (Klein, 1975). She believed that this was true as children progressed into adulthood and lived their lives. Marion Milner, a psychoanalyst and painter, contributed to religious studies as she posited that there was a strong connection between mystical experiences

and creativity (Raab, 2003). The cognition theory suggested that there was a methodical, logical approach to which particular rules were applied as problems were worked through and answers were formulated (Simonton, 1999). Different forms of creativity required different proportions of divergent and convergent paths. Divergent thinking looked at an expansive way in which to view how ideas were generated, while convergent thinking narrowed the possibility from a wide array of alternatives (Cortes et al., 2019). For example, scientific creativity uses convergent thinking while artistic creativity benefits from divergent thinking (Simonton, 1999).

Theresa Amabile is a researcher who has studied creativity and innovation. In one study she demonstrated that emotions, perceptions, and motivations influence creativity (Amabile, 2018). One factor in achieving satisfaction was that progress was made in the creativity endeavor (Amabile, 2018). Further, individuals who experienced creativity and a variety of emotions also reported that creativity enhanced the quality of their lives (Amabile, 2017).

One direction for study of cognition and creativity was education and the embodiment theory (Zohar et al., 2017). This theory, with roots in Vygotsky's work on sensorimotor reasoning, considered sensorimotor problem-solving (Zohar et al., 2017). The study of cognition and creativity advanced into the field of artificial intelligence (Ackerman et al., 2017). Computation creativity allowed for students to study both human and computer creativity, stretched their own creativity (Ackerman et al., 2017).

Another theory, the cumulative-advantage, gave no credence to the environment or predisposition, but rather variable influence involving luck and timing (Simonton,

1999). Donald Campbell developed the variation-selection theory regarding creativity, which generated and separated numerous possibilities of creative potential (Simonton, 1999), This theory suggested that individuals were a product of both biological and social evaluation, and that the impulses that were experienced were good and should be pursued rather than repressed (Campbell, 1975). Another theory was sociocultural determinism, which stated that multiple scientists have sometimes made discoveries at, or nearly at, the same time (Simonton, 1999).

Vygotsky (2004) determined that two types of activity originate from the brain: reproduction and creativity. He believed that creativity was the activity that allowed an individual to use their imagination and develop thoughts and interpretations of cultural, scientific, artistic, and technical creations. Vygotsky asserted that the combination of collective creativity would not have much impact separately, but in mass it generated new ideas, concepts, and works: as many paintings and inventions were created by unknown individuals, then it must follow that creativity is a part of every individual and is an essential condition for existence (Vygotsky, 2004). Vygotsky (2004) further theorized that this activity was immensely complex and was not quickly developed, but rather slowly and gradually developed into more complex forms: each stage of development formed its own characteristics and was dependent on other human activity. Vygotsky's theory provided a better understanding of the impact of collective creativity and how individuals shared synchronous activity (Vygotsky, 2004). One activity of creativity was quilt making, as this provided individuals with a means of expression. This was an

activity with limited research, yet further examination potentially provided an understanding of this art form and its impact on mindfulness and communication.

Creativity continues to be studied. Scholars recognize that this theoretical system is emergent and can educate and enlighten us on the importance of this concept (Glaveanu et al., 2020). Creativity is multi-dimensional and is borne due to many different influences; further, it is wholly relational, because whether something is created in solitude or in community, it reflects collaboration in some form (Glaveanu et al., 2020). Creativity is necessary for society as it encourages exchanges of ideas and social change for all levels of society (Glaveanu et al., 2020). In a study by Novak-Leonard et al. (2022) creativity was examined through the lens of the general public. Results indicated that the public viewed creativity as innovation and could be accomplished through problem-solving and bringing something to fruition (Novak-Leonard et al., 2022). The authors posit that policy, support processes, and environments could foster creativity through engagement with the arts and encouragement of innovation (Novak-Leonard et al., 2022).

Quilt-Making

The history of quilt making dates back thousands of years, with origins in Asia and Europe (MacLean, 1980). Quilting was also found in Egyptian, Chinese, and Persian culture. It was brought into Europe by the Crusaders (Hedges, 2014). One of the earliest quilts was from Sicily in the 15th century (Duke & Harding, 1987). The Egyptians, Chinese, and Turks used quilts for warmth and cushioning under their armor; Europeans used quilted petticoats and undergarments in the 15th century (Duke & Harding, 1987).

With the advent of cloth material, bed quilts and quilted clothing were made; these skills were brought to colonial America by English and Dutch settlers (MacLean, 1980). Quilting moved through several different phases, from using different sized pieces to intricate patterns representative of different regions (MacLean, 1980). Although quilting has been an international pastime, Americans have developed the art and have explored the creative nature of it (Duke & Harding, 1987).

Before the Industrial Revolution, quilts were constructed by wealthy women and were considered an aristocratic art (Shaw, 1997). The intent was for them to be displayed and not used as a practical object (Shaw, 1997). Different cultures expressed quilt making in different ways; the mid-Atlantic region of the United States developed appliqued quilts, while women in rural areas of the Midwest and South crafted quilts for necessity and their limited income narrowed fabric choices (Shaw, 1997). Make-do quilts were associated with the African American culture, but it was also indicative of the products of white women due to economics (Shaw, 1997).

During the settlement of America, pioneer women quilted for warmth and expression of creativity (Dahlstrom, 2002). Quilts constructed during the Civil War were largely made for soldiers and fund raising for the abolitionist interest; quilts made before and after the Great Depression were examples of the quilters' love of the art (Dahlstrom, 2002).

In early America, quilts were usually made of discarded material, and were pieced together by women who had some memory and narrative of the material (Lawton, 2010). Cloth was scarce in the Colonies in the seventeenth and early eighteenth-century

(Hedges, 2014). Imports from Europe were costly, so scraps were salvaged from worn items and saved, then reused in the quilts (Hedges, 2014). In this era, quilting was the major creative outlet for women (Hedges, 2014). Quilting was a communal act, frequently carried out in the company of others and became a time to use a skill while sharing conversation and comfort (Lawton, 2010; Simpson, 2003).

Quilting was a type of personalized American folk art (Duke & Harding, 1987). There were patterns that were desired throughout the country, such as the popularity of crazy quilts in the last quarter of the 19th century (Sauvion, 2019). Another example was that in the 1920's and 1930's there was an interest in oriental or exotic design (Hanson, 2006). This impacted change and was evident in the naming of patterns rather than being reflected in the style of quilts (Hanson, 2006). This, as well as other styles, were shared through magazine advertisements, department stores, catalogs, and literature (Hanson, 2006). This craft evolved with this country's evolution and reflected specific points in history (Duke & Harding, 1987). Through quilting, we have learned about math, design, and color; but we have further learned about politics, history, and human struggle by way of the depiction of important historical events in history (Sauvion, 2019). One example of this was the story of quiltmakers in Gee's Bend, Alabama, an area that struggled with the civil rights movement (Callahan, 2014). Callahan (2014) described how the quilts were a reflection of society at that time of traditions and occupations, while implementing nature and the Bible.

Quilts have long thrived in the central states and have been one of the few household items that women have had full control over (Duke & Harding, 1987). Women

with limited mathematical knowledge were able to plan and execute intricate patterns into creative designs (Duke & Harding, 1987). Not only were quilts creative in colors and patterns, but they have been made from a variety of materials and textures, such as cigarette silks, cigar ribbons, tobacco sacks, old neckties, jean pockets, and cloth bags that once contained liquor bottles (Kansas Quilt Project, 1987).

The art of quilt making has experienced renewed interest in the last 60 years in the United States (Cerny et al., 1993). This textile tradition was enjoyed by both sexes, but primarily by women, and reflected a visual accounting of the social aspect of women's lives (Cerny et al., 1993). Quilt making served to record womens' life experiences and brought together technical and aesthetic decisions through the process of designing and executing the product (Cerny et al., 1993). Quilting bees and events featuring quilts were a few of the socialization opportunities quilting provided that raised money for the American Red Cross (Duke & Harding, 1987). Quilts were made for an array of occasions celebrating important stages in life, including wedding quilts, freedom quilts made for young men when they turned twenty-one (Duke & Harding, 1987). Quilts have been crafted as individuals expressed their creativity, nurtured friendships, and expressed their opinions and feelings (Kiracofe et al., 1993).

Quilting was a symbol of skills and experience passed from one generation to another (Nurse-Gupta, 2018). It underscored important values, including independence, self-sufficiency, improvement, and thrift (Nurse-Gupta, 2018). The quilt served as an outward expression of a quilter's character, and represented individual creativity, familial accomplishments, and larger goals that were able to be displayed in a single object

(Nurse-Gupta, 2018). Quilting can impact communication, build respect, and develop an understanding and appreciation of differences (Lawton, 2010).

The world of quilt making was diverse and included many kinds of quilters (Shaw, 1997). No other art has brought together so many people (Hedges, 2014), It was a craft that could be practiced by individuals from different socioeconomic groups, cultures, and educational backgrounds (Shaw, 1997). Most people were familiar with quilts, and often think of them as 'labors of love' with a feeling of softness, a sense of connection to home, and the virtue of patience (Gunn, 2011). However, they have achieved iconic status in America, and represented the work of an individual or group and reflected deals and goals that were held in esteem through the years (Gunn, 2011). Quilting together provided a broadly nourishing social function and was more representative of a culture or society than of an individual (Hedges, 2014).

When considering mindfulness and quilting, there was some research regarding the impact quilting had on mindfulness. In an article by Biggers et al., (2020) mindfulness interventions in the African American population were discussed and highlighted the success of practicing mindfulness due to high levels of psychological stress reported by this population. Mindfulness practice in the general population was shown to positively affect psychological health outcomes (Goldberg et al., 2018; Goyal et al., 2014; Khoury et al., 2015; Khoury et al., 2013), and served as a buffer to health-related stressors (Biggers, et al., 2020; Creswell & Lindsay, 201). A few articles were not research-based but supported a positive correlation between quilting and mindfulness. Davis (2018) wrote about lawyers using handcrafts, including quilting, to relax and

experience enjoyment. There was a similarity in practicing law, as it forced one to look at the larger picture, to contemplate goals, and imagine the successful completion of the project (Davis, 2018). Attorneys reported that crafting allowed them to step back from working through legal strategies; they worked with their craft, let their mind relax, and subsequently they were able to return to work refreshed with a new perspective (Davis, 2018). In her book, *Slow Stitch and Mindful and Contemplative Textile Art*, Wellesley-Smith (2015) encouraged mindfulness by slowing the stitching process down with intentional hand-stitch rhythms and stitch journals.

Spirituality and Creativity

The connection between creativity and spirituality was substantial and was examined for this proposed study. In *The Divine Milieu*, de Chardin (1960) wrote about the divine relationship between the universe and man. He perceived that humans had an active side, as well as a side in which they sat back and experienced their present situation. And, with both sides, there was the presence of the Lord. Further, the word activity was used to describe something that was ordinary or an everyday occurrence. de Chardin (1960) identified the expansion of our energy as our obedience to the desire to be as well as to grow. If we fully developed our activity, the divine presses in on us and is available to become an intricate part of our lives. de Chardin (1960) posited that God waits for us in every instance of our actions, or the work of the moment. Therefore, action either made the activity holy or at least provided the Christian with a better understanding of life (de Chardin, 1960).

The definition of spirituality did not embrace one particular religion but included the variety of ways the aesthetic and sacredness of an experience was lived (Habron & van der Merwe, 2017). Habron and van der Merwe (2017) examined selected writings of Emile Jaques-Dacroze and explored the connection between spirituality and creativity. Four themes that emerged were: corporeality, relationality, temporality, and spatiality. Corporeality included creativity and sensory experience, while relationality included connection and meaning. Temporality consisted of journey, flow, eternity, and joy, while spatiality referred to awareness, transcendence, awe, and wonder (Habron & van der Merwe, 2017). The idea was that creating beauty could release a potentially spiritual experience, which would, in turn, increase spiritual well-being (Habron & van der Merwe, 2017).

It was documented how the deterioration of mental health was often the result of ineffective coping: this stress could affect the body adversely by changing the neurochemistry of the body and producing dangerous transactions with the environment (Corry et al., 2014). Effective coping could help prevent poor mental health, promote health, and aid in recovery. When individuals combined creativity and spirituality, these capacities worked together to amplify mental health benefits through more effective coping. Spirituality is multi-dimensional and is understood by the observations of different dimensions. The goal is to uncover a different perspective, to rise above the current situation, and to reconnect with that which is sacred, as well as to regain hope and validate the meaning of life (Corry et al., 2014).

Creativity considered a form of spiritual expression. Furthermore, these concepts, creativity and spirituality, were interrelated, for each can bring about the feeling of the other (Corry et al., 2014). Characteristics of the interdependent concept were stronger resilience, reduction of stress, and encouragement of health and well-being. These constructs were effective agents of change in themselves and became ever more powerful when used in tandem. Health care professionals should be aware of the potential that this transformative coping can provide and encourage patients to make conscious choices to engage with opportunities to express their creative and spiritual natures (Corry et al., 2014).

Creativity and Health

Researchers have found in their studies that creativity benefits health and well-being (Fox, 2013). It is believed that art and music interventions aid in bodily recovery, pain control, and reduce the stress that can positively impact blood pressure and heart rate (Fox, 2013). Additionally, when stress and depression are reduced, chronic disease and cognitive decline can also show curtailment (Cantu & Fleuriet, 2018). One of the benchmark studies of creativity and health was the creativity and aging study by Cohen et al. (2007). This study demonstrated that adults over 65 who participated in art intervention reported an improvement in both physical and mental health (Cantu & Fleuriet, 2018). Benefits included increased social networking, sense of control, improved mental agility and positive emotions, reduced depression, fatigue, stress, and provided an outlet for expressing grief. Participants in the study reported that their ability to focus increased due to their involvement in creative activities, which had implications

for enhanced brain health (Cantu & Fleuriet, 2018). Cohen et al. (2007) further noted that as the view of aging changed and the concept of successful aging developed, the opportunity for potential to be realized was recognized. The authors of the creativity and aging study also supported significant positive differences when individuals were involved in exercising their creativity. Benefits included health promotion, disease prevention, help in the maintenance of independence, reduction of dependency, and the abatement of the need for long-term care.

The Psychoeducational Approach to Transcendence and Health Program is a psychoeducational intervention that was developed to promote well-being in older adults (McCarthy et al., 2015). A pilot study examined the effectiveness of this program, which included practicing mindfulness, and looking at group process, relationships, spirituality, and creativity. The authors of the study concluded that theory-based assumptions were appropriate; the intervention may encourage individuals to be mindful of self-care and develop new skills that promote health and well-being (McCarthy et al., 2015). In a longitudinal study of older adults over 10 years, Fancourt and Steptoe (2018) found that an active, socially engaged lifestyle might inhibit cognitive decline. They noted that participation in the arts supported this engagement because it enhanced individuals' cognitive complexity and mental creativity.

Communication with health care staff was critical in developing a health care plan that accurately reflected the needs of the patient. From the results in a co-design work considering frail older patients in an acute setting, the authors concluded that communication of information from staff to patient is an area that should be improved in

service delivery (O'Donnell et al., 2019). Poor communication results in negative care experiences for patients (O'Donnell et al., 2019). In research using qualitative content analysis, authors found that health care personnel varied in ability to be effective communicators (Broström et al., 2017; Dwamena et al., 2012). The 4 Habits Model, which includes investing in the initial and final contact, gaining the patient's perspective, and demonstrating empathy, implies patient empowerment and supports patient-centered care. Researchers found barriers in all four stages of the 4 Habits Model and called for additional studies to explore how patients and staff perceived and handled communication before interventions could be designed (Broström et al., 2017).

In Western cultures, there was more of a focus on the medical aspect, with the concept of hope being equated with cure (Pangborn, 2017). However, considering the concept of creativity could provide insight into how it could support hope in an individual's life. It is possible to cultivate hope, even when there is no possibility of cure (Mattingly, 2010). In her research, Mattingly (2010) interviewed the parents of terminally ill children within the African American community. Her focus was on hope, and she found that this component was critical in building communities of hope that included health care personnel, families, and children. Some of this aspiration was manifested by becoming involved and active in policies that shaped health care (Mattingly, 2010). Another component of hope, however, was the transformative journey that one takes throughout life (Mattingly, 2010). This pilgrimage was the result of a particular narrative in growing up, as well as in cultivating a newer version of oneself, and a movement toward a more independent self. This hope was necessary for an individual to envision a

feeling of personal competence, psychological well-being, and a sense of purpose (Spandler et al., 2007). Creativity may generate positive feelings because seeing a finished product, no matter what the resulting innovation is, may validate an individual's ability to create and reframe their self-concept and value in this world (Spandler et al., 2007).

Communication

How information is communicated was considered in this study. In looking at literature that examines communication, there was information to support the need for health care providers, including social workers, to be aware that a patient should be fully understood. In a study of 421 hospital patients, factors that can increase productive communication were considered (Şahin et al., 2017). Researchers found that the primary reasons for communication barriers are differences in age, gender, educational level, and beliefs (Şahin et al., 2017).

It has been found that good communication between physician and patient has significant impact on health status, programs, and budget (Zolnierek & Dimatteo, 2009; Adelman et al., 2000; Ben-Sira, 1980; Daba-Buzoianu et al., 2018). In their studies, researchers have shown that older adults prefer that those physicians were able to discuss all health problems (Britten et al., 2000; Daba-Buzoianu et al., 2018). Older adults have particularities that increase the importance of their emotional care (Adelman et al., 2000; Daba-Buzoianu et al., 2018). Simple and concrete metaphors are often used to talk about subjective experiences (Demjén & Semino, 2016). When individuals are discussing health and illness, there is often the use of metaphors to describe their perceptions

(Demjén & Semino, 2016). Metaphors can help individuals express themselves and aid in making sense of what they are experiencing: the authors offered the example of metaphor as how individuals with a cancer diagnosis might use the term battling cancer which denotes a fight, or cancer journey which implies a process (Demjén & Semino, 2016). Health care staff need to be cognizant of metaphor use by patients as well as their own use. Caution should be taken when using metaphors between patients and health care staff, because feeling and interpretation need to be taken into consideration (Demjén & Semino, 2016). The following concepts of gerotranscendence and mindfulness needed to be noted in this proposed study as they were important concepts when considering older adults and effective social work practice.

Mindfulness and Creativity

Mindfulness refers to the ability to sustain attention in a focused way that is in the present and is not judgmental of what is happening in that moment (Mohapel, 2018). There is such a sensitivity to that present moment that an individual has an awareness of physical presence, feelings and thoughts that are occurring at that point (Mohapel, 2018). Lebuda et al. (2016) found that creativity and mindfulness had a significant relationship. There was a correlation between creativity and mindfulness, as well as causation in this link that was understood as potential (Lebuda et al., 2016).

Mindfulness contributes to the well-being of older adults in several dimensions (Nilsson et al., 2015). From a physical standpoint, mindfulness is interested in the moment-by-moment states as well as in daily bodily activities (Nilsson et al., 2015). Because of this heightened awareness of the body, overall physical functioning can

improve and provide opportunity for a heightened awareness of any identification of health issues. From a physical standpoint, mindfulness encourages an individual to exercise on a routine basis. From an emotional point of view, mindfulness can impact an individual's health due to its contribution in managing anxiety and stress. Additionally, mindfulness can stimulate and rejuvenate mental functioning (Nilsson et al., 2015).

 As we looked at mindfulness from a social aspect, this practice supported feelings of empathy and compassion (Nilsson et al., 2015). The existential dimension considered how someone looks back on their life and reflects upon how their life has been lived. This exploration of how life has progressed folded into the deliberation of the meaning of life (Nilsson et al., 2015). Soul-searching led to wisdom, which enabled an individual to approach the end of life with positive characteristics, such as curiosity, open-mindedness, and acceptance. When faced with old age or illness, an individual could look beyond themself and transcend beyond circumstances.

Sundararajan and Fatemi (2016) built upon a substantial base of empirical research that reflected an intimate connection between mindfulness and creativity. The authors found that, when cognitive underpinnings could be identified, then theory-driven predictions could be offered along with comparisons between the various models of mindfulness (Sundararajan & Fatemi, 2016).

The connection between creativity and mindfulness included the ability of mindfulness to aid in the flexibility to switch perspectives which had been shown to enhance the creativity of ideas (Baas et al., 2014) Practicing mindfulness enhanced working memory capacity. Another component that mindfulness generated was positive

affect, which is one of the strongest predictors of creativity. Mindfulness has been credited with eliciting more authentic behavior and less concern about the opinion of others (Baas et al., 2014). The benefits of mindfulness and emphasis on immediate experience can support creativity and health.

Active Aging

Active aging has become a focal point of much research in the past 20 years (Socci et al., 2020). Particularly embraced by European countries, active aging has become an overarching goal for countries to address the changing needs of the older population (Socci et al., 2020). The WHO (2002) employs the active aging model in considering the ongoing participation of older adults in various facets of society, including social, economic, and civic (see also Sousa & Barros, 2020). The belief is that active aging can be sustained through strategic actions that support health, participation, security, and learning (International Longevity Centre Brazil, 2015; Sousa & Barros, 2020; WHO, 2002). The goal of improved quality of life is key among the most vulnerable groups (International Longevity Centre Brazil, 2015; Sousa & Barros, 2020; WHO, 2002).

Active aging is concerned with the support of health: focusing on this aspect can aid in preventing chronic conditions such as diabetes, heart disease, and mental ill health (Blondell et al., 2014; Guell et al., 2018; Lee et al., 2012; Paterson et al., 2007; Wen et al., 2011; WHO, 2010). In tandem with the focus on health, active aging also was interested in older adults' productive activity, engagement with life, and lifelong learning (Marsillas et al., 2017).

Research has been done in the area of active aging. A study by Santini et al. (2019) explored active aging in a rural setting by looking at how older adults can benefit from green care activities such as horticulture, gardening, and pet therapy (Santini et al., 2019; Sempik & Bragg, 2013; Sempik et al., 2010). This study found these activities contributed to active aging regarding psychological and mental well-being and social engagement (Santini et al., 2019). In another study by Wlodarczyk et al. (2017), the authors looked at enhancing the communication skills and promotion of active aging of physicians with their patients. Two methods were used: one highlighted physician's communication techniques and the other method displayed the increased understanding that patients are more motivated to actively participate (Wlodarczyk et al., 2017).

In Chapter 3 the research method for this study is discussed. The design, why this design was chosen, the consideration of ethics, the instrument, and how participants were chosen is explained.

Summary

In this literature review, the theories of empowerment and more specifically health empowerment, were explored. These theories supported older adults making choices for their lives as well as their health and health care. Creativity has been identified as one way in which older adults could enhance their well-being and be engaged with their environment. Various facets of creativity were explored, including origins, characteristics, domains, and theories. This was helpful in providing context to this concept and giving deeper knowledge. Quilt making was also examined, from its early inception to the benefits and opportunities it provided to the individuals who

practice the craft. Spirituality, communication, and active aging were also considered as they were all enriched by creativity. The literature clearly supported the assertion that creativity impacts the health of older individuals in a positive manner (Adams-Price et al., 2018; Cantu & Fleuriet, 2018; Fox, 2013; McCarthy et al., 2015; Price & Tinker, 2014; Seo et al., 2016). Mindfulness is a dimension of creativity that facilitates creative flow and inspiration. Researchers also demonstrated the impact mindfulness has on health (Baas et al., 2014; Lebuda et al., 2016; Nilsson et al., 2015; Sundararajan & Fatemi, 2016). Health and the perception of quality of life impact each other; a life that is fulfilling and worthwhile is enhanced by good health (Kazer & Murphy, 2015). Medicare and Medicaid benefits give some protection for expenses for health care services, nursing homes, and long-term care services and support for older adults over 65. However, there remains a great deal of out-of-pocket expenses, as documented through the National Center of Health Statistics in 2015 (Choi & DiNitto, 2018). This center identified that more than 96% of people over 65 had out-of-pocket expenses compared to 89% in the 45-64 age group and 76% in the 18-44 age group (Choi & DiNitto, 2018). While this reflects an increase in health care costs as we age, older adults typically have a substantially lower income but experience more chronic illnesses that require medication, physician care, home health, and hospitalizations (Choi & DiNitto, 2018). Further, when older adults worry about financial costs regarding their care, there is a concern that they may not access needed services or may forgo food or medicines that can help them, and this may lead to continued deterioration of health (Choi & DiNitto, 2018). The costs of health care from a financial standpoint are a consideration, but we also need to recognize

the importance of quality of life for older adults and the importance of fostering good

health in a world where the population is aging (Kazer & Murphy, 2015).

Although the literature reflected many studies that explored creativity,

mindfulness, and health, there was a gap in literature regarding how quiltmakers

experience mindfulness and its impact on communication with medical social workers

and other health care providers. A phenomenological study examining this topic could

provide a greater understanding of this phenomenon and how the impact of mindfulness

on communication can impact the provision of health care to older adults.

The next chapter describes the study, which was phenomenological qualitative in

approach, and was intended to explore how quiltmakers experienced mindfulness and

how it impacted communication with health care providers. Study size, projected

participants, and criteria for selection, interview questions, and method of data collection

will be discussed. The organization of the study and method of analysis will be

communicated.

Chapter 3: Research Method

Introduction

Evidence exists concerning the benefits of creativity in later life (Adams-Price et al., 2018; Price & Tinker, 2014; Tanggaard & Wegener, 201). Researchers have demonstrated that creativity can be fostered in older adults through a variety of activities (Adams-Price et al., 2018). Research further supports the positive impact that mindfulness has on health (Fanning et al., 2018; Fisher et al., 2017 ; Long et al., 2018; Mars & Oliver, 2016). In a study by Parra et al. (2019), participants expressed some benefits of mindfulness training, stating that it provided more awareness of the present moment, less judgment, and a perceived ability to overcome obstacles. In an extensive literature review by Howarth et al. (2019), a solid foundation was established for the successful use of mindfulness for clinical conditions that affect older adults, such as cancer recovery and low back pain, as well as nonclinical conditions including stress.

The goal of this study was to better understand how older quilt makers perceived how their creative activity impacted their communication with health care providers. I will discuss research design and rationale for the research in the first section of this chapter. I will also consider my role as the researcher. In the next section, I will delineate the coding and data analysis, and in the section that follows I will address the use of a data management system. The trustworthiness of this study was considered in the last section of this chapter. Additionally, I discussed ethical considerations regarding both the participants and the collected data.

Research Design and Rationale

The research question was, how does the process of quilt making impact an older person's ability to communicate effectively with their health care providers? I sought to select a method of study that would best capture the essence of mindfulness and the expression of it through communication with health care providers. I used a qualitative phenomenological design to accomplish this task. Phenomenology is an inquiry into an individual's experience with something on a conscious level that provides a deeper level of truth (Frey, 2018). In this type of inquiry, a researcher describes a phenomenon in the broadest sense (Moran, 2000). Phenomenologists focus on the experience or concept without forming opinions or even relying on facts but gaining unadulterated information from within the experiences first (Moran, 2000).

Edmund Husserl, a transcendental phenomenologist, shared his development of phenomenology through *Logical Investigations*, which was initially published in 1900 (Heidegger, 1970). This book provided a new way of examining the phenomenon of consciousness (Giorgi et al., 2017). Husserl emphasized positioning information through bracketing assumptions, so there is increased awareness in the immediate experience (Felder et al., 2014). Martin Heidegger, a philosopher and student of Husserl, authored *Being and Time*, which was published in 1927. In this book, Heidegger (1962) wrote about the question of being and provided a thorough discussion about the meaning of being. He also considered time and how being is attached to and defined by time (Heiddeger, 1962). Husserl (1969) considered the dualism of what is inside and outside the individual: in phenomenology the researcher is only observing what he sees.

Phenomenology involves studying the lived experience of time: attention is given to facets of the experience, such as sensation, appearance, and the object itself (Husserl, 1969).

According to Guerrero-Castañeda et al. (2017), Heidegger further built on the ideas of Husserl and developed the idea of the individual as one who has experiences in the world and gives those occurrences meaning. These authors considered Heidegger's concepts in relation to the older individual and nursing care. Guerrero-Castañeda et al. (2017) encouraged caregivers to explore how the older adult understands themself in the aging process as well as the meaning they attach to daily experiences.

In his seminal work, *I and Thou*, Martin Buber (1923) considered individuals' relationship with objects and their creator (see also Jones, 2018, para 10). Buber, an existentialist, stated that people are not objects, but rather human beings with emotions and thoughts that are expressed through relationships with others (Butler-Kisber, 2010). Buber contended that the source of creativity was found in the relationship between humans and their creator: this relationship was viewed as being expressed in the arts (Buber, 1923).

Søren Kierkegaard, an existential philosopher, produced the seminal work *The Concept of Irony with Continual Reference to Socrates* (1989), which dealt with the concepts of essence and phenomenon (Carlsson, 2016). Kierkegaard indicated that it is difficult to assess what getting better; although individuals may want to change, it can be a very painful process to move toward the unknown. So, it may be challenging to break from the traditional ideas of medicine and therapy to consider the ideas of existentialism

and the possibility of letting go of unfulfilled ways of living to embrace different and better ways of living (Swann et al., 2018).

Existential phenomenology is an extension of the work of Buber (Carlsson, 2016). It has been described as the communion of truth that occurs when there is a merging of consciousness, and the individual and work of art become one (Machado, 2008). Existential phenomenology can be the appropriate method of inquiry when considering art as the means to arrive at truth in the experience (Machado, 2008). Existential phenomenology incorporates emotions and relationships into its philosophy (Butler-Kisber, 2010). This type of phenomenology also considers essence and transcendental reflection; exploring the transcendental realm is a spiritual inquiry, and the interpretation of data should consider the meta-realm and its meaning (Louw, 2018).

The rise of existential phenomenology shifted the inquiry from consciousness to lived experience (Carlsson, 2016). Trisca and Ciortuz (2011) explored qualitative researchers' preference for existential phenomenology. For example, Zaltman (2003) determined that decisions are made for many different reasons and these reasons are made subconsciously. The use questionnaire-based responses may not help a researcher to garner valid information: instead, asking questions that leave space for individuals to respond as their experience and memory allow may yield more accurate information (Trisca & Ciortuz, 2011). Trisca and Ciortuz identified three errors in social science research: mistaking descriptive information, confusing data, and focusing on the wrong elements that individuals describe. Action, as well as the cause of the action, must be

considered, they argued: A phenomenon cannot be considered without its context being included in the discussion.

I determined that the best way to gain a better understanding of the mindfulness of older adults was to interview some of these individuals directly, using an existential phenomenological approach. Phenomenological researchers explore the lived experience of individuals interacting with their world. The goal of phenomenology is to reveal the world that is already in existence. The phenomenological approach is based on the idea that what appears to individuals on a conscious level should be explored as concrete experiences (Allen, 2017).

Heidegger had a wider view of the phenomenological approach. His primary focus was on understanding individuals' lived experience (Frey, 2018). In asking participants about their perceptions of mindfulness, I sought to gain insight about their experiences and how they understood them. Qualitative research consists of a set of approaches that can be used to examine data by way of words and descriptions of experiences. Researchers use an iterative process to examine data that are of a subjective nature (Levitt et al., 2018). Patterns are identified by noticing themes that emerge regarding a phenomenon, then gathering a sense of the phenomenon as informed by the patterns that have developed. How the pattern is viewed can shift the whole understanding of phenomena, but the process of extracting data is self-correcting, because analysis corrects and refines the findings (Levitt et al., 2018).

Current phenomenology has been influenced by Giorgi et al. (2017), a psychologist who looked at holistic usefulness and total meaning so that the essence

could be better understood (Alase, 2017). Riemen (1986) did a considerable amount of study within the medical field; he developed the concept of meaning statements and uniformity (Alase, 2017). This study of grouping concepts was considered by Polkinghorne (1989), and he recommended that 5-10 participants should be interviewed to determine commonalities (Alase, 2017). Smith et al. (2009) are three theorists who impacted the field of phenomenology because of their efforts redefining this approach (Alase, 2017). The studies of these theorists developed into interpretative phenomenological analysis (IPA) and it became a recognized and accepted psychology-based approach. Phenomenological interpretations are based upon a particular point in time (Ayhan et al., 2016). When individuals look at something from a moment in time, that unit of time lasts for a defined period, but from a phenomenological attitude, that unit of time lasts depending upon how one experiences and describes it.

When this study was developed, several different approaches were considered before determining that phenomenology was the preferred method. I determined that I wanted to pursue a qualitative study, due to my enjoyment of working with older adults to gain in-depth knowledge about their lives. Grounded theory, which strives to develop rich theory from the inquiry into the phenomena, is not consistent with the goal for my study; rather it was to learn about the lived experience of the participant (Allen, 2017). Narratives are analyzed and interpreted, but in this instance, I was interested in the interpretations that participants made for themselves (Allen, 2017). A case study design, which investigates phenomena within particular contexts, was not appropriate either, for mindfulness is not limited to groups but is universal (Allen, 2017). Hermeneutics is a

study of how the process affects understanding and is particularly concerned with communication (Allen, 2017). This method may have been appropriate to use, but I was interested in the feelings and the communication of the experiences of the participants. The description and intent of existential phenomenology seemed to be the best fit for this study.

Role of the Researcher

The role of the researcher is important in the qualitative inquiry process, but advantages and disadvantages that accompany this role should be recognized. One concern that has been raised is the ability for a researcher to be objective when collecting data: society and life experiences may determine the truth the researcher discovers (Fink, 2000). Researchers who employ this method, however, may counter this by characterizing themselves as the most effective instrument, because humans have the complexity and flexibility to isolate and define phenomena to the extent that it can be explored (Fink, 2000). In qualitative research, the role of the researcher is participatory, as the researcher gains entrance into the participants' natural environment, then gathers and analyzes data as the instrument.

As the researcher, I brought to this study an affinity for older adults; I recognized the value they provided to society. Not only have they contributed to their families, communities, and work settings, but they are modeling aging for generations following them. When I returned to this community, I wanted to help in some way. For example, while exploring mindfulness and how quilters use it in communicating with their health care providers, I listened to their perceptions and affirmed their experiences. This

information may be used to contribute to a better understanding of older adults and their needs. It may be combined with current literature to provide a plan for more effective programs, services, and policies to support older adults.

Bias of the Researcher

The researcher's role includes examining personal assumptions and bias. Subjectivity is viewed as inevitable and is even seen as an asset in qualitative research (Clark & Vealé, 2018). Bias must be acknowledged and can be presented in a positionality statement, so readers are made aware of the bias. Bias not only occurs during the interview, but also can occur during coding and analyzing the data, and during the findings phase of the study. Thus, it is very important for the qualitative researcher to engage in reflective and interpretative thinking to sort through their biases throughout the study (Clark & Vealé, 2018). This perspective supports a transformative research view, which perceives the researcher as interested in learning about others while changing internally due to the added knowledge and interactions (Pozzebon, 2018).

Because the researcher is the collection instrument, the person is unable to be separated from the research (Fusch & Ness, 2015; Jackson, 1990). While the researcher is bringing in the experience of their world to meet the cultural world of the participant, the researcher needs to be aware of and acknowledge their own approach, so the perception of the interviewee can be heard and considered (Fusch & Ness, 2015).

Considering the biases that I possessed, I identified three areas of which I needed to be aware in order to maintain the role of a researcher properly. These were: a) an assumed understanding of the participants, b) awareness about entering a conversation

rather than conducting an interview, and c) remaining true to the selected interview format. The first area of concern was that I already understood these individuals. I had a similar upbringing and might have felt that I "knew" them and their situation. This was not true, because it did not allow for individuality and different experiences. I needed to listen and not interject my own identification to the individuals' expressions, but let their stories and perceptions unfold. Fortunately, despite any similar values and experiences, these individuals talked about quilting which is a craft unfamiliar to me. So, I was able to listen to them and learn about the process and what it meant to them.

Furthermore, I did not want to treat these interviews as conversations. Because of my years as a social worker, I have a tendency to respond to feedback. Again, I needed to listen and formulate questions based solely upon what the participants were saying. I needed to allow them to respond to the question and take whatever time they needed to communicate their experience. I felt that I was able to accomplish this, given that I had the interview questions written down and worked to follow them. Although there were times that I responded to what the participants were saying, that was natural and we proceeded with the next interview question.

Use of Reflexivity

During qualitative studies, the researcher should practice reflexivity throughout the study. Reflexivity means that the researcher is continuously examining and being aware of their influence upon the study (Given, 2008). Reflexivity is understood not to be taken from a detached perception but recognized to be embedded in our experience of this world, so we must acknowledge and question our activities and beliefs (Allen et al.,

2019; Cunliffe et al., 2020; Pollner, 1991; Shani & Docherty, 2009; Shrivastava, 2010). Reflexivity occurs in different ways. Oral speech options include conversing with support systems about thoughts and feelings, reflecting during an interaction, and considering the advice of others: writings can also provide reflexivity, with choices that include keeping a diary, blog, or personal website, or writing a poem or prose (Caetano, 2017).

In their work, Råheim et al. (2016) advocate for reflexive thought throughout the study: this includes consideration of trustworthiness and power balance, as well as any ethical dilemmas that may arise. Without reflexivity being practiced, the results that are found may be seriously flawed. Reflexive research should entail emotional care of both the researcher and the participants (Råheim et al., 2016). Transparency is also necessary in working with the participants: the concern for biases can be shared with them, so they can be comfortable in clarifying information for accuracy as needed (Fletcher et al., 2016). Reflexivity is an experience between the research and the researcher that occurs throughout the process (Attia & Edge, 2016). This reflexivity took place during this study. As I listened to the interviewers and reviewed the transcripts, I learned far more than I had anticipated. Quilting is an invaluable skill that extends beyond crafting beautiful products. There are connections to others, skill development, and opportunities to share this passion. In turn, I was able to take the knowledge and apply it to the study and provide more depth.

Positionality of the Researcher

I have been a social worker since 1982, with over 20 years of that time having been spent in the medical field. This varied experience substantiated my interest in

exploring how older adults experience aging. I have worked with all ages, but more recently my patients have been older, while I worked in dialysis, home health, and hospice. I have been exposed to many different situations and ways that patients cope. In my experience, it seems that individuals who can engage with life and remain supported by family, friends, and activities are capable of aging more positively and managing more easily with various health issues as they occur.

I wanted to understand better what individuals experienced in the geographical area in which I live and work. I canvassed for participants in Chase County and Marion County, adjoining counties in Mid-Central Kansas by asking older adults who quilted in the area. Both Marion County and Chase County are in the Tallgrass Prairie section of Kansas (Land & Farm, 2018a). The economy is mainly agricultural. Farm businesses generate $15 million in revenue, and 49% of this is related to crops grown in the community (Land & Farm, 2018b). Marion County is situated on the western slope of the Flint Hills, and Chase County is the county directly to its east (The Kansas Flint Hills, 2011). Chase County is the smaller county in square mileage and has a census of 2,694 or 3.5 people per square mile (Census Reporter, 2016a). Twenty-four percent are over the age of 65, 92% are Caucasian, and 92% of the residents live above the poverty threshold (Census Reporter, 2016a). The census for Marion County, Kansas is 12,213 or 12.9 people per square mile (Census Reporter, 2016b). Twenty-three percent of the individuals in the county are Caucasian, and 93% of the population live in non-poverty (Census Reporter, 2016b).

I lived in Chase County until I went to college. I returned to the area in 2014 when I moved to Marion County. I still know some people in Chase County, although many of the people whom I knew years ago have moved or died. I have met some older adults in Marion County through my work at a local college, church, a philanthropic organization, and water aerobics at the local natatorium. I spoke with some individuals about my prospective study but did not interview these individuals for the study.

Ethical Considerations

Ethics is an integral part of the social work profession, as dignity and respect for all humans is paramount (NASW Code of Ethics, 2021). This profession has a dedicated Code of Ethics that sets a standard for conduct and provides a framework that can guide social workers in providing services with integrity. Social workers have a responsibility to treat individuals and their circumstances above self-interest and are trained to identify potential ethical concerns and provide satisfactory resolutions.

The Social Work Code of Ethics addresses research and specifically acknowledges that research participants must be protected (NASW Code of Ethics, 2021). This can occur, in part, through informed consent and the disclosure of risks and benefits of participation. The participants should remain anonymous, and their information treated confidentially. In addition, social workers conducting research should also be aware of the potential for mental distress and be prepared to offer resources to address any issues (NASW Code of Ethics, 2021). Having provided social work services for over 32 years, these values are well-ingrained in me.

The only ethical consideration that I identified was to avoid choosing friends to interview. None of the participants were friends. Further, my concern was that none of them would feel an obligation to participate in the study for any reason. I was very clear, from the beginning of the process, that they were under no obligation to participate, or could end the interview process at any point. I explicitly explained their decision to be or not be interviewed would have no impact other than contributing to the study.

Other Considerations

Social workers are trained to manage transference, and during the research process emotions can be triggered for the participant as well as for the researcher (Camacho, 2016). One way to handle this occurrence is to be prepared for it and determine a way in which to manage it (Camacho, 2016). Social workers must recognize sensitivity to emotion and understand that even the seemingly least sensitive topics can elicit emotion (Camacho, 2016). I felt that I was aware of this during the interviewing process. I listened to the participants and noted when this elicited certain responses within myself.

Another point to consider is the importance of the research questions themselves (Clark & Vealé, 2018). The researcher needs to be knowledgeable of the process that goes into formulating a question that will garner an accurate response (Winter, 2010). The researcher must be aware of the wording of the questions and whether the participant understood the question. Also, the participant needs to possess the cognitive ability and memory capacity to formulate answers and needs to be able to use judgment in completing answers (Winter, 2010).

The way in which questions are worded will affect what kind of data is captured (Clark & Vealé, 2018). The researcher needs to be aware of this wording and be aware of how the question is being answered. Did the participant understand the question and possess the cognitive ability and memory capability to formulate answers (Winter, 2010)? Further, can the participant exercise the judgment necessary to answer the question? The participant needs to be able to express the response that has been constructed in their mind (Winter, 2010). I spent a good deal of time formulating the questions that I wanted to use. I remained focused on the research question and as I developed questions. But I considered questions that would stimulate thoughts and responses from the participants. Further, I tested questions with a few friends. Vocalizing the questions and then gauging their reactions and responses enhanced my understanding.

Researchers must realize that their biases might influence the outcome of the study (Clark & Vealé, 2018). Using reflective and interpretative thinking as ways to approach thinking about the data will aid in keeping the information as bias-free as possible. The researcher needs to keep in mind that, with each step of the process-collecting, coding, and sorting the data-there is the opportunity for bias to exist (Clark & Vealé, 2018).

As the researcher, I am also a collection tool, because I am not able to separate myself from the research process entirely (Fusch & Ness, 2015). While interviewing, I was moving between two worlds: one world is what the participants discussed, with the other world being my own perspective. It was critical that the data collected was from the participant and not from myself (Fusch & Ness, 2015). Furthermore, as an observer I was

able to use a reflexive journal to gather information from the participant aside from their words: These were nonverbal cues, pauses, and hand/facial gestures. Sufficiency of data was determined by the information that was being received during the interviews. With eight interviews, there was data saturation, so I ceased interviewing at this point.

Methodology

Participant Selection Logic

The data collection occurred in two counties in Mid-Central Kansas. Although I was interested in studying how a specific group of older and creative quilters perceived mindfulness and how it impacted communication with their health care providers, I wanted to develop a convenience sample of independent older adults. I secured older adults in this community through recommendations of community members. I wrote and disseminated a letter (see Appendix A) asking for adults 65 years of age and older to speak with me about how they experience mindfulness, or being in the present moment, through their quilt making and how it impacted their communication with their health care providers. The eligibility criteria included that the individual be 65 or older and live independently, be a quilter living in Marion or Chase County, and be willing to engage in three interviews about quilt making. The goal was to have eight potential participants respond to the request for volunteers. However, I approached the interviewing with the goal to complete the interviews if I reach a saturation point earlier (Rubin & Rubin, 2012). I did complete eight interviews as similar experiences were shared. I started with the recommendations of community members as to who quilted and would be willing to talk about their craft. Had I not been able to identify enough participants in this manner, I

identified area quilting shops that could be contacted should I have needed more potential participants, but it was not necessary. I had planned to conduct the interviews in person, but due to the onset of COVID-19 and the ensuing pandemic I had to utilize Zoom and the phone to conduct interviews.

Instrumentation

The instrument that served this study was a semi-structured interview guide that could be used in person or through the internet on Zoom, which is a computer program that allows individuals to communicate over the internet by audio and video (Cambridge Dictionary, 2022). The interview guide (see Appendix B) was fashioned to complement the Seidman (2019) interview format. The theme was set for each interview, but the questions were open-ended and unstructured. Additional questions were based on the response of previous questions asked of the participants.

Pilot studies are useful in preparation for the actual study, as they can help anticipate and identify issues such as study questions and recruitment concerns and address them, as well as work out any technology issues that emerge (Frey, 2018). I conducted two pilot interviews with two individuals who were not a part of the study. These individuals were friends who were familiar with the study and with my goal for completing the study. The purpose of these interviews was to become more comfortable with the interview format, hone interviewing skills, and be intentional when asking pertinent follow-up questions. These participants were asked to critique my skills and make suggestions as to how the process might be improved. Further, technology was used, and issues regarding it were addressed at this time. The data collected from these

pilot interviews were not saved; it was not used in any way aside from improving my technique.

Procedures for Recruitment, Participation, and Data Collection

I followed Spooner's (2016) approach to plan for an ethical study and conduct a thorough data collection.

Initial Contact with Potential Participants

Seidman (2019) recommended an initial contact to lay the foundation for the study. Once I heard from individuals about participating in the study, we discussed the interviews by phone, and I subsequently sent them the invitations by internet or by mail if they did not access the internet. The study and its purpose were explained, and privacy and confidentiality were discussed. Time commitments were reviewed: we agreed to meet for three sessions, and each session was to last no more than an hour. Permission was gained to audiotape the interview. I explained to each volunteer that a pseudonym, such as William or Frances, would be used for them throughout the study. We also discussed the fact that the participant was free to withdraw from the study at any time. Due to the pandemic and advisement against close contact, the interviews were done on Zoom. If the volunteer did not use the internet, the interviews were conducted over the phone.

Informed-Consent Procedures

At the initial meeting, the Informed Consent document was discussed with the participant and an overview was communicated. The volunteer was sent the document via email and regular mail if needed. They were given time to read through this form and

sign it, if in agreement. A copy of the consent form was left for the participant. There were no questions from the participants currently.

Pilot Activities

I interviewed two individuals who were not considered participants in the formal interview process. I interviewed them for 1 hour rather than the protocol of 3 hours. The purpose of the pilot interviews was to refine my interviewing skills and work on smooth transitions in the interviews. I wanted to make sure that I was following up with appropriate questioning and determined ways that I could improve my style and questions. I was able to reframe some of the questions and received constructive feedback from the interviewees.

Data Collection (Interviews)

I conducted interviews based upon Seidman's three interview protocol (Seidman, 2019); he claims that three interviews can provide rich context. Context is necessary when using a phenomenological approach, for the goal is to understand the meaning that is given to an experience or concept (Seidman, 2019). Dilley (2004) considers this an advantageous process for new researchers to use because Seidman has infused phenomenology and qualitative philosophy through this method. The interview provides a way to give access to how the participant perceives behavior and the meaning behind it (Dilley, 2004; Seidman, 2019). The volunteers all agreed to three interviews and completed them. One participant did seem to grow weary of the questions as responses progressively became more succinct, but all three interviews were completed. The participants were asked if the interview could be audio taped. Each interview was

scheduled for at least 1 hour, and only two interviews exceeded 60 minutes. Interviews generally ran around 45 minutes. The first interview was focused on the life history. During this interview, the participant was encouraged to put their experience with the topic into context. I accomplished this aim by having the participant talk as much as they could about the topic, including their current experience with it. Volunteers were urged to reconstruct early experiences by me asking "how" questions (see Seidman, 2019).

The second interview was focused on obtaining details of the experience. These concrete details were asked rather than gaining opinions. I asked for stories that helped elicit these details, and questions that probed for intellectual and emotional connections to mindfulness (Seidman, 2019). I was listening for how the participant communicated their stories. The participant at times considered how various factors in life brought them to this point. The third interview was a reflection on the meaning of mindfulness and communicating with health care providers. This interview was a culmination of the first two interviews; participants can discuss how mindfulness affects them presently (Seidman, 2019). This was also the point when health care and communication with health care providers was discussed.

Data Collection (Demographic Data)

The demographic data I collected was name, age, living situation, county of residence, and contact information (see Appendix B). This information, along with the pseudonym given, was kept on the interview notes form and on a master code form (see Appendix C). As I asked questions that were pertinent to creativity, I employed bracketing and bridling during the interview (Vagle, 2014). From Husserl's tradition,

bracketing is a tool that researchers use to distance themselves by suspending their thoughts and experiences so that the essence of the phenomena being described can be fully understood without bias and presumption (Sorsa et al., 2015). With a descriptive focus, the researcher will look at the information provided by the participant and strive to present a thorough description of the phenomena (Sorsa et al., 2015). If bracketing is not employed, then there is a risk that the data will be biased and be more of a reflection of the experiences of the researcher (Sorsa et al., 2015). One way to support bracketing, as identified by LeVasseur (2003), is to use curiosity and be continuously open to new ideas that are being presented, and to ask for clarification regarding these ideas (Sorsa et al., 2015). While researchers use bracketing to look backward, they use bridling to look forward, as they try to maintain control and an open view of the phenomena throughout the study (Vagle, 2014). Nicholls (2019) asserts that mindfulness can teach us skills that can be used in practicing bracketing and reflexivity.

Bridling, which is an alternative to bracketing, is more of a loosening of the reins rather than maintaining a firm grip so space can be provided to see the phenomena and the surrounding themes (Vagle, 2014). It is a point in time for the researcher to be open to listening and hearing what is being said, without agenda (Vagle et al., 2009). It is impossible for the researcher to eliminate presuppositions, but they must be aware of these understandings and how they interface with new information (Fratila & Berdychevsky, 2021). This process forms space between the researcher and the phenomena so each phenomenon can be seen in a different way (Vagle, 2014). When a

phenomenological attitude is taken, bridling is used as time is given for the phenomenon to present itself, and a greater understanding is derived (Vagle, 2014).

Interview Debriefing

After the interviews were completed, I sent the volunteers the transcripts of their interviews and discussed any clarification or additions that needed to be made. This member check was completed with the volunteers communicating in writing if there were issues. There were two volunteers that noted any changes. One participant noted that she had more granddaughters than I had transcribed. Another participant wanted to soften a situation she had with her granddaughter. These changes were made and did not interfere with the results. Both the participant and I signed the debriefing form (see Appendix D). No needs were noted that would benefit from intervention.

Data Analysis Plan

This step is addressed in Chapter 4 of this document. The Saldaña approach of identifying themes was employed. Saldaña (2016) suggested that coding depends upon the nature and goals of the study. One coding approach may be adequate, or it may require two or more coding methods to capture the phenomena (Saldaña, 2016). For the first cycle coding, I used In Vivo coding, for the sake of capturing the meaning the participants applied to what they expressed. I felt that by extracting exact words, it would help better understand that meaning. For the after first cycle coding, I used a form of tabletop categories. This was done by putting important points on posterboard and looking at the responses both individually and as a group. This enabled themes to emerge. HyperResearch was the data management system that I used to organize and store data

(HyperRESEARC, 2021). By using HyperResearch, I was able to bring all the information together in a more organized manner.

The study debriefing form provided an opportunity for participants to determine in what form (email or postal mail) they wished to receive it. Once the results were identified, the participants received a brief review of what the interviews revealed.

Issues of Trustworthiness

Credibility

Credibility is how believable the research presented is to the reader: it refers to the processes and methods that are employed in the study to collect and analyze the data (Ellis, 2018). One factor in determining the credibility of a participant is their understanding of their own values. In an article by Finch et al. (2015) the authors recognized the importance of the values of an individual. These values are a result of many different factors, including global values, the opinions of others, and the impact of mass media (Finch et al., 2015). As I interviewed individuals, I recognized that their experiences were vital to the understanding of the phenomenon on a greater scale (Finch et al., 2015). Auspurg and Brüderl (2021) examined credibility within the social service arena, and their study yielded the following suggestions for improved research including a clearly defined research question, a narrow focus with a research design that is tailored to address it, and robust checks. Further, sensitivity analysis should be standard, and studies reflect consideration of omitted variable bias (Auspurg & Brüderl, 2021). Techniques that can be used to ensure credibility include prolonged engagement with interviewees, maintaining a reflective journal, and member-checking (Connelly, 2016).

Content validity, another way to determine credibility, can be defined as to how a question captures the essence of a concept (Allen, 2017). It is necessary to consider this component so that accurate and consistent measures are put in place (London et al., 2017). If the instrument cannot fully measure the domain being studied, then valuable knowledge may be lost: in quantitative research, there are statistical safeguards that can be used to ensure accuracy, but in qualitative research, the researcher must ensure that the instrument is actually performing the task it was designed to do (London et al., 2017).

This validity can be strengthened by the researcher having a clear understanding of the concept being studied (London et al., 2017). Then, the research questions can be written in such a way as to capture the concept fully (London et al., 2017). In an effort to enhance content validity, Fingland et al., (2021) were focused in working to make concepts as clear and concise as possible. The authors maintained this advanced content validity (Fingland et al., 2021).

Another method to ensure credibility is triangulation. The term triangulation was established in military science as a method that could be used to locate a particular position (Abdalla et al., 2018). Although in social sciences the term is not taken literally, the intent is that an idea should be considered from different angles (Abdalla et al., 2018). For this study, triangulation used from varied environmental positions, such as different days and times (Abdalla et al., 2018). Triangulation aids in reinforcing credibility and dependability and strengthens qualitative studies as it brings greater understanding and accuracy to the meaning of the participants' responses (Lemon & Hayes, 2020; Merriam, 1995, p. 55).

Member-checking is another way to ensure credibility. By utilizing this method, the researcher checks with the participant to ensure that the information being gathered is an accurate reflection of their experience and reflection (Frey, 2018). Candela (2019) discussed the importance of member checking and how this process can be a point of reflection for the participants.

Convenience sampling was used for this study. Emerson (2021) acknowledges that convenience sampling can limit generalizability for a study. Researchers need to be aware of the limitations of small sample sizes and design the study to address this limitation (Emerson, 2021). Convenience sampling was the best way to identify potential participants for the intent was to interview older individuals who had a specific craft. I did not specifically know any individuals who quilted, but I knew they were in the area. I reached out to individuals who were more familiar with the interests of residents in this area.

Transferability

Transferability illustrates how studies may be used in other settings (Frey, 2018). Concern about transferability is the question as to whether the finding of the study can apply to other instances in different settings: for the study to be able to be transferred to another setting, the setting must share similarities (Schreier, 2018). To be able to make that determination, the first study must provide a thick description of the setting (Lincoln & Guba, 1979; Schreier, 2018). It is incumbent upon the researcher to provide this needed rich, thick description; it is the task of the reader to deem the study to be transferable and appropriate for subsequent study (Schreier, 2018). Several methods

achieve transferability in a study (Coghlan & Brydon-Miller, 2014). One method is for

the researcher to be mindful of the possibility and perhaps desirability of transferability

during the whole process (Coghlan & Brydon-Miller, 2014). This, coupled with reflection

throughout the research process, can provide new insights and strengthen the quality of

the study (Coghlan & Brydon-Miller, 2014). Further, transferability was not about

generalizing findings, but taking particular aspects of the study and applying them to the

current study (Guba & Lincoln, 1981; Sultan, 2019).

Another factor that can enhance transferability is diversity: although diversity

may be exhibited in several ways, one way is variety in participants (Coghlan & Brydon-

Miller, 2014).

As Korstiens and Moser (2018) explain, the role of the researcher is to provide a

rich, thick description so that the reader can determine whether the information is

transferable to other situations. The researcher is not aware of how their information may

be used but must thoroughly describe the setting, so the reader has an accurate

understanding of the circumstances in which the study was conducted (Korstiens &

Moser, 2018).

Dependability

Dependability in a study considers the methods and research questions, and also

looks at the design of the study, data collection, and the analysis (Frey, 2018). It

considers the stability of the data as well as the precision and reliability of the collection

(Frey, 2018). If the conditions in the situation change, how the researcher adjusts for this

change is a consideration (Bradley, 1993; Zhang & Wildemuth, 2016). Dependability

focuses on consistency within a study (Korstiens & Moser, 2018). Information should be sufficient in both the data collection process and the data analysis phase (Crowe et al., 2015). Lincoln and Guba (1985) and Sultan (2019) determined that dependability occurs when a study is logical and described in detail. Ways in which a study can be deemed dependable is through strong description, reflexivity, and triangulation.

Confirmability

Confirmability is focused on the study findings being the result of the interview and the perceptions of the respondent, and not of the biases or interests of the researcher (Allen, 2017). If the researcher can remain neutral and demonstrate consistency which can be duplicated in another study, then confirmability can be validated (Connelly, 2016). Confirmability affirms that data are collected in a neutral manner and that bias is kept at a minimum. Information can then be presented in such a way that the reader feels confident that he/she would have reached the same interpretations (Carnevale, 2002). Langtree et al. (2019) acknowledged that a study needs to include information that was gained, even if it does not fit with the researcher's beliefs. This will lessen the potential for bias to permeate the study. According to Zhang and Wildemuth (2016) confirmability is substantiated by an audit trail. The area to focus on is the internal coherence of the study, which includes the data, findings, interpretations, and recommendations based on the study (Zhang & Wildemuth, 2016). Other items these authors suggest may help are raw data, and field and process notes.

In this study, confirmability was addressed. Confirmability is shown in a study that is reflective of participant responses and not the researcher's bias or interest

(Amankwaa, 2016). Some ways to support confirmability are: an audit, audit trail, triangulation, and reflexivity (Amankwaa, 2016; Lincoln & Guba, 1985). Confirmability in the study was by addressed by a reflexive journal and managing an audit trail. Keeping a reflexive journal documented methodological decisions and how I arrived at them: it also documented my values and beliefs as I moved through this study (Amankwaa, 2016). An audit trail includes raw data and field notes, data reduction, data reconstruction (such as categories, themes, relationships) and process notes (such as procedures, design, and strategies) (Amankwaa, 2016; Lincoln & Guba, 1985). Also included are personal notes and pilot forms as well as interview formats (Amankwaa, 2016; Lincoln & Guba, 1985).

Intra- and Intercoder Reliability

Inter and intra coder reliability refers to the processes used when written materials are analyzed, and the interviews will be evaluated (Given, 2008). Inter coder reliability occurs when two or more researchers code the material and arrive at consistent results, and intra coder reliability occurs when one coder is consistent in the process of coding (Given, 2008). Inter coder reliability occurs when another coder would study the same data and arrive at the same conclusions (Allen, 2017). Coding is calculated for each theme in the study (Allen, 2017). This process can assure the researcher and reader that similar answers would be validated in a duplicated study with a larger body (Allen, 2017). This method will show internal consistency and can be done through careful documentation of details about sampling size and coding (Allen, 2017). Inter rater reliability refers to a coder using the codes consistently throughout the data analysis

process (Belur et al., 2018). In a study by Belur et al., (2018), it was found that intra coder reliability improved when coders were more interested in the topic. Further, goal framing, or how the study was presented and the understanding of goals, aided in improved reliability (Belur et al., 2018). Intra coder reliability was used in this study. Only the researcher reviewed the interviews and coded the information. Coding consistency was able to be achieved as participants often used the same words or similar descriptions.

Ethical Procedures

Prior to collecting any data for this study, I obtained Institutional Review Board approval (no. 12-16-20-0549982) from Walden University. Before research began, it was preferable to look at the ethical consideration of research-informed values. It was important to examine not only the information that was important to participants but also the values that were meaningful to them (Longhofer & Floersch, 2014). These values may ultimately lead to social change, but they must be respected and acknowledged in the meanwhile (Longhofer & Floersch, 2014). Gambrill (2014) suggests that the researcher consider gaps that may be discovered throughout the research process. Another consideration of ethics in social work research not only includes a consideration of justice, fairness, and policies (DuBois et al., 2008), but a recognition that all practice and research is done within the parameters of the Social Work Code of Ethics and subsequent regard for the populations and their unique needs (Sobočan et al., 2019). As I listened to the interviews, I was aware of some of the gaps that the individuals experienced, but these gaps had to do with availability of supplies. Although these

participants were older, during the interviews their age was not the focus. The emphasis

was on the quilting and the benefits that arose from their craft.

Recruitment

I recruited volunteers through the recommendation of community members who

knew individuals who quilt and would be willing to be interviewed about how they

experience their craft. Once volunteers were identified, I contacted them and asked if

they would be willing to participate in the study. For the participants who consented, I

emailed or mailed them a consent form to review and sign. There were four individuals

who elected not to participate in the study. No adverse reactions were identified. All

studies completed were used in the data analysis. Only individuals who live

independently were invited to participate, considering that those respondents could

express their thoughts about mindfulness and its impact on their health, including

participating in creative activities of their choosing. Living arrangements were discussed

in the initial conversation. Volunteers were made aware that there would be no incentives

offered for participation.

Data Collection Activities

During the initial phone call, we determined how the interviews would be

conducted. When an individual volunteered for the study, they received the consent form

that outlined participation in the study. The consent form included the risks and benefits

of being in this study. Some of those risks included the possibility of fatigue or stress

occurring because of discussing quilting and mindfulness for a longer period. The topics

could possibly trigger distress, but the risks were minimal. The participant could have felt

a pressure to participate in the study due to peer pressure or a sense of civic responsibility. Some of the ways these risks were alleviated included interviewing the participant in the setting of their choice, using convenience sampling, and offering release from the study at any point. No other risks were identified.

Treatment of Data

I recorded and transcribed all of the data provided by the participants. Volunteers had access to their recordings and transcripts upon their request, and copies of the interviews were sent to them for member checking. All data was treated as confidential; I am the only individual who knows the accurate names of the participants. Participants were given numbers, to protect their identity. All analysis/write-up plans used numbers to inadvertently avoid using a real name. No other demographic information was shared, as it was not necessary. The sources for recruiting participants were not identified but will be referred to as the participant source.

Protections for Confidential Data

The audiotapes and paper documents, such as transcripts and consent forms, were kept in a locked cabinet in my home office. The transcripts and results were kept on a thumb drive, which was in the locked cabinet in an envelope. I was the only individual who was able to link participants to their data and kept the code sheet in the locked file cabinet in my home office. All data will be destroyed 5 years after the dissertation is published. I will remain in compliance with Walden University guidelines and will assure the university that papers will be shredded at least 5 years after the completion of the dissertation.

Summary

The research methods for the study were discussed in this chapter. The study was qualitative and used an existential phenomenological perspective. The role of the researcher was presented, and the study participants and the sampling size were considered. Also addressed were the instrumentation, recruitment, participation, and data collection that was used for the study. Methodology and issues of trustworthiness of the study were discussed, and ethical considerations were delineated. Chapter 4 identifies and reports the results of the interviews.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to understand how older adults who quilt experience mindfulness and how communication with their health care providers was enhanced by this mindfulness. The guiding research question was, how does the process of quilt making impact an older person's ability to communicate effectively with their health care providers?" To answer the research question, I asked several interview questions. These questions included asking the participants about their quilting history, what mindfulness means to them, what their quilting experience is like, if they feel like there is a connection between quilting and health, and if quilting enhances communication skills, particularly with their health care providers. The participants' responses promoted an understanding of their perception of the craft of quilting, the dimensions of their life that were enhanced because of this pastime, and how they viewed their communication skills being impacted. Walden University's Institutional Review Board approved this study on December 17, 2020 (approval no. 12-16-20-0549982). In Chapter 3, I discussed the research method for the study. In this chapter, I describe the setting, the demographics, the data collection process, and explain the data analysis outcomes and evidence of trustworthiness.

Setting

Due to the onset of the COVID-19 pandemic and adherence to the safety and health precautions for older adults, I conducted the interviews via Zoom and phone (Centers for Disease Control and Prevention, 2022). If the participant had internet access,

Zoom was used. If the participant did not use the internet, the phone was used. I conducted all of the interviews from my home office. I was alone when the interviews were held.

Demographics

This study consisted of eight participants: seven women and one man. The study was open to residents of Chase and Marion counties in Kansas. Two of the participants were from Chase County, and six of the participants were from Marion County. They all lived in their own home. Three participants were widows, and five participants were currently married. One of the requirements was that participants be 65 or older. The participants' ages ranged from 69 to 90, with a median age of 76. All participants considered themselves quilters. All of them were still active in some form with this craft, although four of the participants were no longer able to complete the whole process of hand quilting due to physical constraints. Each of the participants participated in three interviews. Six of the interviews were scheduled during 3 consecutive weeks. Two participants were interviewed twice in 1 week. The interviews averaged between 30 and 60 minutes. I transcribed each the interview within a month of when it occurred. Six participant who had internet access were emailed the interviews for their review. Two participants who did not use the internet were mailed their interviews, and they responded by phone. Two participants requested an adjustment to their interview, which was corrected to fit their specifications. Table 1 provides a summary of participant characteristics.

Table 1

Participant Characteristics

Participant	Sex	Age	Marital status	Background information
1	Female	77	Married	Participant 1 has historical quilts and has shared them and their stories with many clubs and organizations.
2	Male	69	Married	Participant 2 has a quilting business with his wife. Her joy in quilting endeared him to the craft.
3	Female	86	Widowed	Participant 3 has been involved in quilting many service projects, and her quilts have won recognition.
4	Female	90	Widowed	Participant 4 has been involved with her church quilting group for many years and has received recognition for a quilt.
5	Female	75	Married	Participant 5 has enjoyed quilting classes and visiting quilt shops during trips. She orchestrated her whole family sewing a quilt for her husband.
6	Female	87	Married	Participant 6 has taught her granddaughters to quilt and has formed many friendships through quilting.
7	Female	71	Married	Participant 7 has been active in the local quilt guild and the church quilting group for many years.
8	Female	73	Widowed	Participant 8 has formed a friendship group of women who attend classes and spend time at quilt shops.

Data Collection

I followed Seidman's (2019) three-interview format. This format is characterized by a particular theme for each interview, but the questions used are open-ended and unstructured. Interviews were scheduled for a time that was convenient for the participant. Three participants did not have computer access, so those interviews were

conducted over the phone. Five participants did have internet access, so those interviews were conducted on Zoom. I taped the interviews conducted over the phone with a recording device. I used Zoom to record the interviews that were conducted on the platform. Interviews were set to last no longer than an hour. They averaged between 30 and 60 minutes.

I identified participants through random sampling. Each participant was chosen based upon the recommendation of a community member. I asked friends and acquaintances if they knew anyone who quilted and might be willing to be interviewed. I did ask four additional women, but they declined to be interviewed. To indicate their desire to participate in the study, I asked prospective participants to consent in writing and/or email the form back to me. If they had internet, I sent them the information and asked them to reply with "I consent" per the recommendation of the Walden Institutional Review Board. Participants were provided the following information: a letter telling them about the study, the consent form, the demographic data sheet and interview guide, and the study debriefing form. All of the individuals who began the interviewing process completed the interviews. There were no adverse reactions related to the interviewing process reported to me.

In Chapter 3, I considered Georgi's (2017) concepts of bracketing and bridling; He asserted that bracketing is the intentional tabling of past knowledge about a topic so that the researcher can be fully present and listening as the participant responds to questions. I am not a quilter and have only been an observer of the phenomenon, so this was a task that was easy to accomplish. These interviews allowed me to learn a great deal

about the topic of quilting. Bridling is taking an active stance in a continuous effort to understand the phenomena throughout the study process (Vagle, 2014). An example was when Participant 3 felt it was imperative to communicate with me the importance of the funeral quilt. A funeral quilt is characteristic of the many purposes that quilts serve, and it is indicative of the communication between the quilt maker and the surrounding community (Luz & MacDowell, 2018). Thus, I concluded that this knowledge applied to the larger focus of the study, which was communication.

Saldaña (2016) suggested that most qualitative researchers perceive coding and analysis to be synonymous. He further cautioned to not allow others to dictate what is appropriate for a study but let the study guide if and how coding is used. For the first cycle, I used the structural coding design, which is framed and driven by a particular topic (Saldaña, 2016). Each interview was transcribed. I completed these transcriptions by listening to the recordings and typing the interviews. I sent the interview transcripts by email to participants who had email. I mailed the interview transcripts to individuals who did not have internet. Responses came back via internet, mail, and phone. I read and reread each interview, paraphrasing points that I thought were important and pertained to the study objective. This paraphrase consisted of a word or phrase and was written on the right-hand side of the interview near where it was typed.

Next, I assigned each participant one or two pieces of posterboard. I wrote down each of the notations I had made on the paper onto the posterboard. I grouped like topics or kinds of things together. For example, participants talked about different events that quilting afforded them. So, I might place quilt shows, museums, and bus trips to Paducah

together. This allowed me to see similarities across the interviews. Next, I took another piece of posterboard and assigned it to a participant. I went through the notations and grouped those into categories. I lined up the posterboards and was able to see each participants' categories in a group. From this visual presentation, I started to identify themes. I wrote down everyone's categories and was able to fit all of them into the four themes that were identified. This is how I was able to distill information from the transcriptions into similarities within the interviews. I tried to work with the coding manually but found that it became difficult to manage due to the amount of codes. I then purchased a software program, HyperResearch, that manages data. I found this to be helpful in keeping the coding in a more uniform manner. Table 2 presents the interview questions and responses of the participants, which were the basis for the development of coding categories and themes.

Table 2

Participant Responses to Interview Questions

Interview question focus	Participant response example
Developed an interest in quilting	Participant 1: Mother, grandmother quilted; gained proficiency Participant 2: Wife's work; purchased quilting machine Participant 3: Gained proficiency Participant 4: Quilted with mother; gained proficiency Participant 5: Home-economics teachers; gained proficiency Participant 6: Grandmother and mother encouraged her Participant 7: Quilted with mother and grandmother; gained proficiency Participant 8: Gained proficiency
Passed interest of quilting on to future generations	Participant 1: Grandchildren are sometimes present Participant 2: No Participant 3: Have sewn with grandchildren; they do not have time for quilting Participant 4: Daughters quilt Participant 5: Family worked on husband's honor quilt; worked with granddaughters Participant 6: Daughter and granddaughters quilt, Participant 7: Have worked with granddaughters Participant 8: Daughter quilts; granddaughter made rag quilts
How participants described the experience of quilting	Participant 1: Generational; doing good work; sensory; enjoyment Participant 2: Focused; think about the task; get in the flow; move from thinking to doing; problem-solving; alert; active thinking Participant 3: In the zone; therapeutic; think-praying; think about the task but go automatic; enjoyment; forget everyone else Participant 4: Relaxing; enjoyment; good feeling; think about self, others; work Participant 5: Purpose; planning where it will go; process Participant 6: Think of others and her background; listen for others' ideas; form friendships; walk away and think about it; awareness of what you are thinking Participant 7: enjoyment; think about different things Participant 8: Focused; in the zone; visualize; talk with friends about connections; grounding; repetitious; feel nothing; follow something all the way through; in the moment; walk away; and think about it; enjoyment
Creativity-patterns, colors	Participant 1: Creative planning; putting things together; arranging pieces, look at other patterns, ideas; tangible; accomplishment Participant 2: In the zone; flow naturally; can see finished project beforehand; planning Participant 3: Quilting is an art form; make her designs for applique; if you like the colors, it's motivation Participant 4: Challenge; work with colors she likes Participant 5: Can see result before done; see patterns to use; love fabrics Participant 6: Picks and enjoys the colors she likes; uses patterns Participant 7: Creative gene; make stitches right; love to create Participant 8: Loves to put designs together; start something and follow it through; accomplishment; making it into something; strategizes; visualize; put it away awhile; focus; in the zone; bright colors make her happy; challenge

Interview question focus	Participant response example
Purpose of quilting	Participant 1: Mental health; creating; tangible you can use; personal satisfaction; enjoyment
	Participant 2: Income
	Participant 3: Mental health; give to others; connection to others; pastime
	Participant 4: Pastime
	Participant 5: Mental health; finished product; escape; something to look forward to; pastime; travel in a different way
	Participant 6: Give to grandchildren
	Participant 7: Keep busy
	Participant 8: Enjoyment; finished product; pastime
Benefits of quilting	Participant 1: Mental health; accomplishment; calming; think of others
	Participant 2: Appreciate others' creativity; accomplishment; creation; confidence building
	Participant 3: Travel; recognition; pass quilts to others; connection to others; challenge
	Participant 4: Accomplishment; pastime; productivity
	Participant 5: Detail-oriented; complete tasks; organization; productivity
	Participant 6: Pastime; big project; finished project
	Participant 7: Mental health; pass quilts to others; enjoyment; connection' share ideas; productivity; creation; personal satisfaction
	Participant 8: Connection to others; relax/slow down; pastime; mental health; challenge; accomplishment; develop other skills
Feelings during quilting	Participant 1: Enjoyment; connection; happy; successful
	Participant 2: Joy; accomplishment; fun; making a difference in society
	Participant 3: Satisfaction; have fun; peaceful; good feeling; accomplishment; joy
	Participant 4: Enjoyment; comfortable
	Participant 5: Feel good; accomplishment; challenge; gain confidence
	Participant 6: Enjoyment; relaxed; feel real good
	Participant 7: Feels real good; loves it
	Participant 8: Enjoyment; feel good; accomplishment; angry when make mistakes; sometimes feel nothing; happy; relaxed
Quilting and health relationship	Participant 1: Mental health enhanced
	Participant 2: Problem-solving; makes your mind active; helps physical and mental abilities to stay busy; challenge
	Participant 3: Mental health; keep body moving; adds to peace of mind; makes her happy; doesn't feel intimidated by other quilters
	Participant 4: Mental health enhanced
	Participant 5: Mental health enhanced; friendships
	Participant 6: Mental health; enjoyment; relaxing; feel better
	Participant 7: Mental health enhanced; connection; purpose
	Participant 8: Slow down; sense of accomplishment; quilting makes her feel better; helps arthritis in hands; more focused; mental health

Interview question focus	Participant response example
Communication benefits due to quilting	Participant 1: Commonalities; educational
	Participant 2: Interaction with people; dialogue to figure out what people want; encourages communication with wife
	Participant 3: Quilters all kind of think alike; some things go without saying; quilters have same language; not afraid to ask questions
	Participant 4: Commonalities
	Participant 5: Commonalities; non-judgmental
	Participant 6: When you form friendships it is easier to talk to people; communicate ideas; gives her something to talk about; time to talk and do what you enjoy
	Participant 7: Commonalities
	Participant 8: Meet more people; helps to talk to others; problem-solve with friends; do not have to be together to communicate
Communication enhancement with health care providers due to quilting	Participant 1: Found common ground with providers through quilts and her mother
	Participant 2: Connection not made
	Participant 3: Connection not made
	Participant 4: Connection not made
	Participant 5: Connection not made
	Participant 6: Doctor asks what she is doing and to keep doing it; he encourages activity
	Participant 7: In tune with body; can communicate better; quilting gives time to think about things
	Participant 8: Helps organize questions for the doctor; more confidence to ask questions; have to be detailed

Data Analysis

The research question for this study was, how does the process of quilt making impact an older person's ability to communicate effectively with their health care providers? To explore this question, I asked several supporting questions that could elicit answers that fostered an understanding of how quilters were impacted by their craft. These questions included asking them how they began quilting, how they experience mindfulness, and how quilting impacts their communication, particularly as it applies to their health care provider. As the participants responded to the questions and the data was gathered, there were three categories that emerged. These were creating, mental health,

and connection to others. Two subthemes that emerged under the category of creating were flow, or the process that occurs during quilting, and accomplishment, both of which are the feelings that are produced by the act of quilting. The category of mental health also had two themes that formed out of the responses. These were enjoyment, or the way that quilting made these older adults feel and productivity, or the act of producing something of beauty and use. Two sub-themes that developed under connection to others was a generational connection as well as a connection to others that share a love of quilting. Cross data between participants presented these themes throughout the interviews. Each question will be explored, and some of the similarities and differences between the responses will be addressed. Table 3 provides frequency and percentage information on the themes by participant.

Table 3

Frequency and Percentage Breakdown of Emergent Themes by Participant

			Theme n (%)			
Participant	Flow	Accomplishment	Enjoyment	Productivity	Generational	Connection to others
1	18 (19%)	13 (19%)	17 (18%)	7 (13%)	20 (27%)	17 (13%)
2	9 (24%)	16 (24%)	26 (28%)	7 (13%)	4 (5%)	17 (13%)
3	22 (23%)	9 (13%)	18 (19%)	4 (8%)	7 (10%)	21 (17%)
4	8 (8%)	3 (4%)	10 (11%)	9 (17%)	8 (11%)	8 (6%)
5	12 (12%)	16 (24%)	3 (3%)	9 (17%)	4 (5%)	17 (13%)
6	9 (9%)	2 (2%)	4 (4%)	2 (3%)	14 (19%)	11 (9%)
7	6 (6%)	2 (2%)	6 (6%)	11 (21%)	9 (12%)	16 (13%)
8	12 (32%)	7 (10%)	10 (11%)	4 (8%)	7 (10%)	20 (16%)

Evidence of Trustworthiness

Credibility

Interviewing participants on three separate occasions naturally provoked long-term engagement. Although information varied, what was important to the volunteers consistently came through in each interview. I did keep a reflective journal which allowed me an opportunity to express what questions or thoughts particular interviews evoked. Asking the volunteers to read over the transcripts also served to support the credibility of the study.

Content validity was important, and London et al. (2017) urged researchers to have a complete understanding of the relevant concepts. Since this related to my study, a concerted effort ensued to understand the meaning of concepts used, such as mindfulness and communication. This thorough understanding for me came from working through the literature review and researching creativity and mindfulness. I discussed definitions and meanings with each participant, and they heard these words and framed them based upon their experiences and understanding. Considering that the responses a volunteer provided was followed up with probing questions, it seemed that content validity was established. The context was well explored. When one of the participants responded that someone in her group said that mindfulness is what quilters do, that brought everything into sharp focus. This was a compelling benefit of quilting. Triangulation was another factor that was considered. To examine this study, triangulation was used from varied environmental positions, such as different days and times (Abdalla et al., 2018). Gaining similar information at different points in the interviews verified the integrity of the interviews.

Member-checking was accomplished through participants reading the transcripts. I employed this method during the data collection phase of my research. I asked each participant to review their transcripts and this was completed. I kept an accurate record of details such as thoughts and feelings I had, as well as noted details regarding the participant during the interview (Rubin & Rubin, 2012). Yet another way to ensure that the information reflects what the participant thinks is asking a question several ways. This ensures that the information is the volunteers' and not my opinion. Asking similar questions in different ways was done throughout the interviews (Rubin & Rubin, 2012).

Fusch & Ness (2015) maintained that in order to promote social change, research must reflect the interviewee's experience, rather than the researcher's beliefs. As it is my desire to make a difference in the lives of individuals, I intentionally sought to understand the phenomena through the participant's eyes, and not through my own.

Transferability

To determine if a study can be transferred to another setting, a thick description of the setting must be described (Korstiens & Moser, 2018; Lincoln & Guba, 1985; Schreier, 2018). I have tried to describe the setting as thoroughly as possible, discussing the ruralness of these counties, the kind of land surrounding the area, the interests of the communities, and some background about the participants. To address diversity, in a fairly homogeneous community, I drew participants from at least three different communities to bolster the possibility of diversity (Coghlan & Brydon-Miller, 2014).

Dependability

Dependability is established by a careful consideration of the methods and research questions, as well as the design, data collection, and analysis of the study (Frey, 2018). This study described the participants, setting, and method in which it was conducted. I was thoughtful throughout the planning and execution of the study. I developed the questions based upon the research question. I asked the questions to a few friends to determine if they provided answers that would help provide more understanding of the research question. The interviews occurred on different days and times and still displayed consistency. In the analysis of the study, I was careful to use participants' words as I grouped them into categories.

Confirmability

Confirmability is interest in the data being the thoughts and feelings of the respondent rather than the bias of the researcher (Allen, 2017). I already acknowledged the bias I had before the study was initiated. I recognized my responsibility regarding how I needed to conduct myself and respond to the information that was provided. I quickly realized, as I began the interviewing process, that because I am not a quilter, the information that was being expressed by the quilters was something that I did not relate to or fully understand. The experiences that were shared were common to the participants but could not be affirmed by individuals that had not quilted. This made it easier to be positioned as a learner, and to take in the information that was presented.

Results

Development of an Interest in Quilting

The first question dealt with how the respondents came to develop an interest in

the art of quilting. Everyone had someone in their family who quilted. Participants 1, 4, 6,

and 7 were with their mothers while they were quilting. Participants 4 and 6 spoke with

warmth about being with their grandmothers as they quilted. Participant 6 expressed it in

this manner:

> Well I think I was probably fairly young, but my grandmother quilted and
>
> I would go to her house and watch her quilt. And then she would give me
>
> all of her needles and then she'd give me a yardstick. And I would sit
>
> under the quilt. She had a small house and when she had the quilt set up
>
> there wasn't much room to move around. So I would thread the needles
>
> under the quilt.

The progression of skill development was cited by most of the participants as leading

them to quilting. All of the respondents had family members that quilted. But participants

1, 3, 4, 5, 7, and 8 spoke about their quilting skills developing from previous needlework.

Participant 8 described the experience of moving toward quilting this way:

> I didn't really start quilting until probably 20 years ago. But I had helped
>
> with quilting when I was first married. I embroidered a lot. My mother
>
> would then take my embroidery that I did for my son's first quilt, and she
>
> made it into a quilt. So that started it. I would do the embroidery then she
>
> would make the quilts. And then she also made one quilt that had all my

material from dresses. Even one from one of my proms is in there. I still

have some of that. I didn't think about really quilting until I moved to this

area. To really do what I consider quilting. Before it was you put blankets

together and you tie them. I didn't know that was really considered

quilting. So, you just put fabric together and you tied it. When I came here

I started doing some piecing.

It seemed that the participants shared similar experiences in how they became

involved in quilting. For some, it was learning about sewing from an early age and being

involved in that task. For others, it was something they wanted to try because other

family members quilted. Their interest and enjoyment of the craft propelled them to

continue to learn and develop skills. It heightened their ability to communicate,

sharpened mindfulness and problem-solve abilities. This enabled them to apply these

skills that were transferable to many aspects of their lives.

Desire to Pass on an Interest in Quilting to Future Generations

Passing an interest for quilting on to children and grandchildren was important to

varying degrees for the respondents. Participants 4, 6, and 8 shared that their daughters

quilt. Participants 6, 7, and 8 have quilted with their granddaughters. Participant 3 related

that she has sewn with her grandchildren, but they do not have the time to commit to

quilting. Sometimes when Participant 1 is quilting, her grandchildren are around

watching. Participant 5 spoke about the honor quilt her family made for her husband:

A few years ago I made my husband a quilt because he's a veteran. They

do honor quilts, what they call them. Some people do an honor quilt and

give it to a veteran. So our whole family sewed on that. I got it started and

then I had everybody in our family, kids and grandchildren all sewed at

least a couple of seams.

The art of quilting seemed to be important to the participants and there was a

desire to pass it down to their children and grandchildren. Some participants expressed

the concept of a craft that could be shared between generations. One participant

expressed that it is difficult to pass this hobby on to her grandchildren as they are too

busy. Yet another participant spoke about how much time she has now for the craft. This

emphasizes the seasons of individual lives.

Experience of Mindfulness During Quilting

Mindfulness was discussed with each participant. We talked about a formal

definition of it, but the respondents formed their own definition based upon their

understanding. Participant 8 stated that she had talked with her quilting group about

mindfulness:

So, I was explaining to one of the ladies of the four who quilt together what

mindfulness is. One of them actually understood what it was. She said we do it all the

time.

Respondents expressed positive thoughts and experiences during quilting.

Although there was some overlap of words and experiences reported, the responses were

unique to each quilter. Participant 1 spoke about how she was aware of generational

memories:

So a lot of times I am sitting there, piecing a quilt especially. And I do it

on the machine and she did it by hand so hey. But I think about her and I

think about my mom. Then I think about hoping my grandchildren

appreciating this like I do. So that sort of thing. To me it is a connection. It

is a family connection thing. Generational connection. I enjoy that. I like

things that tie me to other generations.

As Participant 2 thought about experiencing mindfulness while quilting, he expressed that

he was focused on the task at hand:

When I'm working on that quilt, I'm focused on what I'm doing. I have to

really stay focused on every curve of the line what's coming next. And

I'm watching forward I watch where that laser light comes on that line and

making sure it doesn't go off that line and I kind of watch just a little bit

forward, so I already know which way I'm turning so I'm pretty focused

on what I'm doing at the time. So my mind doesn't go elsewhere very

much during that time. One of the things I have thought about in

mindfulness is keeping me alert and keeping me active and thinking. I

think doing this and the carpentry work that I do for others those things are

just really important to me just to keep me going. Here I'm retired and

I've heard of so many people that retire and have nothing to do. They

don't have a hobby or a skill that they like to play with in the evening or

during the day when they're home and just kind of sit and watch tv all day

and it isn't too long and they deteriorate and pass on. To me, between this

quilting and the carpentry work that I do it keeps me active, it keeps my

brain active, and keeps me thinking and working out problems and stuff

like that and I think that's very important.

Participant 3 shared her experience with mindfulness during quilting in this manner:

You kind of forget about things and put that aside and get some

satisfaction out of that. Maybe you can forget that for a little while. Or you

can work it out in your mind as you're sewing and your fingers are doing

their thing and maybe you can do a lot of thinking or praying. And it's not

bad to be alone. When you have a family that alone time is sometimes

therapy if you can just be alone in your element and do what you want to

do. Sometimes when I'd be quilting I'd kind of hate it when I had to quit

and get a meal or something. Things would be going along real good and

heck I've got to quit and fix supper now. Cause I was having so much fun

or having a peaceful time, I guess I'll put it that way, I have to switch off

and do something else.

Participant 5 viewed mindfulness in this manner:

Well, in the sense of keeping busy keeping your mind active, trying

something new, and feeling a sense of accomplishment and confidence.

Just some days just keeping busy. Trying to figure out how things work

together. Dreaming about all of the projects you're going to do. And also

the friendships of working together. Like, there are three other ladies in

town. The four of us have been going to a quilt class for probably four or

five years. Doing one quilt in a year. And so, that's been good for me. I've

done some things for the charity sale and that's been a good feeling.

All of the participants acknowledged the benefit that quilting provided them

regarding mindfulness. They were aware of the positive assets that can be gained from

quilting, and often turned to quilting so they could experience these feelings and

sensations that provided positivity and well-being.

Creativity: Colors, Fabrics, and Patterns

While the respondents talked about their craft, the aspects that seemed to be

mentioned the most were the enjoyment of the colors, fabrics and patterns that quilting

provided. Participants described quilting as a sensory experience. They found handling

the material and selecting the colors and patterns fulfilling. The sensory experience

provided a critical part of quilting enjoyment and frequently furnished the impetus for

completing a project. It appeared that planning, execution, and completion of the quilt

provided the quilter with a worthwhile experience.

Both Participants 3 and 7 acknowledged the creative gene. Participant 3 had this

to say about her experience with creativity:

Well you always have more ideas than you are going to get done. If you

like quilts you see different ones and you think, I'd like to make one of

those. Actually, the first applique quilt I did was I designed the pattern and

our quilt guild always had a raffle quilt that they did every year and so I

designed the first one for that. I liked it, I designed it but I really liked it so

after that was over, I made one for myself of the same thing.

Participant 7 expressed her thoughts about creativity in this manner:

It wasn't something I really enjoyed at first. It's a process that you learn, just like any other skill you know. You don't enjoy it right away. But I think it's the idea. I think it is seeing little stitches become something creative. You know we have such a creative gene in us. You know you want to create. And so that's probably it.

Participant 6 explained the importance of colors in quilting in this effective story:

Well, first I have a tendency to pick the colors that I like. One of my first quilts I ever made and this was a new friend I had and I showed it to her when I was probably about half done with it. She said oh you made a mistake. I said what do you mean? Then she said you need to put another color in. I thought oh gee. I asked her what color I should put in. I took her advice and put it in. I was listening to a sewing class on tv during that time. This teacher was saying if you don't like the color don't finish it put in what you like. And I laid that quilt in my sewing room on the ping pong table and I didn't like it. I spent several days taking it out. This lady told me I put the wrong color in and I took those pieces out and put the color I liked in. Now I like my quilt.

Participant 1 spoke about her work with quilts in this way:

I like to arrange colors. I like a lot of color. I have a minor in art. So I like colors. That's one reason I like fabrics. Because you can arrange and move colors around.

Participants were willing to talk about the enjoyment they gained from creating quilts. This enjoyment was raised by all of the respondents. Although they quilted for different reasons, this enjoyment was the common reason for crafting quilts. There was an excitement and joy when the participants discussed creativity.

Purpose of Quilting

Although the purpose of quilting varied among quilters, most cited that mental health and a pastime remained as essential benefits. Aside from Participant 2, whose purpose was to generate income, the other respondents expressed various ways in which quilting enhanced their lives. Participants 1, 3, and 5 verbalized mental health as one reason they quilted. Participant 1 expressed it in this way:

When I started and it probably is now, it is personal satisfaction. I enjoy it, it makes me feel creative, like I have accomplished something. You've got a visible something that you've made, it's creative, and I like that. I can give that to my children or whoever. Kind of like painting a picture. You get aggravated while you're doing it trying to mix paint and thinking you're making a mess, but when it's all over and it looks nice, you can stand back and say I actually make that. She went on to say that it gives you a sense of accomplishment. It does help with emotional issues one way or another.

Participant 3 put her thoughts together in this manner:

I would say that's a real good feeling if you can make something special. It's something I can do and I am good at it. There is a sense of

accomplishment. And giving it to someone-that's a really good feeling when you can make something and give it to someone else. It's something that is fully mine and it's something special that is made for that person. It's therapy for me. It's something that I like to do. I get a lot of joy out of it really. And then to get it done is a satisfaction because it's a big project.

Participant 5 expressed the purpose of quilting for her as mental health:

The purpose is mental health. It gives me something to do something to think about. In this last year speaking not only for myself but I'm sure it has been a lifesaver for many, many women, people. It's not only women, men are involved in the business too. There are lots of people that talk about it being a really cheap form of psychology, counseling, whatever you want to say. But it is an escape in a way. You kind of get in the zone and don't want to be bothered by other things. It gives you something to look forward to.

Participant 8 responded to the question of the purpose of quilting with a thoughtful response:

Oh the purpose. Enjoyment? Yes, I'd say enjoyment and why do I like to quilt? Hmmm. Just finishing something too. Like I said I just hate not being busy. It gives me something to do. That's a good question. I don't know why I do it. I just enjoy it. That's all there is to it. I think it's one of those things that if you don't quilt you don't understand it.

Personal satisfaction and accomplishment were among the reasons given for quilting. Two respondents identified supporting positive mental health as the purpose of quilting. These individuals were interested in adding a hobby to their lives that would provide pleasure and give them a productive pastime.

Benefits of Quilting

When considering the benefits of quilting, the responses once again varied. However, each participant saw the benefit of their craft. Participant 6 put it this way:

I think that when you are quilting or working together on piecing a quilt with somebody you listen for their ideas because you can always learn an easier way to do things. When you quilt or you're piecing you sort of form a friendship really. I think it's a good pastime and it's a project that you don't finish right away.

Participant 4 enjoyed the benefits that quilting offered and identified one medium as the quilt show:

I enjoyed going to quilt shows. See what other ladies have done. Well, to me, it was something I could do at home, it was a pastime, and I enjoyed it. Those three things. If you don't enjoy it, don't even try.

Participant 7 had the following to say about the benefits of quilting:

Well, we have a joke when we're quilting around at church. This one lady always calls it her therapy. Her quilting is her therapy because you can pick it up and maybe you forget some of your other problems as you're working on it and your focus is on something else then maybe yourself

and what you've been stewing about and you get to see a product when

you're done and I think that's always beneficial. So with it being a dying

art maybe some other things are taking its place with more modern

techniques there is a lot more art quilting because of…you can go and buy

a blanket real cheap a comforter for your bed and not invest all of that

money but there are a lot more art people expressing themselves with

using fabrics or threads in that way. I've gone to Paducah, KY is kind of a

…they have a quilt museum there that's really awesome and they have a

quilt show. I don't think they'll have one this year and they didn't have

one last year but they have kind of an international part too. There are just

awesome things people can do with fabric. It's almost like people painting

only they are using fabric.

Participant 2 expressed a number of benefits that he experiences from quilting:

In quilting there's a number of parts of it that I really enjoy. Part of it is

when a customer comes in and brings a quilt in and I get to interact with

them and see what they've done and enjoy their creation. And figure out

what they want to do next to make their quilt finish up. My favorite part is

when they pick it up and they look at it and see how the quilt looks. 99%

of the time they are very, very happy with it. So that's enjoyable. And just

being able to interact with people. When you're retired and not going

anywhere and doing anything. And then also just to have a purpose for the

day. To get up and I've got a quilt that needs to be done today and I need

to get it done by such and such a time because somebody is coming by to

pick it up and that purpose keeps you going and not just sitting around and

watching tv all day. Definitely having a purpose, being needed a little bit. I

think that's very important.

The benefits of quilting were further reaching than I had ever realized. Not only

did it provide a pastime and provide individuals an opportunity to participate in

something that required skills and other mental requirements, but also served to assist in

making connections with others. This was not only from a generational standpoint, but it

also involved making friendships and companionship. Benefits also included travel

opportunities and awards.

Feelings During Quilting

When the participants spoke about feelings while quilting, they all expressed

positive feelings. Participants 1, 3, 4, and 8 all expressed the feeling of enjoyment.

Participant 1 shared her perception of the feelings regarding quilting in this manner:

Well, I enjoy being creative. I just like the feel of fabric and I enjoy the

creative feeling of putting things together and making it look nice. I

always think back to my mom and my grandmother and all those who

quilted and it makes me feel closer to them that I'm doing the same thing

they did when they were here. I always feel happy. This is something I

want to be doing right now. That I enjoy. When something turns out nice,

especially after you piece say a small block, a wall hanging, whatever.

Then I can kind of sit back and think yes, that's what I wanted. It makes

you feel kind of successful. That you created something on your own. That

kind of thing. In a way too when I totally finish a quilt, even though you

do feel you are proud of it and that kind of thing. I'm a little bit sad

because I'm no longer working on that one. So I have to start on

something else.

Participant 3 spoke about feelings that she experienced while quilting:

You kind of forget about everything else. You are just enjoying yourself.

Peaceful. It's a peaceful thing to me. It's kind of like therapy because I'm

enjoying what I'm doing.

Participant 4 had this to say about her feelings while quilting:

I just enjoy it. You spend your time and you have something to show for

it. That's what I enjoy. I like to look at them, so I go to the next one. It

relaxes me. You know, if you do something you enjoy you have a good

feeling about yourself.

Participant 8 related her feelings during quilting:

 It's kind of repetitious. You just kind of go with it. It makes you feel

good, I guess. Accomplished of course. Happy of course. Sometimes

you're angry because you screw up. That's all there is to it. Sometimes I

don't feel anything. It's just like I'm there. I'm right there.

Participants expressed positive feelings from quilting. Not only did they all use

the word enjoyment, but also verbalized other expressions of positivity including good,

accomplished, happy, and relaxed. They seemed to be well familiar with how they felt and why, in part, they quilted.

Quilting and Health

When the participants were asked about seeing a relationship between quilting and health, all of them expressed that they recognized mental health benefits from their quilting. Participant 2 expressed his experience this way:

Yes, definitely. In that way just staying active, keeping your mind you know…bringing up more problems for your mind to solve is a great thing to keep your mind active and sharp. It's fun to see these little ladies come in that are in their 80s still sewing quilt tops together and how active their minds are and how much joy they get out of bringing these quilts in and showing them to us. They talk a lot about the excitement of putting it together and picking the colors and sometimes it's for a certain family member and they talk about that. It's just fun to interact with them and see how it works in their lives too. I think it definitely helps with your physical abilities and your mental abilities just to stay busy and occupied and challenge yourself. For me, it keeps me on my feet. I'm standing behind that machine. I think it's good for you. Especially that knee I've had replaced twice. It's not a very happy knee. So I have to figure out different ways of doing things. I'm a little slower at things that I used to do because of some of the problems I've had with my knee. But I still can get things done. I just have to figure out different ways of doing it. It's

challenging and I think it's better for my whole body. It keeps me at least

somewhat fit.

Participant 3 expressed her experience with quilting and health being connected in this

way:

Maybe not all of the time but most of the time. I think it adds to my peace

of mind. It makes me happy-maybe not all the time. When I first got into

quilting it helped me. If you try something difficult and it works that's

satisfying. Comparing myself to other quilters, I have never felt

intimidated. So, I see a connection.

When asked about the quilting and health connection, Participant 6 responded

thoughtfully:

Yes, because it is something that I really enjoy doing. When I'm having a

bad day I don't know we all can't have a good day. If I can only sit and do

some sewing.

Participant 7 shared her perception of quilting and health:

Connection, oh yes, I would guess. Especially your mental health I would

think. Physical health I know quilting you're just sitting and so I make

sure I get up and go for walks in the afternoon instead of quilting all

afternoon. When you're retired the worst thing is not have any projects to

go to and what are you going to do with your time?

Participant 8 responded to the question about seeing a connection between quilting and

health with this reply:

Oh, yes, I thoroughly believe that. I don't know how…well okay for me personally. And even the ladies that I go with. We've just found like now the stress of being locked in we can go down and sew and so we feel better. We are not so anxious that we are going to make ourselves sick. We're not because we have stuff to do. Quilting is one of those things we feel good about. Some other people have…maybe they do art, maybe they just read and it slows them down. Quilting is just something that I enjoy-I don't know why. The first time I ever cut into a huge piece of fabric. Scared me to death. Absolutely, because it's expensive. Even now somebody will ask me that doesn't it bother you well yes it does. You have to just get through that. Once you get it cut you can just lose yourself in it. And it just turns out really well. I was down there today for a couple of hours cleaning up because I'm done with the quilt now. Even that makes you feel good because you know it's done and it looks really good. So now you can get ready to do the next project. It just makes you feel good that you've accomplished something.

The participants affirmed the connection between quilting and health. Physical health was described as helping in most situations, although some accommodations were required. Quilting and mental health was mentioned throughout the interviews. At times it was labeled mental health and at other points it described well-being.

Communication Benefits Due to Quilting

All the participants expressed that quilting offered them a way to communicate with others, their spouses, children, extended family members, and the greater community. Several of the participants have participated in quilt guilds and church quilting groups. Participant 1 raised the point that quilts helped her communicate with others, even those who don't quilt but like quilts:

Other people enjoy quilts. They may not make them and they may not plan them or have anything to do with them but they like to look at really pretty quilts. I've taken my quilt collection to lots of places, and shown them to quilt guilds, clubs, and church groups. I would take 30 quilts. Most of them are quilts and wall hanging and talk about each one. They would ask questions. We had some really good discussions about these quilts. And they just loved it and these are women I never saw before. Sure, before it was over with they were like good friends. They wanted to come up and talk about these quilts and how could they make one and all sorts of things. So, I think quilts are a very good communication thing. I have enjoyed sharing mine with other people for that reason.

Participant 2 talked about communication in this manner:

I suppose just working with customers kind of helps me in the communication skills and helps that part. My wife and I found out a long time ago that we think about things completely different and we don't

communicate very good sometimes because of that different way of looking at things. I don't know why that is just kind of not quite butt heads but you know what I mean we just don't think things through the same way. We might both be trying to say the same thing but in a totally different way so we have to learn to communicate better and we work on that all the time. Because we know we both have that problem. I think though working together like this does help with that. You have to communicate constantly on that when you're working from side to side on a machine like that. Every little step is OK, I've got it now. Who's running the machine when. That's something we've noticed that we've had to work on throughout our marriage. It's getting better but it still shows up from time to time. We're talking about things and we find out in the end we were talking about the same thing but in a different way. It's weird how it can be that way.

Participant 3 spoke about her perception of quilting and communication:

I think people that do it really understand it and it's kind of therapeutic. Well, I don't know if you get a bunch of quilters together we all kind of think alike. If you try to describe it to someone that is not a quilter then that's more difficult. It's hard to describe what it does for you. It's kind of like therapy. It's kind of an art form in a way. I think you would get the same satisfaction. I think you can compare it to painting picture or some other art form.

Participant 4 felt that her quilting did help with her communication. She indicated that it surely did. She noted that if you quilt then it is something that you can talk about. If someone else quilts, then you know what they are talking about.

Participant 5 expressed herself this way in regard to communication:

Well I've thought about it. When two quilters get together, they immediately have something to talk about. I'm not the greatest at chit chat I guess you might say, or like my husband's dad would say "pumping sunshine." He always had to stay late after church and do that. When you find out you are talking to a quilter it gives you stuff to talk about. I remember I went into a quilt shop where I had never been before and haven't been since. The lady in there was just so kind. Of course-what can I help you with? What are you working on? I had some pictures on my phone and shared them. It's just kind of like it just gives you something to talk about and understand each other and know where the other person is coming from. I don't know mostly I tend to be more quiet than some other people.

Participant 6 said this regarding communication:

My friend and I will sew together. I just have one machine. Sometimes I'll call her and ask if she has some handiwork she can bring over and work on. Then we'll just sew together. Give me a call and we spend as much time visiting as we do sewing…Communication goes better at my age now, yes. More of us have time at our age. Especially, we

lived on the farm and I helped milk cows and I worked in the field and had

men to feed and I never really had time to do the sewing I liked. And now

I can. I think some of my friends are the same way. You're busy raising a

family and going to school activities with your children. And getting

involved in Sunday School. Now I have more time to do what I really

enjoy. Don't take me wrong I enjoyed going to my kids' activities. But

that changed with age I guess.

Participant 7 shared that she is a quiet person, but quilting has opened ways in

which to communicate with others:

Well, of course your skill level goes up and I've had a lot of

different adventures. I've gone with my mother and aunts we've gone to

Paducah-we've taken a couple of bus trips there. I've gone to Houston to

the international quilt festival there with my mother and aunt. So it has

given me interest when I find other people and find out they're quilters

and we have something to talk about. I think I've grown I haven't stayed

where I was with just sitting and sewing clothes.

Participant 8 talked about her quilting friends and this relationship:

There's about four of us that go to class. We go to class once a

month. We all have sewed forever. And we get together. We choose

fabrics. We actually, if we have a question we will maybe go over to each

other's house and all four of us will talk about it. And how we need to

correct or do something differently. So it's just kind of like you are not by

yourself at all. You are but you're not. Because you know somebody's there if you have a problem, they can help you change it or have a suggestion on what you need to do. I'm on Facebook and there are several quilt groups. And I get on there and I look at it and say oh I didn't know that. How to cut something easier. And so we'll pass that on. I guess we don't just get together and quilt together but we are always together quilting.

All of the participants expressed that quilting helped with communication. When I had originally anticipated how this question might be answered, I was thinking about how the task of quilting could benefit communication. I had not foreseen that there would be multiple ways that communication could be strengthened due to this art. It became apparent early in the interview process that participants identified their relationship with others as a primary means of enhancing communication. Furthermore, their love and expertise of the craft opened the door to travel and desire to share their knowledge with clubs and organizations.

Communication With Health Care Providers

The research question for this study is through your quilt making, how do you experience mindfulness and its impact on your communication with health care providers? The respondents had different responses to this question. The following are responses that were shared.

Participant 1-She indicated that she has been healthy and did not express a connection with quilting and her health care provider. She did speak about sewing and quilting helping her feel better:

The more I did the better I felt about everything. It gives you a sense of accomplishment. It does help with emotional issues one way or another.

This respondent also spoke about her mother's quilting and how it gave a connection with health care providers when her mother was in a nursing facility. Because her mother's room had quilts on the walls and across the bed, and her mother was able to talk a bit about them, the health care providers were able to understand the importance of them to her mother. It was helpful in giving them more of a sense about the respondent's mother and understanding her better.

Participant 2-This is what he had to say about quilting and communication with others and health care providers:

I suppose just working with customers kind of helps me in the communication skills and helps that part. I'm not sure about communicating with doctors. I just had a doctor's appointment a couple of weeks ago. I don't know. I'm not sure. I'm sure that all of our experiences throughout our lives play into that whatever we've done in our lives and being as old as I am already there's been a lot of them. I've never had much problem with going to the doctor and telling him what I'm dealing with. So whether this has really improved that or not I really couldn't tell you. I'm usually pretty easy going about describing what's going on. I

shouldn't say easygoing. I don't have a hard time describing it. The hard

part is going in and telling the doctor I have problems because I don't

really want to know. I want to ignore it. We don't want to find out

something's worse than we think it is so we don't want to go in and talk to

him about it.

Participant 3-She expressed that she did not see a connection between her

quilting and communicating with her health care provider.

Participant 4-She indicated she did not see a connection between her quilting and

her communication with her health care provider. She does feel like it positively affects

her mental health:

If I can get involved in sewing it helps me. Well yes. It calms me.

Because I am fighting a little bit of anxiety. It came after I had a surgery.

If I get involved in sewing, it helps me.

Participant 5-She saw a connection with mental health, but not as much with

physical health:

I have thought a lot about it. It is probably more mental health than

physical health. Although a teacher that was teaching a quilting class was

having some breathing issues and had gone to the doctor. The doctor

asked what do you do, how do you spend your time? She told him that she

spent hours and hours sewing. So, it had to do with her posture. He told

her whatever the problem was posture and noticing that kind of thing was

as bad for your health as smoking. It took her by surprise. I suppose it was

in the way someone sits at their computer and we probably need to be real

careful about that. As far as physical health and wellbeing, I don't know

that I see a connection. Well in the sense of keeping busy keeping your

mind active, trying something new, and feeling a sense of accomplishment

and confidence. Just some days just keeping busy.

Participant 6-She made the connection between quilt making and her health care

provider in this way:

A year and a half ago I was very sick. One of the first questions he

always asks me is what are you doing? What are you doing and are you

taking care of yourself? And then I'll tell him well, I'm still doing my

housework and sewing because that's what I love to do. I think I'm taking

care of myself because I'm doing what you tell me to do. He said keep it

up. Do it for as long as you possibly can. It's better to keep active than

sitting and doing nothing.

When I asked the respondent if she felt like she can tell him what she needs and

he understands, she stated yes.

Participant 7-This is how she made the connection between her quilting and her

health care providers:

I told my eye doctor I wanted sure to be able to see what I'm

doing. But I guess if you're in tune with how you're feeling with your

body you can better communicate with your doctor. I know at one point

when my mother was in kind of a depressed state and I'd go with her to

the doctor and he would ask her where she hurt and she'd say 'I don't know' she just couldn't even at that point tell where she felt bad because she felt bad all over. It's hard to say where it hurts…well, I don't know if it's really the fact that it's with my quilting but maybe just that I do have time where you think if you think through things. Maybe that's it.

Participant 8-She stated that she felt that her quilt making helped with communication with health care providers:

Even there it makes you organized so that when you go to your health person you actually have what you want to ask. Before it would be oh I need to remember to ask her this and this and this. Now after doing quilting and you're organized then you start writing things down and then you remember to take it with you. Now I'm a little older maybe that makes a difference too. But it used to be it's so minor why should I bring that up. I think that's a lot of my problem. Quilting has helped with that I don't know. I'm just more sure of myself now. Now when I go to the doctor I might say I've got this thing on my leg I'm not sure what it is it's just been there. You want to hear what she said it was? Well, it's an old age freckle. Now I'm at the age I guess it doesn't bother me now to ask things that I need to. Maybe quilting has helped me with that. I don't know. I used to be I'd think oh that's stupid when I ask that question about quilting. They said there's not a single stupid question on anything. And I thoroughly agree with that now. Even with your health care you have to

get detailed. My ear is kind of hurting and I don't know why. But before

it'd be oh its fine.

Only four participants viewed their quilting as enhancing communication with
health care providers. Had that question been worded differently or had there been further
discussion in which participants could have developed their thoughts and experiences,
perhaps this number would have increased. Those that did identify that communication
with health care providers was more effective due to quilting seemed to clearly see the
connection, such as the woman who verbalized that it helped her organize her thoughts
before her medical appointments. This area begs a need for further exploration.

Notable Study Results

Along with the aforementioned information that was expressed by the
respondents, there were some other interesting points that they discussed that gave further
insight into the quilt-making experience. Most of the participants raised the importance of
the quilt shop. In addition to providing fabric and supplies, it also served as a place to go
with others and was a source of support and camaraderie. Participant 8 described it this
way:

And then, well like the other day I have to say I wasn't looking for

anything, but all four of us went again just to the quilt store because it's

the quilt store. Anyway, she had one piece of fabric and she needed more.

We were all over the quilt store pulling stuff out and bringing it. She'd

have like 10 or 12 bolts because that's what we do. Some of it will work

and some of it won't. And they'll bring out a color that you think oh my gosh that won't work and it will be perfect.

Participant 3 shared a story that framed the importance of the quilt shop in a very clear manner:

> I remember my sister and I were in the city when our father was very ill and he wasn't going to make it. But, there was a little quilt shop down the street from the hospital and we were pretty stressed out and my sister said let's go down to that little fabric store and feel the fabrics. A lot of people wouldn't even I mean they'd think that was crazy. But we did. We went down there and I don't think we bought anything but we looked around and picked out fabrics. There's just something comforting about that-something that we liked and appreciated.

A concept that came up for a few of the participants was that of being non-judgmental. It seemed to be borne from quilting. Participant 3 said it this way:

> You don't all like the same thing but yet you appreciate somebody else's quilt. Maybe it's not…the colors or the thing that you would do but you still appreciate the workmanship and their efforts. We all have something in common. We're all ages. It's just kind of fun to see what everyone else is doing. We just have that thing in common.

Participant 5 expressed this about visiting with other quilters:

> Well, I like to pay attention to what they are saying and try not to be too critical of what they are saying-allow them their opinions. Although

mine might not be the same. And not be too, I don't know, it's kind of hard to do now in these times as people seem to be so opinionated one way or another. It's a hard thing to allow everybody their own ideas without being too judgmental. I just kind of think, okay that's their opinion. That's the way they are and that's the way it's going to be. I'm probably not going to change their mind.

Another point that was made by a few of the participants was how quilting can serve as an escape, or the feeling that one has been traveling when they have not traveled physically. Participant 3 shared her experience of how quilting serves as relief from daily problems:

I think in a way we didn't travel a whole lot. When other people were traveling in the summer that's when our work is-that's when farmers work. So we didn't travel very much. Then in the fall the kids would be in school. I think I felt the satisfaction in that hobby. It was something I could turn to and do when we weren't able to travel or do some other things like that.

Participant 5 also brought up the topic of travel as she was talking about the purpose of quilting:

I guess just something to do at this point in time. Something to do. We like to travel and go on trips and that isn't happening. We'd watch our granddaughters play ball and that isn't happening. The days sometimes get kind of long. I try to do at least some quilting every day. I might say well

today I'm going to work some this afternoon. I usually try to do it in the

afternoons. I keep myself busy in the mornings.

A few of the participants spoke about quilters having their own language. This

was another point to note and may explain the feeling of connection. Participant 3 stated

it in this manner:

Quilters talk the same language. We understand each other because

we do the same thing.

Participant 4 also had a similar experience with communicating with her friends

that quilt. She indicated that she knows what they are talking about.

Another component that I became aware of as the interviews progressed, was that

quilting offers a camaraderie with others. Connections have been made through this

hobby that may not have been formed in any other way. Participant 1 had this to say

about what happens when she shared her love of quilting:

Other people enjoy quilts. They may not make them and they may

not plan them or have anything to do with them but they like to look at

really pretty quilts. I've taken my quilt collection to lots of places, and

shown them to quilt guilds, clubs, and church groups. I would take 30

quilts. Most of them are quilts and wall hangings and talk about each one.

They would ask questions. We had some really good discussions about

these quilts. And they just loved it and these are women I never saw

before. Sure, before it was over with they were like good friends. They

wanted to come up and talk about these quilts and how could they make

one and all sorts of things. So, I think quilts are a very good

communication thing. I have enjoyed sharing mine with other people for

that reason.

Participant 6 also spoke about the development of friendships around quilting:

When you quilt or you're piecing you sort of form a friendship

really. I think that's always good to know how other people feel or their

ideas about how they find shortcuts you know or what kind of a quilt or

fabric store to go to purchase your supplies you see them on the street it's

easier to talk to them you know what they are and what they like and what

they dislike. You form a friendship I think; I know I have. It's interesting

somebody will meet me in the store or some place and they'll say I have a

problem and ask me what my ideas are to correct them.

As Participant 2 was a male working with a predominantly female hobby, I

looked forward to the insights he could provide regarding gender. He brought up the

gender difference and this is what he had to say about it:

I wonder sometimes how people see me. I'm a man running a

quilting business with my wife and most men think that kind of stuff is not

man stuff. That's woman's work how come are you doing that? But when

I explain to them that this is a machine and I love working with all kinds

of machines and it has a laser light on it and everything and it's just a

really cool machine that's what got me started in it and I enjoy that side of

it. I was an auto mechanic for a few years I went to school for that and I

ended up not doing that very long. But there's still that side of me that enjoys the mechanical part of things. So I don't see it as something a woman should be doing. I see it just as a man working in a factory where you're running a machine that cuts metal, whatever you are doing it is still a machine that is creating something, making something, and I can do it right here in my own home. We go to arts shows or crafts shows. Like a local craft show here. We usually set up a booth there a lot of times. And when women come in there and find out that I'm the one that sewed this quilt all up they are amazed that you did that. They think of it the same way. That's basically women's work. It's just kind of interesting to see the reactions you get sometimes.

Summary

This chapter presented an analysis of a phenomenological qualitative study which considered the lived experiences of quilters and their perceptions of mindfulness, communication, and health as a result of their craft. The principle research question was, How does the process of quilt making impact an older person's ability to communicate effectively with their health care providers? Eight participants were interviewed three times and there were three categories that emerged. These categories were creating, mental health, and connection to others. Two sub-themes developed from creating, and these were flow and accomplishment. The sub-themes that emerged from mental health were enjoyment and productivity. Two more sub-themes flowed from connection to others, and these were a generational connection and a connection to others that share a

love of quilting. Questions that were asked to gain more information about what is experienced during quilting and how communication is enhanced with health care providers included development of interest in quilting, passing interest of quilting on to future generations, mindfulness experienced while quilting, creativity, purpose of quilting, benefits of quilting, feelings experienced during quilting, quilting and health connection, communication benefits and communication with health care providers. Responses to communication with others and communication with health care providers were included. Some observations about benefits of quilting that were unanticipated were also identified. In Chapter 5, the findings of the study will be presented and evaluated. Limitations will be considered, as will implications for positive social change and then suggestions for future research will be presented.

Chapter 5: Discussions, Conclusions, and Recommendations

Introduction

The purpose of this qualitative, phenomenological study was to better understand how older quiltmakers believe their craft impacts communication with their health care providers. Results demonstrated that participants did experience mindfulness in various ways, but only some of them viewed their mindfulness as affecting their communication with their health care providers. All of the participants expressed enjoyment derived from their quilting. Additional feelings included loving the activity and feeling calm, peaceful, relaxed, and good. Quilting offered the participants an opportunity to focus on the task before them, do something they are good at, feel a sense of accomplishment, remember family members who quilted, and think of children and grandchildren who will receive the quilt. All of the participants experienced multiple benefits from quilting, and their anecdotes supported the mental and physical advantages of this craft.

This research provided an opportunity for individuals to consider and share insights on their talent. Participants contributed to the existing body of literature by providing their perspective as older adults regarding the connections between mindfulness and communication with health care providers. In this chapter, I will further discuss the findings described in Chapter 4 in relation to the peer-reviewed literature presented in Chapter 2. I will also discuss the limitations of the study, offer recommendations for future research, consider the study's implications for positive social change, and provide a conclusion to the study.

Interpretation of the Findings

I interviewed eight older adults about their experience of quilting, mindfulness, and communication, including with their health care providers. These individuals were open to responding to questions and seemed to enjoy talking about quilting. They were engaged and appeared to be interested in their lives, and they expressed different interests that kept them involved.

The participants did not seem to consider their craft an art, but rather something practical they can do to produce something useful. Delving into these interviews, my perception was that quilting was a creative outlet in which crafters could express themselves. What I found was a pastime that produced benefits that were abundant and far-reaching. Assembling pieces of material together seemed to involve much more planning and execution and allowed mental and physical skills to be used.

Mindfulness appeared to be expressed in a myriad of ways. Participants shared feelings that the act of quilting itself generated, which included enjoyment, feeling good, calming, peaceful, therapy, and being focused in the moment. Participants also discussed the practical aspects of quilting as a large part of the experience, such as arranging the blocks by color and size, organizing, and planning how to complete current project. Two of the participants expressed that quilting presents a challenge, and there is satisfaction derived from completing a project. All of the participants reported a connection to past generations and future generations. There was also a heightened sense of feelings acknowledged during the process, ranging from grief to happiness.

The concept of communication in varied forms was a considerable part of the discussion. Results indicated that quilting invites communication between the quilter and family or friends. As one participant stated it, quilter's language was a particular way of expressing themselves among other quilters; in using it, they knew they would be understood. The exchange of information was shared through the offering of classes, museums, and auctions and talking with diverse groups about quilting.

Another way in which participants expressed communication about quilting was through the quilt itself. Quilts were generally created for family members and individuals through service projects. In each of these situations, it seems that the quilt conveys warm, caring feelings. However, it is the planning and execution of an individual or group for the benefit of another individual that provides additional pleasure and meaning. One participant's mother had dementia, and the presence of her quilts was a part of her mothers' memory. Her mother related to the quilts, and the health care professionals seemed to gain a better sense of their patient through what the quilts communicated about her.

The results of the study suggest that participants did perceive a connection between quilting and their health. From a physical health perspective, participants identified that quilting aids in mobility and keeping limber yet sitting too long was also a detriment. One participant noted that quilting helped in the process of recovery from surgery. Improved eye-hand coordination was also noted. Participants acknowledged that their mental health was enhanced due to quilting. *Relaxation*, *therapy*, and *peacefulness* were several of the terms used to describe how quilting made the volunteers feel. Two

participants observed that quilting had helped them process their feelings of grief. Four of the participants expressed that quilting aided them in communicating with their health care providers, and the other participants did not see a connection between quilting and enhanced communication with their health care providers. In the study by Taylor et al. (2019), the skills for self-management of health care included problem-solving and decision-making. These were two concepts that were raised by the individuals I interviewed as benefits of quilting. Further, it is important to note that quilting helped them to develop and practice these skills naturally. Another characteristic, confidence, is also helpful in managing health. Participant 2 described his confidence developing this way.

> When I first started doing these quilts, I was asking for my wife's help every step of the way. Help me put this quilt on the rack, help me make sure I get it started straight, help me pick out the thread, help me set the stitch so it's the right stitch, and then once I finally get started does this look good, am I doing a good enough job. I was just so slow at everything and so deliberated. The quilts that I am doing in 2 or 3 hours now would probably have taken me 6 or 8 hours when I first started just because of the difference in getting comfortable with it and getting confident in what you're doing.

Participants spoke far more about quilting experiences than they did about health concerns. This was noted even during the interviews. They mentioned health concerns when asked questions that pertained to it or related to mobility regarding quilting. On

occasion a participant might refer to being older, but it was rare. They were more interested in responding to questions about quilting and sharing about how they perceived their interest in it. The literature supports how quilting can successfully help individuals focus and enhance their health rather than focusing on health issues.

Positive aging encompasses far more than the absence of disease as it includes being active and engaged in social and productive activities (Rowe & Kahn, 1997; Scott et al., 2020). In their study of tending a community garden, Scott et al. (2020) concluded that older adults who were active and engage had more desire to carry out activities despite health limitations. Further, it did not affect their positive attitude about aging.

In a study by Mahlo and Windsor (2021) of older adults and mindfulness, results supported that when individuals can be present and nonjudgmental, it can facilitate flexibility regarding circumstances and a sense of well-being. Further analysis revealed that being in the moment and possessing nonjudgmental thinking strengthens with age. Two of the participants in this study spoke about the characteristic of nonjudgmentalism. Participant 8 expressed her thoughts about being nonjudgmental in this manner.

> You have to be nonjudgmental when you are asking for help. I think
> that's…a lot of times in life you think oh my gosh what are they doing
> wearing that? Even with quilting, some of the quilting groups I'm on
> Facebook, they'll show this Isn't this the most beautiful fabric? And I
> think, oh that's ugly. But that's my…okay, I'm anxious to see how they
> finish it. Because that makes a big difference too. Some material you think
> what are they going to do with that? Then they show the end product. Oh

my gosh, I never would have thought of that. You just have to be non-

judgmental that's for sure.

It seems that being non-judgmental benefited the participants both in their quilting

work and translated to other areas of their lives.

Poulos et al. (2019) documented results of an art participation program for older

adults with mental health needs. In addition to noting the sense of purpose, achievement,

and empowerment for individuals, these creative offerings provided a setting which

encouraged meaningful relationship with others. Poulos et al. (2019) findings are

supported by the current study. Quilting is something that can be done individually or in a

group. It is something that provides a way to connect with others and develop

relationships. These are some ways that enhance an individuals' sense of well-being and

allows them to focus on the quilting and plan for future projects. Communication with

others, including health care providers, can be enriched due to skills learned and refined

in the quilting process.

Categories were identified as creating, mental health, and connection to others.

The two subthemes that emerged from creating were flow, or the process, and

accomplishment, or the end result. Two sub-themes that developed from mental health

were enjoyment, or how it made them feel, and productivity, what was achieved. From

the category of connection to others arose the sub-themes of generational connection and

connection to others who enjoy quilting. The practical aspect was considering the act of

quilting and included quilting tasks, the process of quilting, and the documentation of the

quilt. Responses from the participants revealed multiple benefits identified through the

quilting process, including creativity, mindfulness, characteristics, health responses,

perception, feeling, and sensory enjoyment. Another facet that was prevalent throughout

the interviews was transmission of information including altruism, connection,

community, generational, and communication.

Participants described their quilting experience in positive terms, such as feeling

good, peaceful, enjoyment, and relaxing. This provides a direct correlation to Oatley's

(2004) assertion that positive emotions stimulate creativity.

Connections seemed to flow in different directions, from past generations to the

present and extending into the future. Connections flowed to friends who quilt and other

individuals who aren't quilters but are interested in the craft. These connections occur

due to the act of quilting itself, but also are a result of feelings, values, and beliefs that

individuals hold about the pastime.

Transmission of information was also identified as a critical piece of quilting.

Participants were open and willing to share their love of the craft and their experiences

around it. Some of the participants were also very knowledgeable about the ways in

which quilting has served in a capacity of communication for many years. The act of

quilting provides the foundation for experiences, connections, friendships, purpose, and

they conveyance of care toward others.

Participant 6 described a quilting friendship in the following way.

When you quilt or you are piecing you sort of form a friendship

really. I think that is always good to know how other people feel or their

ideas about how they find shortcuts you know or what kind of a quilt or

fabric store to go to purchase your supplies that you need for either

piecing or quilting.

It also builds and sustains skills and confidence within the quilter that enhances

their life. Baas et al. (2014) noted that individuals were more authentic and not as

concerned about what others thought. This point was brought up through the study's

interviews as several participants talked about respecting the work of others and

understanding that it was acceptable if individuals saw beauty differently.

The findings in this study confirm the findings of previous studies regarding the

connection between mindfulness that occurs during quilting and communication.

Empowerment was the guiding theory for this study. Empowerment of individuals was

identified in each interview. The ability of the participants to create, to make decisions, to

gain confidence in their abilities as they progressed in their skills over time, to be able to

problem-solve and finish projects successfully all contributed to a sense of well-being. It

aided in the participants being able to move into more challenging projects. Sometimes,

these characteristics also positively affected other areas of their lives. The article by Yob

(2016) supported these findings of personal empowerment through confidence, self-

efficacy, and respect for self. Respondents felt that their health was enhanced by quilt

making. This was supported in an article by Reynolds (2004) who reported that textile art

reduced pain and enhanced physical and psychological health.

Limitations of the Study

Limitations for this study were delineated in Chapter 1. The first limitation

identified was concern that the study would not be able to generalize to other

geographical areas. This study did take place in a fairly homogeneous community.

Diversity existed in the socio-economic status and religious beliefs. But, in this small

geographic area, individuals often knew or knew of other residents and the local economy

was impacted by agriculture. The results of the study reflected some similarities between

what the volunteers experienced during their craft. Further, many of the responses were

not dependent on living in a certain area but were human reactions and responses that

were universal. It seemed that although some of the experiences were similar, they were

also quite different. Individuals started quilting at different times in their life and they had

different motivations. But, some of the benefits gained from the experiences were

universal, such as enjoyment, the progression of skills, and the continued enjoyment of

the craft. So those feelings may not be limited to this group but be identified through

interviewing participants from other geographical areas. This hobby is enjoyed globally

as award shows and museums are open to individuals from all over the world.

Another limitation identified that this study may reflect experiences from

individuals in this community only. Although these individuals have lived in these

communities for many years, they were not all born and raised in this area. So, some of

the experiences occurred in other areas. Further, several of the participants talked about

meeting people from other areas. They talked of these experiences in a positive manner.

They spoke of the love of quilting and quilts as a universal experience, not the result of

living in a particular area.

Prior to the interviewing, I was concerned that I would not hear the responses

with accuracy. Due to commonalities that come from living in the same area, I thought

my frame of reference would be similar. However, very early in the interviewing I realized that because I am not a quilter, I was not going to share in the feelings that these individuals had about quilting. They came from a place of deep love for the craft, an understanding of it that comes from regular quilting, and many experiences that were not something that I could relate to as an outsider to the art of quilting. So, I was able to listen to their responses without any preconceived notions as I did not have those. I was open to hearing their experiences as they recounted them. Additionally, I provided the transcripts of the interviews to them so they could read them and ensure accuracy.

Due to the pandemic, the decision was made to interview the participants by phone or on Zoom. Several of the participants were limited in their use of or did not have a comfortable working knowledge of the computer. So, those interviews occurred by phone. As a social worker, I have been trained to take all things into consideration, including body language and surroundings. Talking with individuals by phone limits the amount of information that can be gained. The use of Zoom by the remaining participants allowed me to gather more information regarding the participants and their reactions to questions. However, there was still a limited ability to communicate feeling and understanding. I still believe that pertinent information was gathered and risking anyone's health for face-to-face interviewing would have been unacceptable.

Recommendations

This study was instrumental in helping better understand how quilters perceive mindfulness and how it impacts communication, particularly with their health care providers. From this understanding, I feel that it is important to support these findings

and disseminate information to older adults that supports their creativity and mindfulness. It seems that the encouragement to all individuals, but certainly to older adults, of identifying a creative outlet and developing it is recommended. A few ways this might be done is presenting the study and findings to senior through mediums they access. One medium is magazines that seniors read, such as AARP and Senior Living. Another medium is sharing the study at senior clubs and organizations. The study and results could be shared, as well as ideas for identifying a hobby that might be of interest to the individual and be something they would like to try or continue to develop.

Implications

Developing one's creativity and pursuing a hobby can be life-changing for individuals. This study supported previous studies about the effect the development of mindfulness can have on communication. Further, some of the participants acknowledged that it helped with the communication of health care providers. Being involved in quilting demonstrated methods that communication can be enhanced in a variety of ways. There was potential for opening the door to friendships with others, deepening connections with family members, and offering a myriad of ways that quilt making could be shared with the world, through shows, talks, museums, magazines, and books.

Quilt making also supports service. Not only is it a meaningful activity for quilters but it also produces tangible items of value that provide warmth and comfort to other individuals. A community of care could be communicated to individuals that may receive little consideration otherwise. Quilts can also provide information about a particular period of history. It communicates a story or event that can help others better

understand what was going on for the individual or a group of people during an era. If social workers can be encouraged to keep current with literature, they can have a deeper understanding of the part that creativity and mindfulness plays in the lives of older adults. It can potentially serve to increase their effectiveness in providing services. With this knowledge, social workers can find ways to encourage older adults in pursuing their hobbies despite any deficits they may face.

It is critical that communication between older adults and health care providers continues to be explored. Communication flows between two people and both have responsibility in ensuring that information is clearly expressed and received. Social workers can encourage that flow of communication with both parties, by listening to older adults and providing education and elevating awareness in both individuals and health care providers.

Conclusion

Quilting offers a way in which men and women can engage with their craft and experience mindfulness. The tasks of quilting require an individual to be alert, engaged, and present in the sewing, matching, measuring, and planning that quilting requires. This study shows us the importance of encouraging older adults to hone their creativity skills and engage with the world around them.

The primary research question of this study was, How does the process of quilt making impact an older person's ability to communicate effectively with their health care providers? The three categories that emerged through interviewing eight older participants who quilt were creating, mental health, and connection to others. The first

category identified was creating. Participants shared their experiences of creating while quilting, and the two themes that developed were flow and accomplishment. Respondents shared about flow, which was what occurred during the act of quilting. They also discussed the feelings that arose due to accomplishment, or how the process of quilting made them feel. The feelings experienced in both themes were positive and life-affirming.

The second category which developed was mental health. Whether it was verbalized or implied, the benefits that quilting positively affected mental health was extensive. One theme that was identified was enjoyment, or how the quilting process made the participants feel. The second theme was productivity, or the act of producing something of beauty or use. Both enjoyment and productivity support positive mental health and a sense of well-being. The third category revealed was connection to others. The ways in which these connections were far more varied than I had anticipated. One way of connection to others that was revealed was a generational connection to generations from the past and generations in the future. The second connection to others is the relationships formed with friends and others interested in quilting through the quilting process.

This study supports the importance of encouraging older adults to discover methods to increase their mindfulness and connection with others in their environment. Social workers assisting older adults should be aware of various issues that affect these individuals. These professionals can provide an essential link between the patient and their health care professionals through developing and supporting mindfulness and

enhanced communication skills, as well as connecting older adults to resources and services that can be beneficial.

Further, social workers should be familiar with life stages and the milestones and issues impacting older adults. Being attuned to specific needs that older adults experience, as well as employing listening and assessment skills can ensure more effective service delivery. Providing support and assisting the aging population is essential as growth among this sector will continue to increase in the decades ahead.

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Appendix A: Letter to the Participant

Date

Dear Potential Participant,

I am Mary Cauthorn Gill and I am working on my dissertation to complete my Ph.D. in Social Work. I am interested in finding out more about how quilters experience mindfulness, or being in the present moment, and how it effects their communication with their healthcare providers. I would like to interview individuals who are 65 and older, who live independently, and who would be open to talking about their quilt-making and how it impacts their mindfulness and communication with healthcare workers.

By better understanding the effects of quilt-making on mindfulness and communication with healthcare staff, policies and programs could be tailored more efficiently to meet the needs of these residents.

Your participation is completely voluntary. You can choose or refuse to participate, and you can also elect to begin the study and then decide to leave the study. Your decision to participate or not will not result in any negative consequences with the senior center, learning program, staff, or myself.

If you choose to participate in the study, you will complete three one-hour interviews, with a span of 1-2 weeks between each interview. The interviews will be

conducted via the computer on Zoom or by the phone on Facetime. I will review a consent form with you. I will ask your permission to audiotape the interviews. After we finish the interviews, I will meet with you one more time to ask you to review the transcripts from them and make any changes that you want to clarify.

You will be given a pseudonym (false name), so your privacy will remain intact. This name will be used for the duration of the study. The information gathered in this study will be kept on my personal computer and stored at home. I will be the only person to have access to it. Please see the Consent Form for further information about safeguards.

I appreciate your consideration about participating in this study. Your perceptions and your time are valued.

Sincerely,

Mary P. Cauthorn Gill

[address redacted]

[phone number redacted] (cell)

Appendix B: Demographic Data Sheet and Interview Guide

Name: Age:

Pseudonym: County of Residence:

Living Situation:

Research Question: Through your quilt-making, how do you experience mindfulness and its impact on your communication with healthcare providers?

Interview #1: Focused Life History Potential Questions

Tell me about your craft of quilt-making.

When did you develop an interest in quilting? Who taught you to quilt?

Did your mother/grandmother quilt? Have you passed these skills on to a daughter, son, or grandchild?

Ask the participant to reconstruct early experiences with quilting when he or she was a young child.

What does mindfulness mean to you?

After describing this, do you experience mindfulness when you are quilting?

Interview #2: Details of Experiences Potential Questions

Let's go back and talk more in-depth about some of the experiences you have mentioned about mindfulness.

Can you think of particular times that you were mindful? Tell me about these observations.

Do you buy designs or make your own? Is it easy to put colors together? When you quilt, what is the easiest skill and what is the hardest skill you perform? Do you quilt by yourself or with others?

What has kept you interested in quilting? What is the purpose for your quilting?

Interview #3: Reflection on the Meaning

Talk about the intellectual and emotional connections between you and mindfulness.

What happens to you during periods of quilting and mindfulness?

How does your past help how you view mindfulness today?

Do you think you see differently than others around you? Why might that be?

Do you feel that the detail work of quilt-making helps you communicate better with others? If yes, how?

Do you see connection between your health and quilting?

Do you feel like your quilting connects to your communication with your healthcare provider?

How do you experience mindfulness and how do you express it to your healthcare provider?

What makes for a successful medical appointment?

When I say the word empowerment, what does that make you think about?

Do you feel that you gain empowerment through quilt-making?

Appendix C: Master Code Sheet

Interviews

(This form will be filed separately)

Participant's Real Name   Pseudonym   ID Number

Appendix D: Study Debriefing Form

A study, Quilt-making and the Enhancement of Mindfulness and Effective

Communication with Healthcare Providers, was conducted and you volunteered to be a

participant in that study. You were asked to participate in three interviews, as well as an

initial meeting and a final meeting to review the transcripts of the interviews. The

interviews were slated to last approximately one hour each. You consented to the

interviews being audio-taped.

You were told that the purpose of the study was to look at how quilt-making impacts

mindfulness and communication with healthcare providers. You are the best source of

information to better understand how you perceive mindfulness and its impact on how

you communicate with your healthcare providers. The actual purpose of the study was the

same as the stated purpose. If you have any questions, please contact me at

mary.gill@waldenu.edu or Dr. Dorothy Scotten at dorothy.scotten@mail.waldenu.edu. If

you want to talk privately about your rights as a participant, you can call the Walden

University Research Participant Advocate who can discuss this with you at 800-925-3368

or irb@waldenu.edu.

Should you experience distress as a result of your participation in this study, by calling

211 you can access contact information about counseling services in this area. The cost

for mental or medical health services will be your responsibility.

You will receive a copy of this debriefing form from the researcher at the initial meeting and again at the last meeting.

Your time and agreement to participate in this study is greatly appreciated.

Printed name of Participant:_____

Date:_____

Participant's

Signature_____

Researcher's

Signature:_____

Would you like to know the results and be kept informed about this research study?

Yes_____   No_____

If yes, would you like them sent to you by email or for me to share a hard copy with you?

Email_____   Hard copy_____